CO	UNTRY:	Veterinary Cert	ificate to Jamaica
	I.1. Consignor Name	I.2. Certificate No.	I.2.a. Date Prepared:
	Address	I.3. Central Competent Authority	
	Tel.	I.5. Broker/Handler Information	
u	I.4. Consignee Name	1.5. Droker/manuler information	
latio	Address		
orm			
Inf	Telephone:		
nent	I.6. Country of origin ISO code	I.7. Country of	I.8. ISO code
Consignment Information		destination:	
Cons	I.9. Place of origin:	I.10. Place of loading:	
•	1.9. Frace of origin.	1.10. Flace of loading.	
	I.11. Date of departure	I.12. Estimated Arrival Date	
		I.14. Intended Port of Disembarkmen	t
	I.13. Means of transport:		
	L Air L Sea	I.15. Cabin Cargo	
	I.16. Category of Dog/Cat:	I.17. HS code	2
	Pet Service Dog Search and Rescue		I.18. Weight of Dog/Cat
	For Breeding Purposes Other (specify).		
	Concerting and provide the concerting of the second s		
	I.19. Identification of Animal		
	Species Sex Colour Breed (Scientific name)	Identification number	Date of birth (dd/mm/yyyy)

	II.	Healt	th information	II.a. Certificate No.	II.b. Date Prepared:
	_				
	1.			D ANIMAL HEALTH STATEMENTS	
			the undersigned official reby certify that:	veterinarian of	(country)
		1.1. '	The dog/cat for export id	entified in box I.19 has been continuously re-	esident in the country of
			origin since birth or at lea	st six (6) months immediately prior to certifi	cation.
		1.2.	The dog/cat to be exporte	d was not subjected to experimental use.	
		1.3.	The dog/cat is identifiab	ble with an International Standards Organi	zation (ISO) compliant
		1	microchip. (The transpor	nder number, implantation site and date, n	nicrochip manufacturer
u			data & the individual ani	imal identification must be stated in the tabl	e below.)
Certification		1.3.1	1. The microchip numb	er is recorded on all vaccination and treatment	ment records, laboratory
iffic			results, and certificati	on.	
Cert					
J	2.	TEST, T	REATMENT AND VA	CCINATION STATEMENTS	
		2.1. v	While in preparation for e	export, the dog/cat was tested, treated and/o	or vaccinated against the
		b	elow listed organisms or	diseases:	
		2.2. т	The tests were conducted	l either at a government veterinary labora	atory or another labor-
		a	tory approved by the co	ompetent authority of the exporting coun	try. Please indicate the
		d	late and methodology o	f testing, where not specified. All test re	sults must be negative
		a	nd/or treatment admini	stered where applicable.	
		2.2.	1. Helminths: Fae	cal examinations conducted and the dog/cat	was treated <u>twice</u> by an
			approved veterin	narian, at least fourteen (14) days apart with	the final treatment seven
			(7) days prior to	export. Treatment should be with broad sp	ectrum anthelminthic(s)
			that is/are regist	ered for use in the country of origin and effe	ective against the nema-
			todes, cestodes	and trematodes. (State the active ingredier	nts, product name, dose
			rate and dates of	f treatment).	
		2.2.2	2. External parasi	tes: examination and treatment by an approx	ved veterinarian TWICE
			using products r	egistered in the exporting country for the co	ontrol of flies, ticks, lice
			and mites at the	manufacturer's recommended dose. Dog/cat	t to be certified as free

II.	Health info	rmation	II.a. Certificate No.	II.b. Date Prepared:
		or to the date of ond treatment ingredients, p. {Dog/cat may	parasites at each treatment. The first treatment of shipment, at least two weeks before the se shall be given within forty-eight (48) hours of roduct name, dose rate and date of treatment. be treated for tapeworms and ticks as follows	cond treatment. The sec- export. (<i>State the active</i>)
		body weight. <u>For ticks</u> : a pr	<u>s:</u> a preparation containing praziquantel at reparation known to have residual action aga ining fipronil or ofoxolaner is preferred but	inst ticks must be used. A
	2.2.3.	<i>Leptospirosis:</i> with an approx	the dog was treated against Leptospira interved course of treatment within 30 days prior be ingredient, product name, dose rate and days	to the date of shipment;
	2.2.4.		een vaccinated against <i>Leptospira interrogan</i> booster vaccines.	s serovar canicola and is
	2.2.5.	Rabies: The de binant vaccine <u>Primary vaccin</u> more than one	bg/cat was vaccinated for rabies with a killed wexpressing the rabies virus glycoprotein; <u>nation</u> : the vaccine was administered not less year prior to the date of shipment, when the copy of the vaccine certificate is required;	than six months and not
		prior to the da required. <u>AND</u>	nation (older animal): the vaccine was given ate of shipment. A copy of the most recent antibody titration test for rabies was conducted	vaccination certificate is

II.	Health infor	mation	II.a. Certificate No.	II.b. Date Prepared:
	2.2.6.	accordance wi Diagnostic Te its serum. <i>Heartworm (I</i> ment, the dog result in the 3	<i>h Organisation Authorized Laboratories fa</i> ith one of the methods described in the O sts and Vaccines, and found to have at lea <i>Dirofilaria immitis)</i> - If six months of age has been subjected to a heartworm antigen 0 days prior to the date of shipment;	IE Manual of Standards for ast 0.5 IU/ml of antibody in or older on the date of ship-
	2.2.7.	heartworm pre or to the date	regardless of age) have either been treated vevention at the manufacturer's recommender of shipment or are up-to-date with a susta	ed dose in the four days pri-
	2.2.8.	Primary vacco distemper viru nine adenoviru	worm prevention. <i>inations</i> - Each dog was vaccinated agains us, canine parvovirus, canine adenovirus ty us type 2 (canine respiratory disease compl ommended by the manufacturer.	ype 1 (canine hepatitis), ca-
	2.2.9.	The cat shall	be vaccinated against feline herpesvirus l panleukopenia virus (FPV), feline leukemia	
	2.2.10.	Coccidiosis -	Recognized tests; if positive, the dog must e treatment of coccidial infections accordin	be treated with an effective
	2.2.11.	indirect fluore	s – Dogs/cats must be tested for <i>Leishman</i> scent antibody test (IFAT) or an enzyme 1 test must produce a negative result.	Ū Ū
	2.2.12.	proved test i	wme disease and ehrlichiosis - each dog h nclusive of ELISA for Babesia canis, nd Ehrlichia chaffeensis 16 days prior to ts.	Babesia gibsoni, Borrelia

II.	Health inf	formation	II.a. C	Certificate No.			II.b. Date	Prepared:
	2.2.13 2.2.14 2.2.15 2.2.16	 (RSAT), a nation test AND The dog w prior to the of the control of canine information of canine information of canine information of canine information of the canine information of t	a cytoplasmic t (TAT) with a was not mated the date of ship <i>cansmissible</i> w to less than two transmissible <i>nfluenza</i> - Th fluenza. Each I to be in good ad was fit for t s and beddin are new and nt, capable of dogs are being	enereal tumo o days prior to venereal tumo he dog is free dog was exan d health, phys ravel. Ing to be used I have been destroying vir g transported of approved by th	unodiffusion alts in the 1 esser <i>Bruce</i> <i>ur</i> – the ex- o the date of our was observed in the date our was observed in the date of infection in the aircr	on test (CPAs 4 days prior 2 <i>lla canis</i> hea eternal genita f shipment a erved. ion with or hin twenty-fo d, free of an orting the do and disinfec ther microbe aft or ship er	g-AGID), a to the date alth status = alia of eacl nd no lesic signs and our (24) ho by evidence og from the cted with s. scept dogs	a tube aggluti- of shipment. in the 44 days n dog was ex- ons suggestive symptoms of ours of export e of infectious an approved officially cer-
	Microchi	ip				Validi vaccina		
		Date of implantation [dd/mm/yyyy]	Date of vaccination [dd/mm/yyyy]	Name and manufacturer of vaccine	Batch number	From [dd/mm/yyyy]	to [dd/mm/yyyy]	Date blood drawn [dd/mm/yyyy]

Microchip number dog/cat Treatment against Echinococcus Name and manufacturer of product Date [dd/mm/yyyy] and time of treatment Other Notes: (a) This certificate is intended for dogs (<i>Canis familiaris</i>) a (b) (b) This certificate is valid for 10 days from the date of issu In the case of transportation by sea, the period may journey by sea. Official Veterinarian: Name (in capital letters): Address Telephone: Telephone:	Name in capitals,	ing veterinarian , stamp and signature
Microchip number dog/cat Name and manufacturer of product Date [dd/mm/yyyy] 	Name in capitals,	
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Name (in capital letters): Address	•	ling to the duration of the
	Qualificatio	on and title:
Telephone:		
Date:		
	Signat	ture:
	Signat	