INTERNATIONAL VETERINARY HEALTH CERTIFICATE FOR THE EXPORT OF DOGS FROM THE REPUBLIC OF SOUTH AFRICA TO THE UNITED STATE OF AMERICA

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

STATE VETERINARY REFERENCE NUMBER:

VETERINARY IMPORT PERMIT: N/A

1. DESCRIPTION
2. Identification of Animals:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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:
	2. Means of transport:
	3. Port of Exit:       Port of Entry:
3. HEALTH ATTESTATION (to be completed by a registered veterinarian)

The undersigned veterinarian certifies that the animals described above comply with the following:

1. Have been identified by means of a microchip
2. Were at least 6 months old
3. Have a valid Rabies vaccination certificate which includes the following; (i) Name and address of owner (ii) Dog’s breed, gender, date of birth (approximate age if date of birth is unknown), colour, and markings (iii) Dog’s microchip number (iv) Date of rabies vaccination and vaccine product information and product expiration date (v) Date the vaccination expires (vi) Name, license /registration number, address, and signature of veterinarian who administered the vaccination.
4. Have been vaccinated for Rabies according to the below tabulated schedule. The initial rabies vaccine was administered on or after 12 weeks (84 days) of age; alternatively, the rabies vaccine was administered on or after 60 weeks (15 months) of age, with the dogs showing a history of previous rabies vaccinations, including at least one vaccine given after 12 weeks (84 days) of age and one current booster rabies vaccination.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Microchip Number | Vaccine | Batch | Manufacturer | Expiry Date | Vaccination Date |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

1. Have a valid Rabies serological titre result from an approved laboratory as per the Centres for Disease Control and Prevention (CDC) list. Serological titres were drawn in accordance with World Organisation for Animal Health recommendations on a sample drawn a minimum of 30 days after initial Rabies vaccination and at least 28 days before entry to the United States.

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| --- | --- | --- | --- |
| Microchip Number | Date of Sampling | CDC Approved Laboratory | Result |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

1. Have been inspected for screwworm within 5 days prior to shipment to the United States and they are free from screwworm.
2. Have been found to be clinically healthy and were fit to travel.
3. Their fur and bedding are free of excessive dirt, hay, or straw.

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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 which performed the Rabies serological titre Test(s) is a CDC approved Laboratory.
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 International Trade Facilitation, Veterinary Services of Western Cape Department of Agriculture.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Official Veterinarian.

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

Designation: Chief State Veterinarian

Telephone: +27 21 8085400

Email:  Official Date Stamp