

Gouvernement du Canada Canadian Food Inspection Agency Agence canadienne d'inspection des aliments

REFERENCE NUMBER:	
IVEL FIVE INCE HOMOPIN.	

VETERINARY HEALTH CERTIFICATE FOR DOGS AND CATS TO KOREA

OU	NTRY OF ORIGIN: CANADA		
	OWNER NAME:		
	Address:		
	DESCRIPTION OF ANIMAL		
	Name:		Species of animal:
	Breed:		Age or date of birth:
	Sex: □F □M		Colour:
	Coat type and marking/Distinguishing marks:		
	Microchip information *:		
	Microchip Number:		The microchip will be implanted in Korea
	Microchip Location:	OR	during quarantine at the owner's expense. This
	Microchip Type (eg. ISO 11784):		will extend the duration of the quarantine.
	*Delete one box as appropriate	_	
	I, the undersigned licensed veterinarian, declare that the rabies as shown below Date of Vaccination: (dd/mm/yy)	ne anima	described above has been vaccinated against Vaccination Valid Until: (dd/mm/yy
	Name of Vaccine:		Type of Vaccine:
	Batch Number:		Manufacturer:
	OR		
	The animal described above is under 90 days old.		
	*Delete one box as appropriate		
	*Delete one box as appropriate		
	Delete one box as appropriate RABIES NEUTRALIZING ANTIBODY TESTING		
		7	The animal has not received a RNATT, or its
	RABIES NEUTRALIZING ANTIBODY TESTING*	OR	The animal has not received a RNATT, or its results was lower than 0.5 IU/ml. The RNATT
	RABIES NEUTRALIZING ANTIBODY TESTING* Date of sampling: (dd/mm/yy)	OR	results was lower than 0.5 IU/ml. The RNATT
	Pate of sampling: (dd/mm/yy) Test Results (in IU/ml):	OR	

*Delete one box as appropriate



CLINICAL EXAMINATION	
	o the documentation presented to me, the animal described above has ate indicated below and has been found clinically healthy.
Date of examination: (c	dd/mm/yy)
Date (dd/mm/yy)	Signature of Licensed Veterinarian
Name and address of Licensed Veterinaria	ลท:
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)

REFERENCE NUMBER:

٧.