

Animal Health Certificate for Dogs Export from Hong Kong to Australia

To be completed by a veterinary surgeon registered with veterinary surgeons board of Hong Kong. Please check the Australia's import requirements on their website before filling in this health certificate (<http://www.agriculture.gov.au/cats-dogs>).

Please mark with an X in the appropriate boxes and strike through items marked with * as required.

1. Animal details

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| Import Permit Number (Issued by Australian authority) | |
| Name of animal: | |
| Date of birth: | ____/____/____ (dd/mm/yyyy) <input type="checkbox"/> This dog is not a suckling young |
| Breed: | _____ <input type="checkbox"/> This dog is not a domestic X non domestic animal hybrids <input type="checkbox"/> This dog is not a prohibited breed |
| Sex: | <input type="checkbox"/> Male <input type="checkbox"/> Neutered male <input type="checkbox"/> Female <input type="checkbox"/> This dog is not more than 30 days pregnant <input type="checkbox"/> Neutered female |
| Date of last mating | <input type="checkbox"/> The dog has not been mated <input type="checkbox"/> The dog was mated The date of last mating: ____/____/____ (dd/mm/yyyy) |
| Microchip number(s): | |
| Site(s) of microchip(s) in the animal: | |
| Date of Final Examination and Microchip Scanning (within 5 days before the date of export): | ____/____/____ (dd/mm/yyyy) |

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| Signature of registered veterinarian: | Stamp of veterinary practise (clinic stamp): |
| Name of registered veterinarian: | |
| Date certificate completed (dd/mm/yyyy): | |

2. Test / treatment record

| Tests Conducted | Sample Collection Date (dd/mm/yyyy) | Test Type | Test Result |
|---|---|--|---|
| Rabies Neutralising Antibody Titre Test (RNATT) | 1. Blood collection date ____/____/____ 2. Date arrived at laboratory ____/____/____ | <input type="checkbox"/> FAVN or <input type="checkbox"/> RFFIT | <input type="checkbox"/> Positive (≥ 0.5 IU/ml) <input type="checkbox"/> Negative (< 0.5 IU/ml) |
| <i>Leishmania infantum</i> | ____/____/____ <input type="checkbox"/> Blood sample was collected within 45 days before the date of export | <input type="checkbox"/> IFAT or <input type="checkbox"/> ELISA | <input type="checkbox"/> Positive <input type="checkbox"/> Negative |
| * <i>Leptospira sv. Canicola</i> ● For dogs that have not been vaccinated against <i>Leptospira sv. Canicola</i> | ____/____/____ <input type="checkbox"/> Blood sample was collected within 45 days before the date of export | MAT (at serum dilution of 1:100) | <input type="checkbox"/> Positive ($\geq 50\%$ agglutination) <input type="checkbox"/> Negative ($< 50\%$ agglutination) |
| * <i>Brucella canis</i> ● For dogs that are not desexed | ____/____/____ <input type="checkbox"/> Blood sample was collected within 45 days before the date of export <input type="checkbox"/> The dog has not been naturally mated or artificially inseminated from at least 14 days before sample collection until export | <input type="checkbox"/> RSAT or <input type="checkbox"/> TAT or <input type="checkbox"/> IFAT | <input type="checkbox"/> Positive <input type="checkbox"/> Negative |

| Vaccination | Vaccination date (dd/mm/yyyy) | Vaccine Type |
|--------------------|----------------------------------|--|
| Rabies vaccination | ____/____/____ | Name of product: Batch number: Batch expiry date: ____/____/____ Booster due date: ____/____/____ |

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| Signature of registered veterinarian: | Stamp of veterinary practise (clinic stamp): |
| Name of registered veterinarian: | |
| Date certificate completed (dd/mm/yyyy): | |

2. Test / treatment record (cont.)

| Vaccination | Vaccination date (dd/mm/yyyy) | Vaccine Type |
|--|----------------------------------|--|
| <p><i>*Leptospira sv. Canicola</i> All current <i>Leptospira interrogans sv. Canicola</i> vaccinations and booster due date must be recorded.</p> <p><input type="checkbox"/> The dog was vaccinated at least 14 days before the date of export.</p> | 1. ____/____/____ | Name of product: Batch number: Batch expiry date: ____/____/____ Booster due date: ____/____/____ |
| | 2. ____/____/____ | Name of product: Batch number: Batch expiry date: ____/____/____ Booster due date: ____/____/____ |
| | *3. ____/____/____ | Name of product: Batch number: Batch expiry date: ____/____/____ Booster due date: ____/____/____ |
| | *4. ____/____/____ | Name of product: Batch number: Batch expiry date: ____/____/____ Booster due date: ____/____/____ |

| Treatment | Treatment date (dd/mm/yyyy) | Treatment type |
|--|---|---|
| <p><i>*Babesia canis rossi</i></p> <p>● For dog that has visited mainland Africa</p> | 1. ____/____/____ 2. * ____/____/____ <input type="checkbox"/> Treatment(s) was/were given within 28 days before export | <input type="checkbox"/> A single dose of imidocarb dipropionate at a rate of 7.5mg/kg body weight <input type="checkbox"/> Two doses at a rate of 6.0 mg/kg body weight; given at least 14 days apart |

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| Signature of registered veterinarian: | Stamp of veterinary practise (clinic stamp): |
| Name of registered veterinarian: | |
| Date certificate completed (dd/mm/yyyy): | |

2. Test / treatment record (cont.)

| External parasite treatments | Treatment date (dd/mm/yyyy) | Product name, active ingredient(s), dose rate |
|--|--|--|
| The dog must be treated: <ul style="list-style-type: none"> ● at least 30 days before the date of export by a registered veterinarian ● with a product that effectively kills ticks and fleas on contact ● continuously to maintain protection until the time of export | 1. ____/____/____ <input type="checkbox"/> No ticks or fleas are found during clinical examination | Name of product: Active ingredient(s): Dose rate: Dog weight: |
| | *2. ____/____/____ <input type="checkbox"/> No ticks or fleas are found during clinical examination | Name of product: Active ingredient(s): Dose rate: Dog weight: |
| | *3. ____/____/____ <input type="checkbox"/> No ticks or fleas are found during clinical examination | Name of product: Active ingredient(s): Dose rate: Dog weight: |

| Internal parasite treatment | Treatment date (dd/mm/yyyy) | Product name, active ingredient(s), dose rate |
|---|--|--|
| The dog must be treated: <ul style="list-style-type: none"> ● with an internal parasite treatment effective against nematodes and cestodes by a registered veterinarian ● at least 14 days apart and within 45 days before the date of export | 1. ____/____/____ | Name of product: Active ingredient(s): Dose rate: Dog weight: |
| | 2. ____/____/____ <input type="checkbox"/> This treatment was given within 5 days before the date of export | Name of product: Active ingredient(s): Dose rate: Dog weight: |

| | | |
|---------------------------------------|---|--|
| Signature of registered veterinarian: | Stamp of veterinary practise (clinic stamp): | |
| | | Name of registered veterinarian: |
| | | Date certificate completed (dd/mm/yyyy): |

3. Declarations

1. Either (Please mark with an X in the appropriate boxes):

The dog was exported from Australia on _____ / _____ / _____ (dd/mm/yyyy) and a copy of the Australian export permit is attached.

OR

The dog underwent an identity verification on _____ / _____ / _____ (dd/mm/yyyy) which is at least 180 days prior to the scheduled date of export to Australia and a copy of the identification declaration is attached.

OR

The dog was not exported from Australia and has not undergone an identity verification.

2. The dog was free from ticks, fleas, signs of clinical or infectious disease during the final inspection within 5 days of export.

3. The dog's rabies vaccination is current according to manufacturer directions at the scheduled date of export to Australia.

4. The dog is fit and healthy to undertake the journey to Australia and undergo quarantine.

4. Endorsement

I certify that

- I am a registered veterinarian in Hong Kong SAR.
- all the information provided in this Veterinary Health Certificate is true.
- the microchip number listed on all documentation matches the microchip number scanned in the dog described in this certificate.
- the dog was not under quarantine restriction at the time of export.
- all treatments and examinations were conducted in Hong Kong by a registered veterinarian.

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| | Stamp of veterinary practise (clinic stamp): |
| Signature of registered veterinarian: | |
| Name of registered veterinarian: | |
| Date certificate completed (dd/mm/yyyy): | |
| Phone number: | |
| Email: (please print clearly) | |

-----End of Veterinary Health Certificate-----

Additional Notes:

1. Domestic X non domestic animal hybrids include, but are not limited to:
 - a. Czechoslovakian wolfdog or Czechoslovakian Vlcak
 - b. Saarloos wolfdog or Saarloos wolfhound
 - c. Lupo Italiano or Italian wolfdog
 - d. Kunming wolfdog or Kunming dog.

Please contact Australian's Department of the Environment and Energy for more information on hybrid animals.

2. Dogs of the following pure breeds cannot be imported to Australia:
 - a. dogo Argentino
 - b. fila Brasileiro
 - c. Japanese Tosa
 - d. American pit bull terrier or pit bull terrier
 - e. Perro de Presa Canario or Presa Canario.

Please contact Australian's Department of Home Affairs for more information on prohibited dog breeds.

3. A list (not exhaustive) of approved external and internal parasite treatments is available on the Department of Agriculture and Water Resources' website: <http://www.agriculture.gov.au/cats-dogs/step-by-step-guides/parasite-treatment>.