



**VETERINARY HEALTH CERTIFICATE
 FOR DOGS AND CATS TO KOREA**

COUNTRY OF ORIGIN: CANADA

I. OWNER NAME: _____

Address: _____

II. DESCRIPTION OF ANIMAL

Species of animal: _____ Age or date of birth: _____

Sex: F M Breed: _____ Colour: _____

Coat type and marking/Distinguishing marks: _____

III. VACCINATION (Rabies)

I the undersigned declare that, according to the documentation presented to me, the animal described above has been vaccinated against rabies as shown below:

Date of vaccination : _____
 (dd/mm/yy)

Name of inactivated virus vaccine: _____

1. Manufacturer: _____

2. Batch number: _____ Expiry date: _____

3. Name and address of the veterinarian who vaccinated the animal: _____

IV. CLINICAL EXAMINATION

I the undersigned declare that, according to the documentation presented to me, the animal described above has been examined before departure on the date indicated below and has been found clinically healthy :

Date of examination : _____
 (dd/mm/yy)

Name and address of the veterinarian who examined the animal: _____

V. OTHER VACCINATIONS (if applicable)

I the undersigned declare that, according to the documentation presented to me, the animal described above has been vaccinated against the following diseases as shown below:

Disease	Date of vaccination
_____	_____
_____	_____
_____	_____

Name and address of the veterinarian who vaccinated the animal: _____

 Date ((dd/mm/yy)

 Signature of Official Veterinarian
 Canadian Food Inspection Agency
 Government of Canada

Official Export Stamp

 Name of Official Veterinarian (in block letters)