*	Government of Canada
	Canadian Food

Gouvernement du Canada Agence canadienne d'inspection des aliments Inspection Agency

REFERENCE NUMBER:	
IVEL ELVELIAGE HOMBELV.	

VETERINARY HEALTH CERTIFICATE EXPORT OF DOGS TO THE REPUBLIC OF SOUTH AFRICA

Exporting Country: CANADA

Competent Authority: CANADIAN FOOD INSPECTION AGENCY

GOVERNMENT OF CANADA

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Number and identification of animals: 1.

	BREED	SEX	AGE	COLOUR	NAME
1.					
2.					
3.					
4.					

For corresponding animal mentioned in table above

	MICROCHIP NO.	LOCATION OF MICROCHIP			
1.					
2.					
3.					
4.					
Note	Note: Microchip must be able to be read by ISO 11784 or ISO 11785 scanners				

2.	South African Veterinary Import Permit no:					
3.	Origin of animal(s)					
	3.1	Name and address of consignor:				
	3.2	Address of premises of origin of animal(s):				
4.	Destination of animal(s):					
	4.1	Name and address of consignee:				
	4.2	Means of transport (flight no/vessel name):				
	4.3	Physical address of premises at final destination:				
D						

HEALTH ATTESTATION В.

the undersigned licensed veterinarian, certify that the animals described in section A:

- Have, as far as I can ascertain, either been continuously resident in Canada since birth, or have been 1. continuously resident in Canada or South Africa for the last six months.
- 2. Originate from a premises, which is not under official veterinary restrictions by the Canadian Food Inspection Agency for any disease to which carnivores are susceptible.



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- 3. Did not, as far as is possible to determine, come into contact with animals infected or suspected of being infected with rabies.
- 4. Have a valid rabies vaccination, as stipulated below or have been exempted from having rabies vaccination (1).

Vaccination date of animal being exported to be

completed for animals over 3 months.*

OR Vaccination date of dam/mother of animal being

exported to be completed for animals under 3 months.*

	Date	Type of vaccine	Batch no.
1.			
2.			
3.			
4.			

	Date	Type of vaccine	Batch no.
1.			
2.			
3.			
4.			

Note: The original or a copy of the Rabies Vaccination Certificate must accompany this veterinary health certificate.

5. The animals have been tested, with negative results, within 30 days from date of sample collection to the date of import, for the following conditions in a laboratory using the testing methodologies outlined below.

			Blood sampling date:
5.1	Brucella canis:	Serum agglutination* OR Rapid slide agglutination test*	
5.2	Trypanosoma evansi	Card agglutination test AND Giemsa blood smear	
5.3	Babesia Gibsoni:	Immunoflouresence antibody test* OR	
		ELISA using the BgTRAP antigen*	
		AND Giemsa blood smear* OR Real-time PCR*	
5.4	Dirofilaria immitis:	Microfilarial filtration test	
5.5	Leishmaniosis:	Indirect fluorescent antibody* OR	
		ELISA* OR	
		Direct agglutination test* OR	
		Western blot/membrane immunoassay*	

^{*}Delete as applicable

Note: A copy of the laboratory report (in English) must accompany this veterinary health certificate.

Note: Animals subjected to post importation quarantine will, at the discretion of the Director of Animal Health of South Africa, be re-tested at the importer's expense.

- 6. The animals have been treated for the following conditions as prescribed below:
 - 6.1 <u>Dirofilaria immitis:</u>

from the date of negative testing until export at the required intervals with:

- Diethylcarbamzine (5-6mg/kg per os daily)*

OR

Ivermectin (6 micrograms/kg per os monthly)*

OR

- Milbemycin oxime (0.5mg/kg per os monthly)*

Moxidectin (3 micrograms/kg per os monthly)*

- Selemectin (6mg/kg) (Revolution) Prophylactic only*

OR

Proheart SR12 (Subcut injection yearly)^{(2) *}

Date:______Dosage:_____

^{*}Delete as applicable

	Date:	Product:	Dosage:
	Date:	Product:	Dosage:
	the owner / pers	son in custody of the dog of t	months after arrival in South Africa. I have informed this condition and I confirm that this person has ession to carry out the required therapy.
		gs are difficult to source in the F log, at the time of the importation	Republic of South Africa and must be imported by the on of the dog.)
		esia gibsoni: the animals must e exporting country, within 30 d	be treated with an effective acaricide and with insect ays before departure.
	Date:	Product:	Dosage:
	Date:	Product:	Dosage:
7.			n within 10 days of export and were found to be free of us diseases to which the species is susceptible and fit to
8.			gulations, which will be either new or suitably disinfected that contact with other animals of a lesser health status, en
C.	SIGNATURE OF LICEN	SED VETERINARIAN	
	Signature of Licensed Ve	eterinarian (DVM)	Date DD/MM/YYYY
	Name of Licensed Veter	inarian (block letters)	
D.	ENDORSEMENT BY CF	FIA OFFICIAL VETERINARIAN	
	Signature of Official Gov Canadian Food Inspection Government of Canada		Date DD/MM/YYYY
	Name and address of Of (block letters)	fficial Government Veterinarian	
			Official Export Stamp
	The Rabies vaccine used in Organization. In the case of the primary Finanths prior to export. In the case of a booster Ra 30 days waiting period for the previous Rabies vaccination Animals under 3 months of animal concerned was vaccibe vaccinated at 3 months Veterinary Authorities.	Rabies vaccination, the animal must he primary Rabies vaccination the animal must he primary Rabies vaccination doen expired). age may not be vaccinated and arcinated at least 30 days, but not moof age against rabies, in the Republic	orming to a potency standard recognized by the World Health thave been vaccinated at least 30 days, but not longer than 12 mave been vaccinated less than 12 months prior to export. (The s not apply to the booster vaccination if it was applied before the e considered to have a valid vaccination provided the dam of the pre than 12 months prior to giving birth. Note: such animals must blic of South Africa and the owners must inform the South African Proheat SR12 subcutaneous injection then no further <u>Dirofilaria</u>
		OWNER'S DEC	LARATION
regulat	ions, which will be either r		will be shipped in containers which conform to IATA fumigated before loading and are of such a nature that prevented.
Ow	vner's signature		Date
	uner's name in block letter		

REFERENCE NUMBER: