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|  | | | Certificate number: | | |
| **I Animal details** | | | | | |
| I.1. Country of origin and ISO code  FINLAND FI | | | I.2. Import permit number (No) | | |
| I.3. Country of destination and ISO code  AUSTRALIA AU | | | **FINLAND**  **SUOMI**  **VETERINARY HEALTH CERTIFICATE**  **for the export of cats from Finland**  **to Australia** | | |
| I.4. Competent ministry in Finland  Ministry of Agriculture and Forestry | | |
| I.5. Competent central authority in Finland  Finnish Food Authority | | |
| I.6. Competent local authority issuing this certificate | | |
| I.7. Consignor/exporter  Name    Address | | | I.8. Consignee/importer  Name    Address | | |
| I.9. Name of animal | | | I.10. Date of birth (dd/mm/yyyy) | | |
| I.11. Sex  Male  Female | | Neutered male  Neutered female | I.12. Microchip number | | |
| I.13. Site of microchip | | |
| If female, she is not more than 30 days pregnant or suckling young. | | | I.14. Date of final examination and microchip scanning (within five days of export) (dd/mm/yyyy) | | |
| I.15. Contact details of preparing Government Approved Veterinarian  Name:    Email/Contact Details: | | | | | |
| **II Test / treatment records** | | | | | |
| **Tests conducted** | **Sample collection date (dd/mm/yyyy)** | | | **Test type** | **Test result** |
| Rabies Neutralising Antibody Titre Test (RNATT) | 1. Collection date    2. Date arrived at laboratory | | | FAVN\* or RFFIT\*  (Positive at ≥0.5IU/mL)  \*[Strike through as required] |  |
| **Vaccinations administered** | **Vaccination date(s) (dd/mm/yyyy)** | | | **Vaccination type** | |
| Rabies vaccination |  | | | Vaccine name:    Batch number:    Expiry date (dd/mm/yyyy): | |
| Date next booster due (dd/mm/yyyy): | |

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| **Treatments administered** | **Treatment date(s) (dd/mm/yyyy)** | **Treatment type** |
| External parasites  \*[Strike through as required] | 1. | Product name:    Active ingredient(s):    Dose rate: |
| \*2. | Product name:    Active ingredient(s):    Dose rate: |
| \*3. | Product name:    Active ingredient(s):    Dose rate: |
| Internal parasites  \*[Strike through as required] | 1. | Product name:    Active ingredient(s):    Dose rate: |
| \*2. | Product name:    Active ingredient(s):    Dose rate: |

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| **III Attestation** |
| 1. Either:  \*The cat was exported from Australia on       (*dd/mm/yyyy*) and a copy of the Australian export permit is attached.  OR  \*The cat underwent an identity verification on       (*dd/mm/yyyy*) which is at least 180 days prior to the scheduled date of export to Australia and a copy of the identification declaration is attached.  OR  \*The cat was not exported from Australia and has not undergone an identity verification.  [\**Strike through as required*]  2. The cat was free from signs of clinical or infectious disease during the final inspection within 5 days of export.  3. The cat’s rabies vaccination is current according to manufacturer directions at the scheduled date of export to Australia.  4. The cat is fit and healthy to undertake the journey to Australia and undergo quarantine. |
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|  | Certificate number: |
| **IV Endorsement** | |
| I certify that after due enquiry all the information provided in this veterinary health certificate is true and the cat fully complies with the pre-export requirements described in the Australian import permit and the microchip number listed on all documentation matches the microchip number scanned on the animal described here. | |

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| Done at (place) |  | Date (*dd/mm/yyyy*) |  |  | Official stamp (1) |
|  | | | |  |
| Signature of the Official Veterinarian (1) | | | |  |
| Name of the endorsing official veterinarian and official position in capital letters | | | |  |
| Address/ Phone number/ Email contact | | | |  |  |
| (1) Signature and stamp must be in a different colour to that of the printed certificate | | | | | |