I, ………………………………………………**,** an official government veterinarian or a veterinarian authorised to provide export certification on behalf of the government veterinary service of Australia, certify the following:

**IDENTIFICATION OF ANIMAL (S)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Species (dog or cat) | Breed | Microchip | Name & Colour | Sex | Neutered or entire | Age |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**ORIGIN OF ANIMAL (S)**

Name and current address of owner/exporter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Country/territory of origin of animal (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Port of departure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DESTINATION OF ANIMAL (S)**

Name and address of importer/consignee in New Zealand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Means of transport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Port of arrival: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I have scanned and confirmed the microchip number as listed above.
2. The microchip number is recorded on all vaccination and treatment records, laboratory results and certification.
3. After due enquiry and inspection, I am satisfied that the cat or dog:

a. will be more than eight weeks of age at the date of shipment and is weaned and fit for travel;

b. will not be more than 42 days pregnant at the date of shipment;

c. has not been under any quarantine restriction immediately prior to shipment;

d. is not a dog that belongs wholly or predominantly to any of the following dog breeds or types:

**Breeds Type**

Brazilian Fila American Pit Bull Terrier

Dogo Argentino

Japanese Tosa

Perro de Presa Canario

e. is not a hybrid (crossed with another species), with the exception of Bengal cats. Documentation of five generations of domestic ancestry must be provided for Bengal cats.

1. **INTERNAL PARASITE TREATMENTS**

The cat or dog was treated **TWICE** with a product (or combination or products) registered for the control of nematodes and cestodes at the manufacturer’s recommended dose.

a. The first treatment(s) was given in the 30 days prior to the date of shipment and at least two weeks before the second treatment.

First treatment date: ......................................................................................................

Name of active ingredient(s): .....................................................................................................................

b. The second treatment (or course of treatment) was given in the four days prior to the date of shipment

Second treatment date: ................................................................................................................

Name of active ingredient(s): ...................................................................................................................

1. **EXTERNAL PARASITE TREATMENTS**

The cat or dog was treated by a veterinarian **TWICE** with a topical product registered for the control of ticks and fleas at the manufacturer’s recommended dose and certified as free from external parasites at each treatment.

a. The first treatment was given in the 30 days prior to the date of shipment and at least two weeks before the second treatment, and the animal was free of external parasites.

First treatment/inspection date: .......................................................................

Name of active ingredient(s): ...........................................................................

b. The second treatment was given in the two days prior to the date of shipment and the animal was free of external parasites.

Second treatment/inspection date: .................................................................

Name of active ingredient(s): .........................................................................

1. **HEARTWORM TREATMENT AND TESTING (DOGS)**

**EITHER**

1. The dog has been treated with one of the following in the four days prior to the date of shipment\*:

**SELECT OPTION**

Ivermectin at 6 mcg/kg

Milbemycin at 0.5 mg/kg

Moxidectin at 2-4 mcg/kg

Selamectin at 6 mg/kg

Date of treatment: ...................................................Name of Product...............................................

**OR**

1. The dog is up-to-date on heartworm prevention with a sustained-release injection of Moxidectin\*.

Date of treatment: ..................................................................................................

Name of product: ..............................................................................................

\* Delete as appropriate

**AND**

**TESTING** (Dogs six months of age or older on the date of shipment)

1. The dog has been subjected to a heartworm antigen ELISA (enzyme-linked immunosorbent assay) test with a negative result

in the 30 days prior to the date of shipment\*;

Sample collection date: ...........................................................................

\* Delete as appropriate

Note: Dispensation for the heartworm test will be given to New Zealand dogs in Australia for less than two months if the dog is accompanied by the New Zealand export certificate.

1. ***BABESIA GIBSONI* TEST (DOGS)**

The dog has been subjected to an IFA (indirect fluorescent antibody) test or ELISA (enzyme-linked immunosorbent assay) test for *Babesia gibsoni* with a negative result in the 16 days prior to the date of shipment\*;

Sample collection date: ................................................................................

Note: Dogs diagnosed with *Babesia gibsoni* are not eligible for import, regardless of treatment.

**8.** In the two days prior to shipment, I examined the animal/s and found it/them to be free from:

Clinical signs of infectious or contagious diseases,

External parasites, and

(only for a dog that is not castrated or spayed) any visible signs of canine transmissible venereal tumour on examination of external genitalia (which includes examination of the extruded penis).

The container in which the animal is to be transported meets the International Air Transport Association (IATA) standards and is clean, dry, and free of pests.

Signature:.......................................................................................................................................

Veterinarian registered to practise in Australia

Name and address

........................................................................................................................................

.........................................................................................................................................

Date:......................................................... Email :......................................................

**Note: Government veterinary signature and stamp to be applied to all pages (including laboratory reports).**

|  |
| --- |
| Official Veterinarian Name: Stamp:  Signature:  Date: |