

REFERENCE NUMBER:

HEALTH CERTIFICATE FOR THE EXPORT OF DOGS TO ST. VINCENT & THE GRENADINES

I.	COUNTRY	OF ORIGIN:		CANADA				
	NAME OF C	OMPETENT	AUTHORI	ΓY: CANADIAN FC	OD INSPECT	ION AGENCY		
II.	OWNER: Name:							
III.								
ı	Name	Breed	Sex	Coat colour	Age	Microchip number		
IV.	. HEALTH INFORMATION							
I, th	e undersigned	d licensed ve	terinarian, c	ertify that the animal(s) described ab	ove:		
1.	The animal(s) was/were born in and has/have never left Canada or where not born in or has/have left Canada and returned, has/have been in Canada for the previous six (6) months.							
2.	The animal(s) is/are in good health and free from symptoms of any infectious or contagious disease.							
3.	The animal(s) has/have been vaccinated against Canine Distemper, Parvovirus, Leptospirosis, Hepatitis and Parainfluenza not less than seven (7) days prior to the date of export.							
4.	The animal(s) was/were screened for heartworm, with negative results, within seven (7) days prior to the date of export.						e of	
5.	The animal(s) has/have been treated for external parasites and for internal parasites with an approved broad spectrum anthelminthic within seven (7) days prior to date of export.						l	
6.	The animal(s) was/were implanted with an ISO microchip, followed by a rabies vaccination with an inactivated adjuvant vaccine, when the animal(s) was/were not less than twelve (12) weeks of age on:							
	Date of vacc	Date of vaccination (yyyy/mm/dd):						
	Name of vaccine:				Serial #:			
	Date of expi	e of expiration (yyyy/mm/dd):						
	Revaccination due (yyyy/mm/dd):							
7.	vaccination, antibody lev	a blood sam el using the F	ple was take FAVN test a	en from the said anima	I(s) following n	weeks following the rabies icrochip identification, and tested f Laboratory (approved by t	or he	



The animal(s) must have a protective antibody level of >0.5 IU/mL.

Data (analyza za (alai))	Circusture of Lineare d Veterine since
Date (yyyy/mm/dd)	Signature of Licensed Veterinarian
Name and address of licensed veterinarian:	
Data (www/mm/dd)	Signature of Official Veterinarian
Date (yyyy/mm/dd)	Signature of Official Veterinarian Canadian Food Inspection Agency Government of Canada
Official Export Stamp	Name of Official Veterinarian (in block letters)

REFERENCE NUMBER:

* List of approved laboratories:

1. **Veterinary Laboratory Agency**

New Haw, Addelstone, Surrey KT15 3NB

United Kingdom

Tel: (+44) 193 235 7841 Fax: (+44) 193 235 7239

2. **RioRest**

Pentlands Science Park, Bush Loan, Penicuik, Midlothian EH26 0PZ

United Kingdom

Tel: (+44) 0131 445 6101 Fax: (+44) 0131 445 6102

Website: www.biobest.co.uk

3. **FAVN Rabies Laboratory**

1800 Denison Avenue, Mosier Hall, Kansas State University

Manhattan, Kansas 66506-5601

Tel: (+1) 785 532 5650 Fax: (+1) 785 532 4481

Website: www.vet.ksu.edu/rabies E-mail: rabies@vet.ksu.edu

NOTES:

The FAVN test must be used, NOT the RFFIT.

- A copy of the laboratory result demonstrating the rabies antibody level must be delivered to the Animal Health and Production Division, Ministry of Agriculture, Forestry and Fisheries, St. Vincent and the Grenadines so the protective rabies antibody level can be confirmed <u>BEFORE</u> an import permit will be issued.
- An import permit will take at least three (3) working days to process once all requisite documents are submitted.
- Forty-eight (48) hours notice of arrival must be given and information must be provided concerning the name of owner, port of arrival and time of arrival. If arriving by airplane, the name of the airline and the flight number must also be provided.

o Phone: (784) 456-1111 Ext 326

(784) 457-2452 (784) 493-1749

- A Veterinary Inspection Fee of EC\$55/US\$20 is chargeable upon inspection on arrival.
- Animal(s) landed in St. Vincent and the Grenadines after 4:00pm Monday to Friday, on weekends or public holidays are subject to a separate inspection fee.

