

Veterinary Health Certificate for Export of Cats from the United States of America to Jamaica			
Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE	Date Of Issue	Certificate Number	
1. Consignor:	2. Consignee:		
3. Country Of Origin: USA	4. State Of Origin: *****		
5. Country Of Destination: Jamaica	6. Zone Of Destination: *****		
7. Place Of Origin:	8. Port Of Embarkation / Border Crossing:		
9. Estimated Date Of Shipment:	10. Means Of Transport:		
11. *****	12. CITES Permit Number: *****		
13. Description Of Commodity: Cats	14. Date Of Inspection:		
15. Total Quantity:	16. Additional Information: *****		
17. Total Number Of Packages/Containers:			
18. Identification / Seal Numbers:			
19. Commodities Intended Use:	20. Type Of Admission:		
21. Identification Of Commodities:  (See next page) ***** ***** *****			

**Veterinary Health Certificate for Export of Cats from the United States of America to Jamaica**



**Veterinary Authority**

UNITED STATES DEPARTMENT OF AGRICULTURE

**Date Of Issue**

**Certificate Number**

**21. Identification Of Commodities: Continued**

Animal ID (Name and microchip number)

Species

Breed

Age

Sex

Color

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**Veterinary Health Certificate for Export of Cats from the United States of America to Jamaica****Veterinary Authority**  
UNITED STATES DEPARTMENT OF AGRICULTURE**Date Of Issue****Certificate Number****Certification Statements:**

I, the undersigned USDA Accredited Veterinarian, certify the following statements:

1. The cats are identified with an ISO- compatible microchip, and I have verified the presence of the microchip, recorded on page 1, box 21 of this health certificate.

2. The cats were vaccinated for rabies AFTER being identified with the ISO-compatible microchip. The animals were vaccinated for rabies with a killed virus vaccine or recombinant vaccine expressing the rabies virus glycoprotein;

[O] In the case of a primary vaccination: the rabies vaccine was administered more than six months and not more than one year prior to export, when the animal was at least three months old. A copy of the vaccine certificate is required to accompany this certificate.

[O] In the case of a booster vaccination (older animal): the rabies vaccine was administered not more than one year prior to export AND the animal was at least three months old. A copy of the most recent vaccination certificate is required to accompany this certificate.

3. The cats have achieved a post-vaccination rabies virus neutralizing antibody titer of at least 0.5 IU/mL between three months and twelve months prior to export. The date of sample collection for the fluorescent antibody virus neutralization (FAVN) test is noted on the table below.

The Rabies Neutralizing Antibody Test must be a FAVN test, and MUST be done by a laboratory acceptable to USDA APHIS.

The cats are not eligible for entry into the Jamaica until at least three (3) months and not more than twelve (12) months after the date the blood sample collection that gave a successful FAVN test result was drawn.

4. The cats were subjected to TWO microscopic fecal examinations and found negative, and TWO internal parasite treatments using broad spectrum anthelmintic(s) effective against nematodes, cestodes and trematodes. The test and treatment dates are noted on the table below. The treatments must be given at least 14 days apart, with the final treatment within seven (7) days prior to export.

5. The cats were examined for fleas, ticks, lice and mites and found to be free from (visible) external parasites. The cats received TWO external parasite treatments using approved products for the control of fleas, ticks, lice and mites at the manufacturer's recommended dose, and these are noted on the table below. The first treatment must be given within 30 days prior to export. The treatments must be given at least 14 days apart, with the final treatment within seven (7) days prior to export.

6. The cats were vaccinated according to the vaccine manufacturer's recommendations against feline herpesvirus 1 (FHV1), feline calicivirus (FCV), feline panleukopenia virus (FPV), feline leukemia virus (FeLV - kittens) more than two (2) weeks prior to export.

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**Certification Statements:**

NOTE: A copy of the rabies FAVN test is required to be endorsed by the APHIS Veterinary Medical Officer and presented by the owner/traveler with this health certificate upon arrival in Jamaica.

NOTE: It is the responsibility of the importer to obtain an import permit prior to export for entry of all U.S. animals to Jamaica. This completed, APHIS-endorsed health certificate is required for the application of an import permit.

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UNITED STATES DEPARTMENT OF AGRICULTURE**Date Of Issue****Certificate Number****Rabies Information****FAVN Test and Rabies Vaccination occurred within one year prior to export.**

Animal ID (Name and microchip number)	Date of Sample Collection of FAVN Test	Name of Rabies Vaccination Product	Rabies Vaccine Manufacturer	Date of Rabies Vaccination

**Internal Parasite Treatments****The animals were treated TWICE with approved products for internal parasites. The treatments were given at least 14 days apart, with the second treatment within seven (7) days prior to export.****\*\*\*\*First Internal Parasite Treatment\*\*\*\***

Animal ID (Name and microchip number)	First Treatment Product Name	First Treatment Active Ingredients	First Treatment Dose Rate	First Treatment Date of Treatment

**\*\*\*\*Second Internal Parasite Treatment\*\*\*\***

Animal ID (Name and microchip number)	Second Treatment Product Name	Second Treatment Active Ingredients	Second Treatment Dose Rate	Date of Second Treatment

**External Parasite Treatments****The animals were treated TWICE with approved products for the control of fleas, ticks, lice and mites, at the manufacturer's recommended dose. The first treatment was given within (30) days of export. The second treatment was given at least 14 days after the first treatment and within (7) days of export.****\*\*\*\*First External Parasite Treatment\*\*\*\***

Animal ID (Name and microchip number)	First Treatment Product Name	First Treatment Active Ingredients	First Treatment Dose Rate	Date of First Treatment

**\*\*\*\*Second External Parasite Treatment\*\*\*\***

Animal ID (Name and microchip number)	Second Treatment Product Name	Second Treatment Active Ingredients	Second Treatment Dose Rate	Date of Second Treatment

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**Other Vaccination Information**

Microchip and animal name	Date of feline herpesvirus 1 (FHV1) vaccination	Date of feline calicivirus (FCV) vaccination	Date of feline panleukopenia virus (FPV) vaccination	Date of feline leukemia virus (FeLV) vaccination

**Fecal Test Information**

Microchip and Animal Name	Date of negative fecal test #1	Date of negative fecal test #2

**Name of Accredited Veterinarian****Name of USDA Veterinarian****Signature of Accredited Veterinarian****Signature of USDA Veterinarian****Date****Date**