

Veterinary Health Certificate for Export of Dogs and Cats from the United States of America to the Cayman Islands



Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE	Date Of Issue	Certificate Number **
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1. Consignor (name and address): 		2. Consignee(name and address): 					
3. Country Of Origin: United States of America		4. State Of Origin: 					
5. Country Of Destination: Cayman Islands		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: DOG(S) CAT(S)		14. *****					
15. Total Quantity:		16. Total Number Of Packages/Containers: *****					
17. Additional Information: ***** *****							
18. Identification / Seal Numbers: ***** *****							
19. Commodities Intended Use: Pet (Personal) Pet (Commercial)		20. Type Of Admission: *****					
21. Identification Of Commodities:							
ISO-Microchip Number	Microchip Location	Microchip Implantation Date	Species	Breed	Sex	Age	Coat Color

**health certificate number format: [accreditation number of the issuing accredited veterinarian].[the date of issue of the health certificate (dd/mm/yy)]. [number of export for that day for signing accredited veterinarian] (i.e. 012345.030519.2)



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue

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Certification Statements: I hereby certify that I have examined the above described animal (s) today, being no more than fourteen (14) days prior to the proposed date of export, and find:

1. The animals described in box 21 were at least 12 weeks of age and microchipped when vaccinated for rabies, as follows:

Microchip Number	Rabies Vaccination Date	Name of Vaccine	Vaccine Manufacturer	Vaccine Batch Number

2. For the animals listed in box 21, the vaccination history during the last year or since birth is as follows (Mandatory: DHP (dogs), FVRCP (cats)):

Microchip Number	Vaccine and Date of Administration			

3. As best as can be ascertained the animals are not infected with any communicable disease, are free from external parasites, and in my opinion are fit to travel.
4. The animals have been treated on the day of examination with an acaricidal preparation, which is known to have residual action against ticks, and on the day of examination with a preparation containing praziquantel at a dose rate of 5mg/kg body weight, which is known to be effective against tapeworms.

Microchip Number	Name of Acaricidal Preparation	Name of Tapeworm Product

5. The microchip(s) were scanned at the time of physical examination and prior to the administration of tick and tapeworm treatment.



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Certification Statements (continued):

6. The animals were subjected to a neutralizing antibody titration test within the past 12 months with a result of 0.5IU/ml or greater., and I have seen a record of this result. A copy of this result accompanies the shipment.
7. After due enquiry, I am satisfied that: (delete/ line out statements which are not applicable)
 - i. The animal(s) has/have been resident in the country of export since birth, or continuously for the past three (3) months; or
 - ii. The animal(s) has/have been in one or more 'no' rabies-risk countries for the past three (3) months; or
 - iii. The animal(s) has/have been in one or more 'low' rabies-risk countries for the past three (3) months; or
 - iv. The animal(s) has/have been in one or more 'high' rabies-risk countries for the past three (3) months
 - v. The animal(s) was/were originally from the Cayman Islands
 - vi. The animal(s) is/are travelling by sea
 - vii. Country of origin of animal(s) {if different from country of export}: _____
8. After due enquiry, I am satisfied that the animal(s) has/have not been present within the past three (3) months in an officially quarantined or designated rabies area.
9. Seal number, date, name, signature, and stamp of official applying seal if transiting a territory not on the approved list (line out box if not applicable):

This certificate is valid for 14 days after issuance.

**health certificate number format: [accreditation number of the issuing accredited veterinarian].[the date of issue of the health certificate (dd/mm/yy)].[number of export for that day for signing accredited veterinarian] (i.e. 012345.030519.2)

USDA-Accredited Issuing Veterinarian Section		USDA APHIS Endorsement IS NOT Required
Name of USDA-Accredited Veterinarian	***** *****	
USDA Accreditation Number (6 digits)	***** *****	
Signature of Accredited Veterinarian	***** *****	
Date	***** *****	