REFERENCE NUMBER:	

VETERINARY HEALTH CERTIFICATE FOR THE EXPORT OF DOGS AND CATS TO INDONESIA

COUNTRY OF ORIGIN: CANADA	
OWNER Name:	
Address:	
DESCRIPTION OF ANIMAL	
Name:	Species: Dog Cat Sex:
Date of birth:(dd/mm/yyyy)	Breed:
Colour:	Microchip No./Tatoo:(Delete unused one)
Coat type and marking/Distinguishing marks:	
VACCINATION (Rabies) I, the undersigned licensed veterinarian, declare that the when vaccinated against rabies with a killed vaccine as significant to the second s	
Date of vaccination:(dd/mm/yyyy)	Vaccination valid until:
Name of vaccine:	Type of vaccine: <u>Killed</u>
Manufacturer:	Batch number:
CLINICAL EXAMINATION I, the undersigned licensed veterinarian, declare that the adays before departure on the date indicated below and for infectious or contagious diseases of dog/cat at the time of Canada from birth or for a period of not less than 6 (six) in	animal described above has been examined in the five und healthy and free of any clinical sign of rabies and f examination and certification. This animal has been
Date of examination :	(dd/mm/yyyy)
Date of certification (dd/mm/yyyy)	Signature of Licensed Veterinarian
Name and phone number of licensed veterinarian:	
Address:	
OFFICIAL CERTIFICATION I, the undersigned official veterinarian, declare that:	
6 (six) months preceding export.	the animal has lived for the last 6 (six) months. as been in Canada from birth or for a period of not less larations above is a licensed veterinarian and I have n
Date (dd/mm/yyyy) Signat	ture of Official Veterinarian
Canad	dian Food Inspection Agency rnment of Canada
Official Export Stamp Name	of Official Veterinarian (in block letters)
Official Export Otamp	

