



**VETERINARY HEALTH CERTIFICATE
EXPORT OF DOGS AND CATS TO UNITED ARAB EMIRATES**

Country of origin: **CANADA**

Competent Authority: **CANADIAN FOOD INSPECTION AGENCY**

I. VETERINARY IMPORT PERMIT NO. _____

II. ORIGIN OF ANIMAL

1. Name and address of the owner/consignor: _____

2. Name and address of the place of origin: _____

III. DESTINATION OF ANIMAL

1. Name and address of the consignee: _____

2. Address of final destination: _____

3. Means of transport (air-sea-land): _____

4. Date of shipping: _____

5. Port of loading: _____

6. Port of entry: _____

7. Import type (Trade / Personal): _____

8. Purpose of import (Final import / Temporary entry): _____

IV. ANIMAL DESCRIPTION

Name ¹	Species	Breed ²	Sex	Age ³	Coat colour	Microchip number

¹ An individual can import a maximum of 2 cats, or 2 dogs, or 1 cat and 1 dog as personal pets.

² UAE does not allow the importation of certain dog breeds and their crosses into the country.

³ The minimum age a dog/cat can be imported into UAE is twenty seven (27) weeks.

V. HEALTH INFORMATION

I, the undersigned licensed veterinarian, certify that the animal(s) described above satisfy the following conditions:

- The animal(s) has/have been vaccinated against Rabies (as registered by the manufacturer) at least twenty-one days (21) before the date of departure. The animal(s) was/were at least twelve (12) weeks old at the time of vaccination.

Microchip number	Date of vaccination	Name of vaccine	Batch number	Manufacturer

2. The Rabies Neutralization Antibody Titre Test was done in a government approved laboratory at least three (3) weeks after the rabies vaccination. The blood sample for titre test was collected at least twelve (12) weeks but not more than twelve (12) months prior to travel. The titre reading must be equal to or greater than 0.5 IU/mL.

Blood collection date (DD-MM-YY)	Test results (IU/ml)	Testing method

3. Dog(s) has/have been vaccinated against Canine Distemper, Canine Parvovirus, Infectious Canine Hepatitis and Leptospirosis (*Icterohaemorrhagiae & Canicola*).*

Microchip Number	Disease Vaccinated for	Date of Most Recent Vaccination	Type of vaccine	Name of vaccine and Manufacturer	Batch number

Cat(s) has/have been vaccinated against Feline Panleukopenia, Feline Rhinotracheitis and Feline Calicivirus.*

Microchip Number	Disease Vaccinated for	Date of Most Recent Vaccination	Type of vaccine	Name of vaccine and Manufacturer	Batch number

* Delete the one that does not apply

4. The animal(s) has/have been treated for internal and external parasites within the fourteen (14) days prior to export, with a product approved for use in Canada.

Microchip Number	Treatment Administered	Date of Treatment	Product Name, Manufacturer and Active Ingredient
	External Parasites		
	Internal Parasites		
	External Parasites		
	Internal Parasites		

5. The animal(s) has/have been clinically examined by a licensed veterinarian within the forty-eight (48) hours prior to departure and showed no signs of the disease.

6. The animal(s) are transported in container(s) in accordance to the International Air Transport Association (IATA) regulations on the transportation of live animals.

Date (yyyy/mm/dd)

Signature of Licensed Veterinarian

Name and address of licensed veterinarian: _____

Date (yyyy/mm/dd)

Signature of Official Veterinarian
Canadian Food Inspection Agency
Government of Canada

Official Export Stamp

Name of Official Veterinarian (in block letters)

² List of breeds not allowed to import into UAE: Pit Bulls (Staffordshire Bull Terrier, American Pit Bull Terrier, American Staffordshire Terrier, American Bully), Mastiff Dogs (Brazilian Mastiff (Fila Brasileiro), Argentinian Mastiff (Dogo Argentino), Any Mastiff or Hybrid), Japanese Tosa or hybrid, Rottweilers or hybrid, Doberman Pinschers, Canario Presa, Boxer and any mixed breed of above breeds or their hybrid.

OWNER'S DECLARATION (in case of crossing of other countries before reaching UAE)

I, the owner/carrier representative/holder, declare that the animal(s) described in this certificate did not mix with any other animal(s) while crossing through(Name of port/city and country).

Signature

Date (DD-MM-YY)

Name in block letters