

CHAPTER 5.11.

**MODEL
VETERINARY CERTIFICATE FOR
INTERNATIONAL MOVEMENT OF
DOGS, CATS AND FERRETS
ORIGINATING FROM COUNTRIES
CONSIDERED INFECTED WITH RABIES**

I. OWNER

Name and address:.....
.....
.....
.....

II. DESCRIPTION

Species of animal:.....
Age or date of birth:
Sex:.....
Breed:
Colour:
Coat type and marking/Distinguishing marks:.....
.....
.....
.....

Identification number, location on the animal and date of marking (see note 1)

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III. ADDITIONAL INFORMATION

Country of origin:
.....
Countries visited
over the past six months
as declared by the owner
(give dates)
.....
.....

IV. VACCINATION (Rabies)

I the undersigned declare herewith that I have vaccinated the animal described in Part II, or I have seen evidence that the animal has been vaccinated against rabies as shown below.

Date of vaccination (dd/mm/yy)	Name of vaccine (see note 2)	1. Manufacturing laboratory 2. Batch number 3. Expiry date
		1. 2. 3.

PERIOD OF VALIDITY OF VACCINATION FOR INTERNATIONAL MOVEMENT (see note 3)		Name (in capital letters) and signature of the Certifying Veterinarian (see note 6)
from (dd/mm/yy)	to (dd/mm/yy)	

V. SEROLOGICAL TESTING (Rabies)

I the undersigned declare herewith that a blood sample has been taken from the animal described in Part II with the following result from the official diagnostic laboratory which carried out the antibody titration test (see note 4).

Date of sampling (dd/mm/yy)	Name and address of the official diagnostic laboratory	Result of the antibody titration test (in International Units [IU]/ml)

PERIOD OF VALIDITY OF SEROLOGICAL TESTING FOR INTERNATIONAL MOVEMENT (see note 4)		Name (in capital letters) and signature of the Certifying Veterinarian (see note 6)
from (dd/mm/yy)	to (dd/mm/yy)	

VI. CLINICAL EXAMINATION (Rabies)

I the undersigned declare herewith that I have examined the animal described in Part II on the date indicated below, or that I have seen evidence that the animal was examined on that date, and that the animal was found to be free from clinical signs of rabies (see note 5).

Date (dd/mm/yy)	Name (in capital letters) and signature of the Certifying Veterinarian (see note 6)

NOTE

- 1) The identification should be by a permanent marking. The identification number stated in the certificate should be identical to that on the animal. When electronic identification is used, the type of microchip and the name of the manufacturer should be specified.
- 2) Only vaccines produced in compliance with the recommendations of the *Terrestrial Manual* should be used.
- 3) Vaccination or re-vaccination should be carried out in accordance with the recommendations of the manufacturer.
- 4) When serological testing is required, the animal should have been subjected not less than 3 months and not more than 12 months prior to its introduction into the importing country, to an antibody titration test carried out by an official diagnostic laboratory approved by the Competent Authority of the exporting country, as prescribed in the *Terrestrial Manual* with a positive result of at least 0.5 IU.
- 5) The clinical examination referred to in Part VI of the certificate must be carried out as per the requirements in Chapter 8.13.

The Competent Authority of the importing country may require the placing of the animals which do not comply with any of the above-mentioned conditions in a quarantine station located on its territory; the conditions of stay in quarantine are laid down by the legislation of the importing country.

- 6) The certification should be undertaken in accordance with Chapters 5.1. and 5.2.
- 7) If so required, the certificate should be written in the language of the importing country. In such circumstances, it should also be written in a language understood by the certifying veterinarian.

