

Certification of Foreign Rabies Vaccination and Microchip (for Live Dog Importations from Australia into the United States)

This form must be completed by the examining veterinarian and certified by an official
This form must be completed by the examining veterinarian and certified by an official government veterinarian not more than 30 days before travel.

SECTION A: NAME, ADDRESS, PHONE NUMBER, AND EMAIL OF OWNER (CONSIGNOR)

Name: _____

Organization (if applicable): _____

Address: _____ City: _____

Region/State: _____ Zip Code (if in U.S.): _____

Phone Number (including country area code): _____ Email address: _____

SECTION B: NAME, ADDRESS, PHONE NUMBER, AND EMAIL OF RECIPIENT AT U.S. DESTINATION (CONSIGNEE)

Select if information is the same as section A

Name: _____

Organization (if applicable): _____

U.S. Address (cannot be PO Box): _____

City: _____ Region/State: _____ Zip Code (if in U.S.): _____

Phone Number (including country and/or area code): _____ Email address: _____

SECTION C: ANIMAL IDENTIFICATION

ANIMAL NAME	ISO-COMPLIANT MICROCHIP NUMBER	ISO-COMPLIANT MICROCHIP IMPLANT DATE* (MM/DD/YYYY)	BREED	SEX	DATE OF BIRTH OR AGE (MM/DD/YYYY)	COLOR/MARKINGS

*If implant date unknown, input earliest date when ISO-compliant microchip is documented on dog's medical/vaccination records.

SECTION D: RABIES VACCINE INFORMATION (INCLUDE 3 MOST RECENT RABIES VACCINES, IF APPLICABLE)

PRODUCT NAME	MANUFACTURER	LOT NUMBER/BATCH NUMBER	PRODUCT EXPIRATION DATE (MM/DD/YYYY)	DATE OF VACCINATION (MM/DD/YYYY)	DATE NEXT VACCINATION IS DUE (MM/DD/YYYY)

SECTION E: RABIES SEROLOGY INFORMATION (IF AVAILABLE)**

LABORATORY NAME	LOCATION OF LABORATORY (COUNTRY)	DATE SAMPLE WAS COLLECTED (MM/DD/YYYY)	DATE SAMPLE WAS TESTED (MM/DD/YYYY)	RESULT (IU/ML)

**Rabies serology results should be submitted with this form for certification by the official government veterinarian. The official government veterinarian must certify the serology results are from a CDC-approved laboratory.

Select if no serology results are included with this form*

*Dogs entering the United States without a valid rabies serology result or with results less than 0.5 IU/mL are subject to a 28-day quarantine at a CDC-registered animal care facility at the importer's expense. Importers of dogs from DMRVV-free or low-risk countries may, in lieu of serology results, present documentation of the dogs having received veterinary care in a DMRVV-free or low-risk country within the last 6 months before entering the United States.

SECTION F: EXAMINING VETERINARIAN CERTIFICATION STATEMENT

1. I am a registered veterinarian in Australia.
2. I have verified the presence of an ISO-compliant microchip in the animal and the microchip number listed on this form is true and correct.
3. I have examined the animal presented to me and based on that examination I reasonably believe the animal to be over six months of age.
4. I have examined the animal presented to me and find that the age, breed, sex, and description of the animal listed on this form is true and correct, and matches the information documented on the animal's rabies vaccination certificate.

ANIMAL NAME:

ISO-COMPLIANT MICROCHIP NUMBER:

5. I reasonably believe, based on my examination of the animal presented to me, that it appears at this time to be healthy and free of infectious or contagious diseases, and to the best of my knowledge and belief, has not been exposed to any infectious or contagious diseases in the past 30 days that would endanger the health of humans or other animals.
6. I reasonably believe, based on either having personally administered or supervised the administration of the vaccine, or based on my review of the relevant documentation, that (select one):
 - The initial rabies vaccine was administered on or after 12 weeks (84 days) of age; or
 - The rabies vaccine was administered on or after 60 weeks (15 months) of age and the owner had proof of at least one previous rabies.
7. I have truthfully recorded the animal's complete rabies vaccination history for the past 3 years on this form.
8. To the best of my knowledge and belief, the animal listed on this form is not from an area under quarantine for rabies and has not been exposed to rabies in the past 30 days.
9. I hereby certify to the best of my knowledge and belief that that the dog's veterinary medical information (Sections C-E) submitted herein is complete and accurate. I understand that it is a criminal offence under the *Criminal Code Act 1995* to knowingly give false or misleading information to a Commonwealth officer exercising powers under Commonwealth law. A person may commit an offence or be liable to a civil penalty if the person makes a false or misleading statement in an application or provides false or misleading information or documents (see sections 136.1, 137.1 and 137.2 of the *Criminal Code* and sections 367, 368 and 369 of the *Export Control Act*). I understand that under the *Export Control Act*, I may be required to, as soon as practicable, provide the department with additional or corrected information, if I become aware that information included in the application is incomplete or incorrect.

SIGNATURE OF EXAMINING^{±±} VETERINARIAN THAT INSPECTED THE DOG:

I certify that all information provided on this form is true and accurate.

Printed Name and Title:

Address of Veterinarian:

City: State: Country: AUSTRALIA

Telephone (including country code): Email address:

Registration Number of Examining Veterinarian:

Date[§] (MM/DD/YYYY): Veterinarian's Signature:

^{±±}The examining veterinarian must be a registered veterinarian in Australia or be an official government veterinarian. [§]This certificate is valid for travel into the United States for 30 days from the date of examination.

SECTION G: ENDORSEMENT BY OFFICIAL GOVERNMENT VETERINARIAN IN AUSTRALIA

1. I certify that the veterinarian listed above is a registered veterinarian in Australia.
2. I certify I have reviewed all health records, microchip information, vaccination documents, and serology documents (if available) accompanying the animal and they are true and correct to the best of my knowledge and belief.
3. Serology documents, if submitted, are from a [CDC-approved laboratory](#).
4. I hereby certify to the best of my knowledge and belief that that the dog's veterinary medical information (Sections C-E) submitted herein is complete and accurate and that any false statement made in connection with this certification found to be a breach of Australian Public Service Code of Conduct may be subject to sanctions under the Public Service Act 1999 .

I certify that all information provided on this form is true and accurate.

ANIMAL NAME:

ISO-COMPLIANT MICROCHIP NUMBER:

Printed Name and Title:

Address of Official Government Veterinarian:

City: State: Country: AUSTRALIA

Date (MM/DD/YYYY): Official Government Veterinarian's Signature:

Upload electronic government seal or affix wet seal here (required):

