

**Animal Health Certificate for Dogs Exported from Hong Kong to Australia**

To be completed by the Government Approved Veterinarian (i.e. registered vet). Please check and fully understand the Australia's import requirements (<http://www.agriculture.gov.au/>) and perform the parasite treatments and blood sampling within the time frame before signing this certificate.

**1. Animal Details**

Australia's Import Permit Number:	
Name of Animal:	
Date of Birth:	
Sex: (mark with an X in the appropriate box)	<input type="checkbox"/> Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Female** <input type="checkbox"/> Neutered female ** <input type="checkbox"/> If female, she is not more than 30 days pregnant or suckling young.
Microchip Number:	
Site of Microchip:	
Date of Final Examination and Microchip Scanning ( <b>within 5 days of export</b> ):	____/____/_____(dd/mm/yyyy)
Contact Details of Government Approved Veterinarian	Name: _____ E-mail/Contact Details: _____

- I have checked and fully understood the Australia's import requirements (<http://www.agriculture.gov.au/>) and perform the parasite treatments and blood sampling within the time frame before signing this certificate.  
(mark with an X in the appropriate box)

Signature of Veterinarian: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_

Date: \_\_\_\_\_

Chop of Veterinary Centre:

**2. Test/Treatment Record**

Tests Conducted	Sample Collection Date (dd/mm/yyyy)	Test Type [*Strike through as required]	Test Result
Rabies Neutralising Antibody Titre Test (RNATT)		FAVN* or RFFIT* (Positive at $\geq 0.5$ IU/mL)	
<i>Ehrlichia canis</i>		IFAT (Negative at 1:40)	
<i>Leishmania infantum</i>		IFAT* or ELISA * (Negative) [*Strike through as required]	
* <i>Leptospira</i> sv. <i>Canicola</i> (if tested) [*Strike through as required]		MAT (Negative at 1:100)	
* <i>Brucella canis</i> (if not desexed)		RSAT* or TAT* or IFAT* (Negative) [*Strike through as required]	
*If mated, date of last mating: [Strike through as required]			

Chop of Veterinary Centre:

Signature of Veterinarian: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_

Date: \_\_\_\_\_

Treatments/Vaccinations Administrated	Treatment/Vaccination Date(s) (dd/mm/yyyy)	Treatment/Vaccination* Type (List product name, active ingredient and dose rate for each) *for vaccinations also indicate the booster due date
Rabies Vaccination		Name of product: (Date next booster due):
Canine Influenza Virus Vaccination (dogs from the United States of America only)		
Leptospira sv. Canicola (if not tested)  Note: All <b>current</b> <i>Leptospira interrogans</i> sv. Canicola vaccinations and booster due date must be record)		Name of product: (Date next booster due):
Babesia canis rossi (dogs that have visited mainland Africa only) [*Strike throughs required]		

Signature of Veterinarian: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_

Date: \_\_\_\_\_

Chop of Veterinary Centre:

Treatments/ Vaccinations Administered	Treatment/ Vaccination Date(s) (dd/mm/yyyy)	Treatment/Vaccination* Type (List product name, active ingredient and dose rate for each) *for vaccinations also indicate the booster due date
External Parasites  <i>[*Strike through as required]</i>  <i>(Mark with an X in the appropriate box)</i>	1.	Name of product:
		Active ingredient :
		Dosage :
		Ticks and/or fleas are found after animal examination? <input type="checkbox"/> No
	*2.	Name of product:
		Active ingredient :
		Dosage :
		Ticks and/or fleas are found after animal examination? <input type="checkbox"/> No
	*3.	Name of product:
		Active ingredient :
		Dosage :
		Ticks and/or fleas are found after animal examination? <input type="checkbox"/> No
Internal Parasites	1.	Name of product:
		Active ingredient :
		Dosage :
	2.	Name of product:
		Active ingredient :
		Dosage :

**I undertake that the captioned information is true and correct to the best of my knowledge. I have scanned and examined the animal on \_\_\_\_\_ (date) and it has no clinical signs of infectious and contagious diseases and is fit to travel.**

Chop of Veterinary Centre:

Signature of Veterinarian: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_

Date: \_\_\_\_\_