**Certifying Department:** DEPARTMENT OF AGRICULTURE, WATER AND THE ENVIRONMENT

Taiwan Import Permit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VETERINARY HEALTH CERTIFICATE FOR THE EXPORT OF DOG SEMEN TO TAIWAN**

|  |  |  |  |
| --- | --- | --- | --- |
| **FROM:**  | **Australia** | **TO:**  | **Taiwan** |

|  |  |
| --- | --- |
| **CONSIGNOR:** | **CONSIGNEE:** |
|  |  |

This is to certify that on \_\_\_\_\_\_\_\_(date), prior to semen collection, and again 21 days later on \_\_\_\_\_\_(date), Dr. \_\_\_\_\_\_\_\_\_ & Dr. \_\_\_\_\_\_\_\_\_\_ both accredited veterinarians, examined the donor dog:

|  |  |
| --- | --- |
| **NAME** |  |
| **BREED** |  |
| **DATE OF BIRTH** |  |
| **MICROCHIP NUMBER** |  |
| **NAME AND ADDRESS OF PREMISES THE DOG HAS BEEN RAISED ON**  |  |
| **NAME OF THE PREMISES MANAGER** |  |

And found the dog to be healthy and showing no clinical evidence or symptom of rabies, brucellosis, leptospirosis, Nipah virus infection disease, canine herpesvirus infection disease, or any other infectious diseases.

The Semen was collected by: Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Address of Veterinary Clinic semen was collected from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **TOTAL VIALS/STRAWS COLLECTED FOR EXPORT TO TAIWAN** |  |
| **VIALS/STRAW ID** |  |
| **DATE OF SEMEN COLLECTION**  |  |

**IMPORT CONDITIONS**

1. The donor was raised on premises, supervised by the competent authority of the exporting country (Australia).
2. The donor dog has been continuously resident in Australia since birth.
3. The donor originates from a premise where no cases of rabies, brucellosis, leptospirosis have occurred within the previous 12 months. No cases of Nipah virus or canine herpes virus infection occurred within the premise of origin in the past 6 months.
4. Within 30 days prior to semen collection, the donor dog was tested for Leptospirosis and Brucellosis. All blood tests for canine diseases were carried out at a laboratory approved by the government to perform the test required for that disease.

Name of Laboratory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Leptospirosis**

Microscopic agglutination test (MAT) was performed for Leptospirosis (serotypes Leptospira icterohaemorrhagiae and L. canicola) with negative results (negative is less than 50% agglutination at a serum dilution of 1:100).

Sampling Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Test Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have sighted the laboratory reports for the blood tests for leptospira icterohaemorrhagiae and canicola and the original or an endorsed true copy is attached to this veterinary certificate.

**Brucellosis**

Serum agglutination test was performed for Brucella canis with a negative result (less than 50% agglutination at serum dilution of 1:100.

Sampling Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Test Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am satisfied that the dog was not naturally mated between the time of collection of blood for the Brucellosis test and the last collection of semen for this export consignment.

I have sighted the original laboratory report, and the original laboratory report or an endorsed true copy is attached to the veterinary certificate. The donor dog is identified by the microchip / tattoo number that appears on the report.

1. The Donor Dog has not been vaccinated with live vaccine against Rabies.
2. The canine semen diluent is not contaminated by any pathogen of Newcastle Disease, highly pathogenic avian influenza, foot and mouth disease, or bovine spongiform encephalopathy.
3. The canine semen has been collected, handled, preserved and transported under a sanitary condition free from contamination by pathogenic organisms.
4. The donor dog has been subjected to veterinary examination by registered or official veterinarian of exporting country 21 days after semen collection, and showed no clinical evidence or symptom of rabies, brucellosis, leptospirosis, Nipah virus infection disease, canine herpesvirus infection disease or any other infectious diseases.

**STORAGE and SHIPMENT**:

1. The registered veterinarian sealed the ampoules/vials/straws containing the semen immediately after semen collection.
2. The following information has been indelibly marked on the sealed ampoules/straws/vials containing the semen: the donor animals’ name, breed, microchip number, date of collection and the name of the premises that the donor dog was raised on, identification of the collection centre, veterinary practice or veterinarian collecting the semen.
3. The sealed ampoules, vials or straws containing the semen have been securely packed in the container, which has been cleaned and sterilized before use (disinfected with the following disinfectant: 2% available chlorine on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ), and only new liquid nitrogen was added to the container. The following information has been marked on the container: The name, breed, and microchip number of donor dogs, collection date, name of the premises that the donor dogs raised on, the amount of the sealed ampoules, vials or straws, the country of destination, the name and address of the veterinary medical institutions/ clinics or their agencies that apply for the importation.
4. The sealed semen has been stored in the place approved of by the exporting country before shipment.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Official Veterinarian sealed the semen transport container with an official seal prior to shipment and the number or mark on the seal recorded on the certificate prior to export.

Seal number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_affixed to the tank\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

**Official Veterinarian**

As a Veterinary officer of the Australian Government, I, Dr \_\_\_\_\_\_\_\_\_\_\_\_\_\_ , have signed, dated and stamped (with the official stamp of the competent authority) each page of the veterinary certificate and all documents, e.g. laboratory reports and tables which form part of the extended health certification.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: Australian Government Veterinary Officer

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official stamp