



VETERINARY HEALTH CERTIFICATE FOR THE EXPORT OF DOGS AND CATS TO THE PHILIPPINES

I. COUNTRY OF ORIGIN: CANADA

II. COUNTRY OF DESTINATION: _____

III. OWNER

Name: _____

Address: _____

IV. DESCRIPTION OF ANIMAL

Name: _____ Species: Dog Cat Sex: _____

Date of birth (yyyy/mm/dd)*: _____
*Animal must be at least four (4) months old Breed: _____

Colour: _____ Microchip No. _____

Coat type and markings/Distinguishing marks: _____

V. VACCINATIONS

I, the undersigned licensed veterinarian, declare that the animal described above has been vaccinated against the following diseases as shown below:

| Vaccine Administered | Date of Vaccination (yyyy/mm/dd) | Vaccination Valid Until (yyyy/mm/dd) | Product Name, Manufacturer and Batch Number |
|------------------------------|----------------------------------|--------------------------------------|---|
| Rabies | | | |
| Canine Distemper* | | | |
| Infectious Canine Hepatitis* | | | |
| Leptospirosis* | | | |
| Canine Parvovirus* | | | |
| Canine Parainfluenza* | | | |
| Feline Panleukopenia* | | | |

*Delete as appropriate for the species being exported. All Vaccinations should have been administered at a minimum of 14 days prior to the travel date.

VI. TREATMENT FOR PARASITES

I, the undersigned licensed veterinarian, declare that the animal described above has been treated for internal and external parasites within 30 days of departure as shown below:

| Treatment Administered | Date of Treatment (yyyy/mm/dd) | Product Name, Manufacturer and Active Ingredient |
|------------------------|--------------------------------|--|
| External Parasites | | |
| Internal Parasites | | |

VII. CLINICAL EXAMINATION

I, the undersigned licensed veterinarian, declare that the animal described above has been examined within 10 days of departure on the date indicated below and found to be free of clinical evidence of infectious or contagious diseases transmissible to the given species and, as far as can be determined, exposure thereto. The animal described above is at least four (4) months old.

Date of examination (yyyy/mm/dd): _____

Date (yyyy/mm/dd) Signature of Licensed Veterinarian

Name and address of licensed veterinarian: _____

VIII. OFFICIAL CERTIFICATION

I, the undersigned official veterinarian, declare that:

1. No clinical cases of rabies have been reported in domestic animals within a twenty (20) kilometer radius from the point of origin during the last six (6) months.

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)

This certificate is valid for ten (10) days from the date of inspection by the licensed veterinarian.