



**VETERINARY HEALTH CERTIFICATE
 FOR THE EXPORT OF DOGS AND CATS TO INDONESIA**

I. COUNTRY OF ORIGIN: CANADA

II. OWNER

Name: _____

Address: _____

III. DESCRIPTION OF ANIMAL

Name:	Species: Dog <input type="checkbox"/> Cat <input type="checkbox"/> Sex <input type="checkbox"/>
Date of birth: (dd/mm/yyyy)	Breed:
Colour:	Microchip No./Tattoo: (Delete unused one)

Coat type and marking/Distinguishing marks:

IV. VACCINATION (Rabies)

I, the undersigned licensed veterinarian, declare that the animal described above was at least three (3) months old when vaccinated against rabies with a killed vaccine as shown below:

Date of vaccination: (dd/mm/yyyy) | Vaccination valid until: (dd/mm/yyyy)

Name of vaccine: | Type of vaccine: **Killed**

Manufacturer: | Batch number:

V. RABIES ANTIBODY TEST

I, the undersigned licensed veterinarian, declare that the animal described above was subjected to a rabies neutralizing antibody titration test within the past 24 months with a result of 0.5 IU/ml or greater.

Date of Test: (dd/mm/yyyy)

VI. CLINICAL EXAMINATION

I, the undersigned licensed veterinarian, declare that the animal described above has been examined in the five (5) days before departure on the date indicated below and found healthy and free of any clinical sign of rabies and infectious or contagious diseases of dog/cat at the time of examination and certification. This animal has been in Canada from birth or for a period of not less than 6 (six) months preceding export

Date of examination :
 (dd/mm/yyyy)

 Signature of Licensed Veterinarian

Date of certification: (dd/mm/yyyy)

Name and phone number of licensed veterinarian:

Address:

VII. OFFICIAL CERTIFICATION

I, the undersigned official veterinarian, declare that:

- Rabies has not been reported within the area where the animal has lived for the last 6 (six) months.
- According to the information provided, the animal has been in Canada from birth or for a period of not less than 6 (six) months preceding export.
- I confirmed that the veterinarian who signed the declarations above is a licensed veterinarian and I have no doubt concerning the statements made.

 Date (dd/mm/yyyy)

Official Export Stamp

 Signature of Official Veterinarian
 Canadian Food Inspection Agency
 Government of Canada

 Name of Official Veterinarian (in block letters)