

**VETERINARY HEALTH CERTIFICATE IN RESPECT OF DOGS
FOR EXPORT TO THE REPUBLIC OF SOUTH AFRICA**

ISSUING AUTHORITY: _____

COUNTRY OF ORIGIN: _____

A. DESCRIPTION:

1. Number and Identification of animals:

	BREED	SEX	AGE	COLOUR	NAME/ID no.
1.					
2.					
3.					
4.					
5.					
6.					

For corresponding animal mentioned in the table above

	MICROCHIP NO	LOCATION OF MICROCHIP
1.		
2.		
3.		
4.		
5.		
6.		

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): _____

4. **Destination of animal(s):**

4.1 Name and address of consignee: _____

4.2 Means of transport (flight no/vessel name) _____

4.3 Physical address of premises at final destination _____

B. HEALTH ATTESTATION

I, _____ the undersigned government veterinarian of the Veterinary Administration of the exporting country, certify that 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 rabies vaccination. (See notes on page 4)

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

OR Vaccination date of dam/mother of animal being exported to be completed for animals 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 <i>Brucella canis</i>		
5.2 <i>Trypanosoma evansi</i>		
5.3 <i>Babesia gibsoni</i>		
5.4 <i>Dirofilaria immitis</i>		
5.5 <i>Leishmania</i>		

6. Unless the country of origin is certified free of the disease under Paragraph 5, the animals have been tested, with negative results, within 30 days of export, for the following conditions at officially approved laboratory, using testing procedures described in the OIE Manual of Standards for Diagnostic Tests and Vaccines, 1999.

		Test date:
6.1	<i>Brucella canis</i> serum agglutination:-	
6.2	<i>Trypanosoma evansi</i> card agglutination test And giemsa blood smear:-	
6.3	<i>Babesia Gibsoni</i> Immunoflouresence antibody test and giemsa blood smear:-	
6.4	<i>Dirofilaria immitis</i> microfilarial filtration test:-	
6.5	Leishmaniosis: Indirect fluorescent 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 Veterinary Services of South Africa, be re-tested at the importer's expense.

7. Unless the country of origin is certified free of the disease under Paragraph 5, the animals have been treated for the following conditions as prescribed below:

7.1 Trypanosoma evansi: from the date of negative testing until export with Suramin or Diminazene aceturate, according to the instructions for use thereof by the manufacturer.

Date: _____ Product: _____ Dosage: _____

7.2 Dirofilaria immitis: from the date of negative testing until export at the required intervals with:*

- Diethylcarbamazine (5-6 mg/kg per os daily)
OR
- Ivermectin (6 micrograms/kg per os monthly)
OR
- Milbemycin oxime (0,5 mg/kg per os monthly)
OR
- Moxidectin (3 micrograms/kg per os monthly)
OR
- Selemectin (6mg/kg)
- (Revolution) Prophylactic only
OR
- Proheart SR12 (Subcut injection yearly)

*If the date of the negative test falls within 11 months of giving the Proheat SR12 subcut injection then no further Dirofilaria immitis treatment is required.

Date: _____ Product: _____ Dosage: _____

Date: _____ Product: _____ Dosage: _____

Date: _____ Product: _____ 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 the 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 infectious diseases to which the species is susceptible and fit to travel.
9. Will be shipped in containers which conform to IATA regulations, which will be either 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

OFFICIAL STAMP

Signature _____
Name in print _____
Address _____

- Note 1:
- The vaccine used must be a strain of anti-rabies conforming to a potency standard recognised by the World Health Organisation.
 - The animal must have been vaccinated at least 30 days, but not longer than 12 months prior to export in the case of the primary vaccination.
 - Animals under 3 months of age may not be vaccinated and are considered to have a valid vaccination provided the dam of the animal concerned was vaccinated at least 30 days, but not more than 12 months prior to giving birth. NB Such animals must be vaccinated at 3 months of age against rabies, in the Republic of South Africa and the owners must inform the South African Veterinary Authorities.

- Note 2:
- In the case of dogs from the United Kingdom, Australia or New Zealand vaccination for rabies is not required.