**INTERNATIONAL VETERINARY HEALTH CERTIFICATE**

**FOR THE EXPORT OF DOGS AND CATS**

**FROM THE REPUBLIC OF SOUTH AFRICA**

**TO THE UNITED ARAB EMIRATES**

**RESPONSIBLE VETERINARY AUTHORITY:** Department of Agriculture, Land Reform and Rural Development,

Private Bag X 138, Pretoria, 0001.

**ISSUING VETERINARY AUTHORITY:** Western Cape Department of Agriculture, Private Bag X1, Elsenburg, 7607.

**INTERNAL REFERENCE NUMBER:**

**VETERINARY IMPORT PERMIT:**  issued by the Ministry of Climate change and Environment on

1. **DESCRIPTION**
2. **Identification of Animals:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Microchip Number**  | **Breed** | **Gender** | **Age/DOB** | **Colour** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Origin of Animals:**
	1. Name and address of consignor:
	2. Establishment of origin:
2. **Destination of Animals:**
	1. Name and Address of Consignee:

* 1. Means of Transport:
1. **HEALTH ATTESTATION (to be completed by a registered veterinarian)**

The undersigned veterinarian certifies that the animal(s) described in section A above comply with the following:

1. Are at least 15 weeks of age and are not any of the banned breeds as per the import permit.
2. Are permanently identified by means of microchip(s) whose number matches the number of the microchip implanted in the animal(s). The microchip number on the animal matches that on the veterinary health certificate and vaccination documents/passports.
3. Vaccination documents/passports bear the animal’s microchip number, full description (species, colour, gender, date of birth) and fully meet all vaccinations requirements below including vaccine name, manufacturing company, batch number and vaccination date .
4. The animals were over 12 weeks/3 months of age at the vaccination against Rabies whose validity is in accordance with the manufacturer’s recommendation/instructions:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Animal** | **Vaccine** | **Batch** | **Manufacturer** | **Expiry Date** | **Validity Period** | **Vaccination Date** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. In case of dogs, were vaccinated against Canine distemper virus, Canine parvo virus, Infectious canine hepatitis and Leptospirosis (the Leptospirosis vaccination can be replaced with a leptospirosis test).

In case of cats, were vaccinated against Feline panleukopenia, Feline rhinotracheitis and Feline calici virus as per below tabulated schedule:

|  |  |  |  |
| --- | --- | --- | --- |
| **Animal** |  **Vaccine** | **Batch** | **Date** |
|  |  |  |  |
|  |  |  |  |

1. Serological testing for Rabies was carried out on a blood sample by an accredited laboratory done prior the shipment date. In case of a primary vaccination/discontinuity of vaccination at least 21 days have passed after vaccination against Rabies before testing whilst sampling can be done immediately after in case of a valid booster vaccination without having to wait out a 21 day interval following vaccination. The Rabies antibody titration test is at least 0.5IU/mland was undertaken as per the below tabulated schedule:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Animal** | **Sample Collection Date** | **Accredited Laboratory** | **Testing Method** | **Result** |
|  |  |  |  |  |
|  |  |  |  |  |

1. Have been treated for internal and external parasites in the 14 days prior export according to the below tabulated schedule:

|  |  |  |  |
| --- | --- | --- | --- |
| **Treatment** | **Product** | **Active Ingredient** | **Date** |
| Internal Parasites |  |  |  |
| External Parasites |  |  |  |

1. In case of cats, have not been in contact with COVID-19 Human(s) or animal positive cases within at least 14 days before shipping **\*OR** was isolated under our supervision for 14 days before shipping without showing symptoms of respiratory illness **\*OR** were tested with negative results on a PCR test for COVID-19 within 96 hours prior to travelling.
2. Have been examined within 7 days of departure and found to be clinically healthy and fit to travel. Were transported according to IATA conditions for pet animal transport. Animal welfare legislations and standards were taken into consideration.

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Registered Veterinarian Signature: Date

Name in print:

SAVC Reg. No.:

Physical Address:

Telephone: Stamp

1. **ENDORSEMENT BY OFFICIAL VETERINARIAN**

The undersigned official veterinarian certifies that:

1. The laboratory that supplied the attached Rabies titre results is accredited by the competent authority of the Republic of South Africa.
2. The certificate above was issued by a veterinarian whose certification I have no reason to doubt and who is duly registered and authorized to provide certification services.

Issued by the Veterinary Export Certification Office, Veterinary Services of Western Cape Department of Agriculture.

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Signature of Official Veterinarian:

Name in print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: Chief State Veterinarian

Telephone: +27 21

Cell phone: +27

Email:  Official Date Stamp