## <u>VETERINARY HEALTH CERTIFICATE IN RESPECT OF DOGS</u> <u>FOR EXPORT TO THE REPUBLIC OF SOUTH AFRICA</u>

COUNTRY OF ORIGIN:										
A. DESCRIPTION:										
1. Number and Identification of animals:  BREED SEX AGE COLOUR NAME / ID no.										
BREED SEX AGE COLOUR	TARVIE / ID IIO.									
2.										
3.										
<b>I.</b>										
5.										
For corresponding animal mentioned in the table above										
MICROCHIP NUMBER LOCATION OF M	MCDOCHID									
1. LOCATION OF W.	TICKOCHIP									
2.										
3.										
5.										
2. South African Veterinary Import Permit no:										
3. Origin of animal(s)										
3.1 Name and address of consignor:										
3.2 Address of premises of origin of animal(s):										
5.2 reduces of premises of origin of animal(s).										
	<del></del>									
4. Destination of animal(s)										
4.1 Name and address of consignee:	<del></del>									
4.2 Means of transport (flight no/vessel name)										
4.3 Physical address of premises at final destination:										
1.5 1 Hybreat address of premises at final destination.										

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I,	the undersigned Government veterinarian of the
Veterinary Administration of the exporting country, certify th	at the animals described in section A:

- 1. Have, as far as I can ascertain, either been continuously resident in the exporting country since birth, or have been continuously resident in the exporting country or South Africa for the last six months.
- 2. Originate from an area, which is not under official veterinary restrictions by the Veterinary Administration of the exporting country for any disease to which carnivores are susceptible.
- 3. Did not, as far as is possible to determine, come into contact with animals infected or suspected of being infected with rabies.
- 4. Have a valid rabies vaccination, as stipulated below or have been exempted from having a rabies vaccination. (See notes on page 4)

Vaccination date of animal being exported to be completed for animal over 3 months

**OR** Vaccination date of dam/mother of animal being exported.

To be completed for animal under 3 months.

	Date	Type of vaccine	Batch no.
1.			
2.			
3.			
4.			
5.			
6.			

	Date	Type of Vaccine	Batch no.
1.			
2.			
3.			
4.			
5.			
6.			

5. Originate from a country free of the following diseases: (**indicate with X**)

Complete the applicable portions of paragraph 6 for those diseases where the country is not certified free.

Disease	Country free	Country not free
5.1 Brucella canis		
5.2 Trypanosoma evansi		
5.3 Babesia gibsoni		
5.4 Dirofilaria immitis		
5.5 Leishmania		

of South Africa, be retested at the importers expense.	f Veterinary Services
6.1 Brucella canis: serum agglutination:-  6.2 Trypanosoma evansi: card agglutination test and giemsa blood smear:-  6.3 Babesia Gibsoni: Immunofluorescence antibody test and giemsa blood smear:-  6.4 Dirofilaria immitis: micro filarial filtration test:-  6.5 Leishmaniosis: Indirect flourescent antibody  or ELISA  or Direct agglutination test  or Western blot / membrane imunoassay  NOTE: Animals subjected to post importation quarantine will, at the discretion of the Director of of South Africa, be retested at the importers expense.	
6.2 Trypanosoma evansi: card agglutination test and giemsa blood smear:- 6.3 Babesia Gibsoni: Immunofluorescence antibody test and giemsa blood smear:- 6.4 Dirofilaria immitis: micro filarial filtration test:- 6.5 Leishmaniosis: Indirect flourescent antibody  or ELISA  or Direct agglutination test	
and giemsa blood smear:-  6.3 Babesia Gibsoni: Immunofluorescence antibody test and giemsa blood smear:-  6.4 Dirofilaria immitis: micro filarial filtration test:-  6.5 Leishmaniosis: Indirect flourescent antibody  or ELISA  or Direct agglutination test  or Western blot / membrane imunoassay  NOTE: Animals subjected to post importation quarantine will, at the discretion of the Director of South Africa, be retested at the importers expense.	
Babesia Gibsoni: Immunofluorescence antibody test and giemsa blood smear:-   6.4   Dirofilaria immitis: micro filarial filtration test:-   6.5   Leishmaniosis: Indirect flourescent antibody     or ELISA     or Direct agglutination test     or Western blot / membrane imunoassay	
6.5 Leishmaniosis: Indirect flourescent antibody  or ELISA  or Direct agglutination test  or Western blot / membrane imunoassay  NOTE: Animals subjected to post importation quarantine will, at the discretion of the Director of South Africa, be retested at the importers expense.	
or ELISA  or Direct agglutination test  or Western blot / membrane imunoassay  NOTE: Animals subjected to post importation quarantine will, at the discretion of the Director of of South Africa, be retested at the importers expense.	
or Direct agglutination test  or Western blot / membrane imunoassay  NOTE: Animals subjected to post importation quarantine will, at the discretion of the Director of of South Africa, be retested at the importers expense.	
or Western blot / membrane imunoassay  NOTE: Animals subjected to post importation quarantine will, at the discretion of the Director of South Africa, be retested at the importers expense.	
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following conditions as prescribed below:  7.1 <u>Trypanosoma evansi</u> : from the date of negative testing until export with Suramin or Di according to the instructions for use thereof by the manufacturer	iminazene aceturate,
Date:Dosage:	
7.2 <u>Dirofilaria immitis</u> : from the date of negative testing until export at the required intervals with	n *:
1. Diethylcarbamazine (5-6 mg/kg per os daily) OR	
2. Ivermectin (6 micrograms/kg per os monthly) OR	
3. Milbemycin oxime (0,5mg/kg per os monthly) OR	
4. Moxidectin (3 micrograms/kg per os monthly) OR	
5. Selemectin (6mg/kg)	
6. (Revolution) Prophylactic only OR	
7. Proheart SR12 (Subcut injection yearly)	
* If the date of the negative test falls within 11 months of giving the Proheart SR12 subcufurther <b>Dirofilaria immitis</b> treatment is required.	ut injection then no
Date:Dosage:	
Date:Dosage:	
Date:Dosage:	

Treatment for Dirofilaria must continue for 6 months after arrival in South Africa. I have informed the owner / person in custody of the dog of this condition and I confirm that this person has sufficient amounts of the drug used in possession to carry out the required therapy.

(Heartworm drugs are not available in the Republic of South Africa and must be imported by the importer of the dog, at the time of importation of the dog.)

- 8. Have been examined clinically by an official veterinarian **WITHIN 10 DAYS** of export and were found to be free of internal and external parasites, contagious and infections diseases to which the species is susceptible and fit to travel.
- 9. Will be shipped in containers, which conform, to IATA regulations, which will either be new or suitably disinfected and fumigated before loading and are of such a nature that contact with other animals of a lesser health status, en route, is prevented

Signed at	on (date)	OFFICIAL VETERINARIAN
Signature		OFFICIAL GOVERNMENT STAMP (Government Veterinary Services Stamp)  To be signed, dated and stamped or countersigned, dated and stamped by a Government veterinarian.
Name in print		Government vetermarian.
Address		
Note 1: -	The vaccine used must be a strain of anti-rabie World Health Organization.	s conforming to a potency standard recognized by the
	The animal must have been vaccinated <b>at leas</b> export in the case of the primary vaccination.	t 30 days, but not longer than 12 months prior to
	provided the dam of the animal concerned was months prior to giving birth. NB Such animals	ccinated and are considered to have a valid vaccination vaccinated at least 30 days, but not more than 12 must be vaccinated at 3 months of age against rabies, s must inform the South African Veterinary Authorities.
Note 2:-	In the case of dogs from the United Kingdom, A required.	Australia or New Zealand vaccination for rabies is not

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