

# APPLICATION ONLY NOT TO BE CERTIFIED



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS  
SCOTTISH GOVERNMENT - RURAL DIRECTORATE  
WELSH GOVERNMENT, DEPARTMENT FOR RURAL AFFAIRS  
DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT NORTHERN IRELAND

No: .....

EXPORT OF DOGS AND CATS FROM THE UNITED KINGDOM TO INDONESIA

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

CERTIFYING VETERINARIAN: OFFICIAL VETERINARIAN

I. Number and identification of the animals

Type/Breed	Sex	Age	Colour	Identification/ distinguishing marks/microchip number

II. Origin of the animals

a) Name and address of exporter:

b) Address of premises of origin:

III. Destination of the animals

a) Name and address of Importer:

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b) Premises of destination:

c) Import permit no. (if applicable):

## IV. Health Information

◆I, the undersigned, certify that:

a) on \_\_\_\_\_, being not more than 5 days prior to the proposed date of export, the said animal(s)\* was/were\* examined and found to be free from clinical signs of rabies and other infectious or contagious disease and in my opinion is/are fit\* to travel;

b) the animal(s)\* is/are\* at least 3 (three) months old;

c) on \_\_\_\_\_ (date); being not less than 1 month prior to export the said animal(s)\* was/were\* vaccinated against rabies using killed rabies vaccine;

the animal(s)\* has/have\* been vaccinated with Rabies vaccine and has/have a Rabies antibody titre greater than or equal to 0.5 IU/ml

Name of vaccination

Batch number

Name of supplier

Expiry date

;

d) a declaration has been received from the exporter stating that the animal(s)\* is/are\* intended to be exported from United Kingdom and that the said animal(s)\* has/have\* not been imported into United Kingdom during the past 6 months;

e) the United Kingdom is officially free of rabies according to the World Organisation for Animal Health (OIE), Terrestrial Animal Health Code and has been free of rabies for the past 6 months.

\* Delete as appropriate

V. This certificate is valid for 7 days.

Stamp

Signed ..... MRCVS

Name in block letters:

.....  
Official Veterinarian

Date .....

Address .....

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