

Veterinary Certificate for the Export of Dogs/Cats from Countries (Zones) Considered infected with Rabies to Taiwan

Note: For dogs/cats from rabies-free countries (zones), APHIA Form 001 shall apply.

Countries (zones) recognized as rabies-free countries (zones) by the competent authority of Taiwan: Australia, Czech Republic, Estonia, Iceland, Japan, New Zealand, Norway (excluding the archipelago of Svalbard), Singapore, Sweden, United Kingdom, Hawaii state and Territory of Guam of the United States of America.

Country (zone) of origin: _____ **Certificate number:** _____

Name of the exporter/consignor: _____ **Import permit number:** _____

Description of the dog/cat (quantity 1)

Species: _____ Sex: _____ Age or date of birth: _____ (D.O.B.: dd/mm/yyyy)

Microchip number: _____

Rabies vaccination

The recently rabies vaccination:

Commercial name of vaccine: _____ Manufacturer: _____

Vaccination date: _____ (dd/mm/yyyy)

Rabies vaccination on the import permit that differs from information in the aforementioned columns: (If necessary)

Commercial name of vaccine: _____ Manufacturer: _____

Vaccination date: _____ (dd/mm/yyyy)

Note: The dog/cat shall have been vaccinated, at the age of at least 90 days old, no less than 30 days and no more than one year prior to shipment. Only inactivated vaccine or vaccine with a veterinary drug license issued by the Animal and Plant Health Inspection Agency (APHIA) of Taiwan in accordance with the Veterinary Drugs Control Act are acceptable.

Rabies neutralizing antibody titre test (RNATT)

The recently RNATT:

Date of sampling: _____ (dd/mm/yyyy) Result: _____ IU/ml

Name of the laboratory: _____

The previously RNATT: (If necessary)

Date of sampling: _____ (dd/mm/yyyy) Result: _____ IU/ml

Name of the laboratory: _____

Note: The dog/cat shall be sampled no less than 90 days and no more than 1 year prior to shipment using a RNATT with a titer of at least 0.5 IU/ml rabies antibodies in the blood. The test shall be carried out in a rabies reference laboratory of the World Organization for Animal Health (WOAH) or a laboratory designated by the APHIA of Taiwan.

Clinical examination

I, _____ (name of veterinarian in block letters), the undersigned licensed veterinarian certify that the dog/cat described above has been examined by me before departure on the date indicated below and it showed no clinical sign of rabies.

Date of examination: _____ (dd/mm/yyyy) Signature: _____

_____ Signature of Official Veterinarian	_____ Official Stamp
_____ Name of Official Veterinarian in block letters	
Authority of Issuance: (full name in block letters)	Date: (dd/mm/yyyy)