



**Rabies Neutralising Antibody Titre Test (RNATT) Declaration  
Dogs and Cats Exported from Canada (Category 3) to Australia**

**Section A - CFIA Official Veterinarian Information**

Name:			
Competent Authority:	CANADIAN FOOD INSPECTION AGENCY (CFIA)		
Address of Endorsing CFIA District Office:	Street Address:		
	City:	Province:	
	Postal Code:	Country: CANADA	

**Section B - Animal Identification Details**

Name of Animal:				
Date of Birth (dd/mm/yyyy):				
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
Description (breed, colour):				
Microchip Number (must be 9, 10 or 15 digits):				
Second Microchip Number (if required)*:				

\*Strike through as required

**Section C - Rabies Vaccination**

Date of last rabies vaccination (dd/mm/yyyy):		
Name of vaccine:		
Batch number:		
Expiry date (dd/mm/yyyy):		
Date next booster due:		
Was the animal at least 12 weeks (84 days) of age when it had its last rabies vaccination before blood sampling for the RNATT?	<input type="checkbox"/> YES continue to section D	<input type="checkbox"/> NO do not complete this declaration

**Section D - Rabies neutralizing antibody titre test results**

Did a testing laboratory recognized by the competent authority in the country of export issue the RNATT?	<input type="checkbox"/> YES continue to next question	<input type="checkbox"/> NO do not complete this declaration
Name of the testing laboratory:		
Address of testing laboratory:	Street Address (PO box not accepted):	
	City:	Province:
	Postal Code:	Country:
Microchip number that appears on the RNATT report (must be 9, 10 or 15 digits):		
Second microchip number (if applicable)*:		
Name of the licensed veterinarian who collected the blood sample:		
Address of veterinary clinic where the blood sample was collected:	Street Address (PO box not accepted):	
	City:	Province:
	Postal Code:	Country:
Country where the blood sample was collected:		
Was the blood sample collected in a country approved by the Australian Department of Agriculture, Fisheries and Forestry to export dogs and cats to Australia?	<input type="checkbox"/> YES continue to next question	<input type="checkbox"/> NO do not complete this declaration
Can you confirm that to the best of your knowledge and belief no amendments have been made to the place of sampling, date of sampling and microchip numbers on the laboratory report?	<input type="checkbox"/> YES continue to next question	<input type="checkbox"/> NO do not complete this declaration
Blood samples for the RNATT were collected on (dd/mm/yyyy):		
The date the testing laboratory received the blood sample was (dd/mm/yyyy):		
The RNATT result is at least 0.5 IU/ml as per international standards	<input type="checkbox"/> YES continue to next question	<input type="checkbox"/> NO do not complete this declaration
Name of person completing RNATT declaration:		

REFERENCE NUMBER: \_\_\_\_\_

**Section E - CFIA Official Veterinarian Declaration**

To be signed by the person named in section A of this form.

I declare that:

- I have sighted a current rabies vaccination certificate and RNATT laboratory report for the animal identified in section B.
- the information I have provided is true and correct to the best of my knowledge.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <i>Signature of CFIA Official Veterinarian</i>       <i>Stamp of CFIA Official Veterinarian</i>	Country of Export:
	Competent Authority: CANADIAN FOOD INSPECTION AGENCY
	Date certificate completed (dd/mm/yyyy):
	Name:
	Address:
	Phone Number:
	Email Contact: