

Animal Health Certificate

(for Dog & Cat to be Exported to Hong Kong from Group II Countries/Places only)

IMPORTANT : Please read the Notes overleaf before completing this form

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| PART A: DECLARATION BY *OWNER / CONSIGNOR (To be completed by owner / consignor) | | | |
| Dog/Cat: | Breed: | Sex: | Age: Year Month |
| Colour : | Microchip No: | Type of Microchip: # <input type="checkbox"/> AVID # <input type="checkbox"/> Other ISO Compatible | |
| Expected Date of Animal to be Exported: (dd/mm/yy) | Address of premises where the animal has been continuously resident during the preceding 180 days or since birth: | | |
| Name and address of consignee in Hong Kong (Mandatory Field) : (Remarks: The name of consignee must match with the one as stated in the Special Permit) | | | |
| The above mentioned animal is 5 months old or older. | | | |
| I, the undersigned, am the *owner/consignor of the above animal and declare that the above information is true and correct. | | | |
| Signature : _____ Name in Block Letter: _____ Date : ____/____/____ (dd/mm/yy) | | | |
| Address/Telephone/Fax/E-mail: | | | |

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| PART B: VETERINARY CERTIFICATE (This certificate is valid for 14 days from the date of issue) | | | |
| I, * a government veterinary officer / a registered veterinary surgeon licensed to practise in the country/place from where the animal is exported, certify the following: (Note: The animal can only be exempted from quarantine provided all the following terms are attested as "true") | | | |
| Please tick <input type="checkbox"/> in the appropriate boxes → | | | True False |
| (a) | I am satisfied as to the correctness of the declaration made by the *owner/consignor in Part A above. I have checked that the microchip number above is correct. | | |
| (b) | After due enquiry I am satisfied that the animal has been continuously residing in the country/place of export during the preceding 180 days or since birth prior to departure from that country/place. The area within 10km of animal premises has been free of reported cases of rabies in any animals (excluding bats) during the preceding 180 days from the date of departure. | | |
| (c) | The animal has been vaccinated against rabies on _____ (date) that is less than one year and more than 30 days prior to departure. In the case of primary vaccination the animal was at least 90 days old when vaccinated. * * A copy of the history of all rabies vaccination records must be attached to this certificate * * | | |
| (d) | The animal is free of any quarantine restrictions imposed by the government authority of the country/place of export. | | |
| (e) | The animal is free from clinical signs of infectious or contagious disease and is fit to travel to Hong Kong. | | |
| (f) | I have sighted the attached vaccination records/certificates and confirmed that the animal has been vaccinated against the following canine/feline diseases on _____ (date) that is not less than 14 days and not more than 1 year before coming into Hong Kong. Dog – Canine Distemper, Infectious Canine Hepatitis and Canine Parvovirus. Cat – Feline Panleucopaenia (Infectious Enteritis), Feline Respiratory Disease Complex (Cat Flu). * * A copy of the history of above mentioned vaccination records must be attached to this certificate * * | | |
| (g) | I certify that the animal is either not pregnant or less than 4 weeks pregnant if it is a female. | | |
| Signature : _____ Name in Block Letter : _____ Date : ____/____/____ (dd/mm/yy) | | | |
| *Official Capacity : | | Seal or Stamp → | |
| Address/Telephone/Fax/E-mail : | | | |

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| PART C: OFFICIAL AUTHORITY (This part must be fully completed and stamped/sealed by a full time salaried Government Veterinary Officer.) | |
| I am a full time Government Veterinary Officer and I confirm that the above information is correct and the above mentioned veterinary surgeon is registered and licensed to practise in the country/place from where the animal is exported. | |
| Signature : _____ Name in Block Letter : _____ Date : ____/____/____ (dd/mm/yy) | |
| Official Capacity : | Official Seal or Stamp → |
| Address/Telephone/Fax/E-mail : | |