**Veterinary Health Certification for cats and dogs imported from**

**Norfolk Island to mainland Australia**

A registered veterinarian in Norfolk Island must complete a separate certificate for each animal, and sign and date each page. You can find information about importing dogs from Norfolk Island to mainland Australia at: <https://www.agriculture.gov.au/biosecurity-trade/cats-dogs/step-by-step-guides/category1-norfolk-island>.

For further information please contact: imports@aff.gov.au or 1800 900 090/+61 3 8318 6700

**1. Animal details**

|  |  |
| --- | --- |
| Name of animal: |  |
| Species: | Cat  Dog |
| Breed and description: |  |
| Date of birth/age in years/months: |  |
| Sex: (mark with an X in the appropriate box) | Male Neutered male  Female  Neutered female |
| Microchip number: *Must be ISO compatible* | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| Site(s) of microchip(s): |  |
| Name and address of exporter on Norfolk Island: |  |
| Name and address of consignee in mainland Australia: |  |
| Scheduled date of export: | \_\_\_/\_\_­­­\_/\_\_\_\_ (*dd/mm/yyyy*) |
| Scheduled flight number: |  |

**2. Owner/person in charge declaration** (*to be completed by animal’s owner or their authorised agent*)

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| --- |
| I………………………………………………………….............. (print name), being the **Owner**  **Person in charge**  (*please tick as appropriate*) hereby declare that, in relation to the cat or dog destined for import into Australia, and as identified above:   1. The animal has resided in Norfolk Island for 180 days or since birth or since direct importation from Australia or New Zealand. 2. The animal was not under any biosecurity restrictions at the time of export.   **Signature:.............................................................................................Date:­\_\_­­ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_** (*dd/mm/yyyy*) |

**3. Veterinary health certificate** (*to be completed by a registered veterinarian*)

|  |  |
| --- | --- |
| I………………………………………………………….............. (print name), being a registered veterinarian, certify, after due enquiry with respect to the animal described above, that:   1. I have examined the animal for export within 5 days before the scheduled date of export and found it to be free from ticks and clinical signs of infectious and contagious disease, and I consider that it is fit to travel. 2. The animal has been treated by a registered veterinarian for internal parasites with a product effective against nematodes and cestodes within 5 days before the scheduled date of export. 3. The animal has been treated by a registered veterinarian for external parasites with a topical product that is effective against ticks within 5 days before the scheduled date of export. | |
| *Signature of registered veterinarian* | Date certificate completed: *(dd/mm/yyyy)* |
| Practice name and address: |
| Phone number: |
| Email contact (please print clearly): |
| Veterinary Board Registration Number and state of registration: | |

**4. Endorsement** (*to be completed by a registered government officer of Norfolk Island*)

|  |  |
| --- | --- |
| I………………………………………………………….................................. (print name), being a *registered government officer of Norfolk Island*, after due enquiry with respect to the animal described above, hereby declare that:   1. I have viewed the owner/person in charge declaration and the completed veterinary health certificate, and I have no reason to doubt the content. 2. In the 12 months before the date of export, Norfolk Island has had no cases of rabies, canine brucellosis, canine monocytic ehrlichiosis, canine leishmaniasis, or canine leptospirosis. 3. No animals have been imported into Norfolk Island except from Australia and New Zealand in the 5 years before the date of export. 4. The animal complies within the required import conditions applicable to the movement of cats and dogs from Norfolk Island to Australia under the *Biosecurity Act 2015*. | |
| *Signature of registered government officer* | Date: *(dd/mm/yyyy)* |
| Address: |
| Phone number: |
| Email contact (please print clearly): |