**Copy of previous health conditions for Dogs to Vanuatu**

**INTERNATIONAL ANIMAL HEALTH CERTIFICATE FOR DOGS FROM AUSTRALIA/ NEW ZEALAND**

I, ……………………………………………………………………………………………………………… being a full time Government Veterinary Officer of the exporting country hereby certify that:

1. I have identified the dog described as follows on ……………………………………………………(Date)

**Breed:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sex:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(years/months)**

**Description (including colour):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Microchip number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. In the period of five years preceding export, rabies has not been diagnosed in animals in the country of export;

3. The dog described above was:

(a) vaccinated against distemper, hepatitis and canine parvovirus and parainfluenza infection on: .....................................................

**NOTE:** 1. This date must be at least 14 days and not more than twelve months prior to export unless the animal is being revaccinated in which case the 14 day interval does not apply.

AND

2. In the case of puppies receiving a primary course the final vaccination must be given at 12 weeks or older

Delete either (b) or (c) – whichever does not apply

(b) was treated at the manufacturer’s recommended dose twice by a veterinarian with a product (or combination of products) registered for the control of nematodes and cestodes. The first treatment was given in the thirty (30) days immediately before shipment and at least two (2) weeks before a second treatment, which was given within three (3) days of the date of departure

**Treatment date 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Product and Dose (anti-nematode):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Product and Dose (anti-cestode):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Treatment date 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Product and Dose (anti-nematode):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Product and Dose (anti-cestode):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

(c) completed post-arrival quarantine in Australia/New Zealand on ……../………/……… within five (5) days of the date of scheduled departure. Within three (3) days of departure the animal was treated at the manufacturer’s recommended dose by a veterinarian for internal parasites with a product (or combination of products) registered for the control of nematodes and cestodes:

Product and Dose (anti-nematode):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Product and Dose (anti-cestode):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Treatment date (s).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Delete either (d) or (e) – whichever does not apply

(d) was treated twice at the manufacturer’s recommended dose with an ectoparasiticide wash that is capable of killing ticks, lice and fleas at seven (7) day interval, the second wash being within three (3) days of departure;

OR:

Was treated **twice** at the manufacturer’s recommended dose at least 14 days apart,a topical ectoparasiticide that is capable of killing ticks, lice and fleas; the second treatment being within three (3) days of departure;

Product and Dose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Product and Dose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

(e) completed post-arrival quarantine in Australia/ New Zealand on …………/………/……… within five (5) days of the scheduled date of departure was treated at the manufacturer’s recommended dose with a topical ectoparasiticide preparation within three (3) days of departure, that is capable of killing ticks, lice and fleas

Product and Dose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Was examined within three days of departure and found to be free of clinical signs of disease and visibly free of ectoparasites (especially ticks).

6. No bedding of plant or animal origin is accompanying this dog;

7. For female dogs, after due enquiry I am satisfied that the female is not more than six weeks pregnant.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Official Stamp:**

**Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**e-m:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ph:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE:** A separate certificate must be completed for each animal being exported.