



Veterinary health certificate for the export of dogs from Austria to Australia

To be endorsed by the Official Government Veterinarian

1. Animal details

Import permit number:	
Name of animal:	
Date of birth (dd/mm/yyyy):	
Sex: (mark with an X in the appropriate box)	<input type="checkbox"/> Male <input type="checkbox"/> Neutered male <input type="checkbox"/> Female <input type="checkbox"/> Neutered female <input type="checkbox"/> If female, she is not more than 30 days pregnant or suckling young.
If mated, date of last mating (dd/mm/yyyy): *[Strike through as required]	
Microchip number:	
Site of microchip:	
Date of final examination and microchip scanning (within five days of export) (dd/mm/yyyy):	
Contact details of preparing Government Approved Veterinarian	Name: _____ Email/Contact Details:

2. Test / treatment record

Tests conducted	Sample collection date (dd/mm/yyyy)	Test type	Test result
Rabies Neutralising Antibody Titre Test (RNATT)	1. Collection date 2. Date arrived at laboratory	FAVN* or RFFIT* (Positive at ≥ 0.5 IU/mL) *[Strike through as Required]	
<i>Leishmania infantum</i>		IFAT* or ELISA* (Negative) *[Strike through as required]	

Tests conducted	Sample collection date (dd/mm/yyyy)	Test type	Test result
* <i>Leptospira</i> sv. Canicola (if tested) *[Strike through as required]		MAT (Negative at 1:100)	
* <i>Brucella canis</i> (if not neutered) *[Strike through as required]		RSAT* or TAT* or IFAT* (Negative) *[Strike through as required]	

Vaccinations administered	Vaccination date(s) (dd/mm/yyyy)	Vaccination type
Rabies vaccination		Vaccine name:
		Batch number:
		Expiry date:
		Date next booster due:
* <i>Leptospira</i> sv. Canicola vaccination (if not tested) *[Strike through as required] Note: All current <i>Leptospira interrogans</i> sv. Canicola vaccinations and booster due date must be recorded.	1.	Vaccine name:
		Batch number:
		Expiry date:
		Date next booster due:
	2.	Vaccine name:
		Batch number:
		Expiry date:
		Date next booster due:
	*3.	Vaccine name:
		Batch number:
		Expiry date:
		Date next booster due:

Vaccinations administered	Vaccination date(s) (dd/mm/yyyy)	Vaccination type
	*4.	Vaccine name: Batch number: Expiry date: Date next booster due:
*Canine Influenza Virus vaccination (dogs from US, Canada, and South Korea only) *[Strike through as required]	1.	Vaccine name: Batch number: Expiry date: Date next booster due:
	*2.	Vaccine name: Batch number: Expiry date: Date next booster due:

Treatments administered	Treatment date(s) (dd/mm/yyyy)	Treatment type
* <i>Babesia canis rossi</i> (dogs that have visited mainland Africa only) *[Strike through as required]		Product name: Active ingredient(s): Dose rate:
<i>External parasites</i> *[Strike through as required]	1.	Product name: Active ingredient(s): Dose rate:
	*2.	Product name: Active ingredient(s): Dose rate:

Treatments administered	Treatment date(s) (dd/mm/yyyy)	Treatment type
	*3.	Product name: Active ingredient(s): Dose rate:
Internal parasites	1.	Product name: Active ingredient(s): Dose rate:
	2.	Product name: Active ingredient(s): Dose rate:

3. Declarations

1. Either:

*The dog was exported from Australia on ____/____/____(dd/mm/yyyy) and a copy of the Australian export permit is attached.

OR

*The dog underwent an identity verification on ____/____/____(dd/mm/yyyy) which is at least 180 days prior to the scheduled date of export to Australia and a copy of the identification declaration is attached.

OR

*The dog was not exported from Australia and has not undergone an identity verification.
[*Strike through as required]

2. The dog was free from signs of clinical or infectious disease during the final inspection within 5 days of export.

3. The dog's rabies vaccination is current according to manufacturer directions at the scheduled date of export to Australia.

4. The dog is fit and healthy to undertake the journey to Australia and undergo quarantine.

4. Endorsement

I certify that after due enquiry all the information provided in this veterinary health certificate is true and the dog fully complies with the pre-export requirements described in the Australian import permit and the microchip number listed on all documentation matches the microchip number scanned on the animal described here.

<hr/> <i>Signature of Official Government Veterinarian</i> <i>Stamp of Official Government Veterinarian</i>	Country of export: AUSTRIA
	Competent Authority: Federal Ministry of Social Affairs, Health, Care and Consumer Protection
	Date certificate completed: <i>(day/month/year)</i>
	Name:
	Address:
	Phone number:
	Email contact: