

## 輸出犬貓免疫注射證明書 VACCINATION CERTIFICATE

畜主姓名 Owner's name \_\_\_\_\_ 電話 Phone number \_\_\_\_\_  
 畜主地址 Owner's address \_\_\_\_\_ 寵物資料，務必填寫完整且正確資訊 \_\_\_\_\_  
 畜種 Species \_\_\_\_\_ 品種 Breed \_\_\_\_\_ 性別 Sex \_\_\_\_\_ 毛色 Color \_\_\_\_\_  
 出生年月日/年齡 Date of birth/Age \_\_\_\_\_ 體重 Body weight \_\_\_\_\_  
 晶片號碼 Micro chip no. \_\_\_\_\_ 植入位置 Implant position \_\_\_\_\_  
 晶片植入日期 Date of microchip implantation \_\_\_\_\_

### 最近狂犬病預防注射紀錄 History of the latest (2) vaccination against rabies:

注射日期 Date [yyyy/mm/dd]	疫苗品名 Vaccine name	製造商 Manufacturer	種類 Type (E.g. Inactivated...etc.)	批號 Lot no.	到期日 Validity Date
狂犬病預防針注射資料，務必填寫完整且正確之資訊					

### 其他預防注射之種類及日期 History of vaccination(s) against the other disease(s):

注射日期 Date [yyyy/mm/dd]	疫苗品名 Vaccine name	製造商 Manufacturer	預防疾病種類清單 List of preventable diseases	批號 Lot no.	到期日 Validity Date
其他種類預防注射資訊，可因應輸入國要					

### 體內、外寄生蟲驅蟲處置投藥 Prophylactic treatment for endo-/ecto-parasites:

使用日期 Date [yyyy/mm/dd]	品名 Product name	製造商 Manufacturer	藥品成份 Active ingredients	劑量 Dose
體內、外寄生蟲驅蟲資訊，可因應輸入國要求加註於檢疫證之項目，自行增減欄位供獸醫師填寫證明。				

The animal has shown no clinical signs of rabies, leptospirosis and other infectious, contagious, or communicable disease. The animal has been examined and found to be healthy and fit for travel and \_\_\_\_\_  
 其他加註事項，可因應輸入國要求加註於檢疫證之項目，自行增減欄位供獸醫師填寫證明。  
 The animal is healthy and fit for travel and \_\_\_\_\_

獸醫師務必親自簽名或蓋獸醫師章、寫上簽發日期

(yyyy/mm/dd)

獸醫師簽章及簽署日期(Stamp / Signature of veterinarian & Date of issuance)

蓋動物醫院章

獸醫診療(執業)機構蓋章(Stamp of veterinary clinic hospital or the other authorized agency)

獸醫師姓名(Name of issuing veterinarian):

獸醫診療(執業)機構名稱(Name of veterinary hospital or authority):

獸醫診療(執業)機構電話(Telephone number of veterinary hospital or authority):

獸醫診療(執業)機構地址:

(Address of veterinary hospital or authority)

簽署獸醫師(登記)證書字號(Veterinarian certification no.):

簽署獸醫師執業執照字號(Practice reg. no.):

獸醫診療機構開業執照字號(Veterinary medical facility reg. no.):

下方獸醫師執業資料，務必請獸醫師填寫完整且正確

輸出犬貓免疫注射證明書  
VACCINATION CERTIFICATE

畜主姓名 Owner's name \_\_\_\_\_ 電話 Phone number \_\_\_\_\_

畜主地址 Owner's address \_\_\_\_\_

畜種 Species \_\_\_\_\_ 品種 Breed \_\_\_\_\_ 性別 Sex \_\_\_\_\_ 毛色 Color \_\_\_\_\_

出生年月日/年齡 Date of birth/Age \_\_\_\_\_ 體重 Body weight \_\_\_\_\_

晶片號碼 Micro chip no. \_\_\_\_\_ 植入位置 Implant position \_\_\_\_\_

晶片植入日期 Date of microchip implantation \_\_\_\_\_

最近狂犬病預防注射紀錄 History of the latest (2) vaccination against rabies :

注射日期 Date [yyyy/mm/dd]	疫苗品名 Vaccine name	製造商 Manufacturer	種類 Type (E.g. Inactivated...etc.)	批號 Lot no.	到期日 Validity Date

其他預防注射之種類及日期 History of vaccination(s) against the other disease(s) :

注射日期 Date [yyyy/mm/dd]	疫苗品名 Vaccine name	製造商 Manufacturer	預防疾病種類清單 List of preventable diseases	批號 Lot no.	到期日 Validity Date

體內、外寄生蟲驅蟲處置投藥 Prophylactic treatment for endo-/ecto-parasites:

使用日期 Date [yyyy/mm/dd]	品名 Product name	製造商 Manufacturer	藥品成份 Active ingredients	劑量 Dose

The animal has shown no clinical signs of rabies, leptospirosis and other infectious, contagious, or communicable disease. The animal has been examined and found no evidence of endo-/ecto-parasite infestation.

The animal is healthy and fit for travel and cannot transmit infectious diseases to domestic animal.

\_\_\_\_\_ (yyyy/mm/dd)

獸醫師簽章及簽署日期(Stamp / Signature of veterinarian & Date of issuance)

\_\_\_\_\_ 獸醫診療(執業)機構蓋章(Stamp of veterinary clinic hospital or the other authorized agency)

獸醫師姓名(Name of issuing veterinarian) :

獸醫診療(執業)機構名稱(Name of veterinary hospital or authority) :

獸醫診療(執業)機構電話(Telephone number of veterinary hospital or authority) :

獸醫診療(執業)機構地址 :

(Address of veterinary hospital or authority)

簽署獸醫師(登記)證書字號(Veterinarian certification no.) :

簽署獸醫師執業執照字號(Practice reg. no.) :

獸醫診療機構開業執照字號(Veterinary medical facility reg. no.) :

## 輸出犬貓免疫注射證明書 VACCINATION CERTIFICATE

畜主姓名 Owner's name \_\_\_\_\_ 電話 Phone number \_\_\_\_\_

畜種 Species \_\_\_\_\_ 品種 Breed \_\_\_\_\_ 性別 Sex \_\_\_\_\_ 毛色 Color \_\_\_\_\_

出生年月日/年齡 Date of birth/Age \_\_\_\_\_ 寵物資料，務必填寫完整且正確資訊 體重 Body weight \_\_\_\_\_

晶片號碼 Micro chip no. \_\_\_\_\_ 植入位置 Implant position \_\_\_\_\_

最近狂犬病預防注射紀錄 History of the latest vaccination against rabies :

注射日期 Date [yyyy/mm/dd]	疫苗品名 Vaccine name	製造商 Manufacturer	種類 Type (ex. Inactivated...etc.)	批號 Lot no.
		狂犬病預防針注射資料，務必填寫完整且正確之資訊		

The animal has shown no clinical signs of rabies, leptospirosis and other infectious disease.

The animal has been examined and found no evidence of endo-/ecto-parasite infestation.

The animal is healthy and fit for travel.

其他加註事項，可因應輸入國要求加註於檢疫證之項目，  
自行增減欄位供獸醫師填寫證明。

獸醫師務必親自簽名或蓋獸醫師章、寫上簽發日期

(yyyy/mm/dd)

獸醫師簽章及簽署日期(Stamp / Signature of veterinarian & Date of issuance)

蓋動物醫院章

獸醫診療(執業)機構蓋章(Stamp of veterinary clinic hospital or the other authorized agency)

獸醫診療(執業)機構名稱：

(Name of veterinary hospital or authority)

獸醫診療(執業)機構電話：

(Telephone number of veterinary hospital or authority)

獸醫診療(執業)機構地址：

(Address of veterinary hospital or authority)

簽署獸醫師(登記)證書字號：

(Veterinarian certification no.)

簽署獸醫師執業執照字號：

(Practice reg. no.)

獸醫診療機構開業執照字號：

(Veterinary medical facility reg. no.)

下方獸醫師執業資料，  
務必請獸醫師填寫完整且正確之資訊

輸出犬貓免疫注射證明書  
VACCINATION CERTIFICATE

畜主姓名 Owner's name \_\_\_\_\_ 電話 Phone number \_\_\_\_\_

畜種 Species \_\_\_\_\_ 品種 Breed \_\_\_\_\_ 性別 Sex \_\_\_\_\_ 毛色 Color \_\_\_\_\_

出生年月日/年齡 Date of birth/age \_\_\_\_\_ 體重 Body weight \_\_\_\_\_

晶片號碼 Micro chip no. \_\_\_\_\_ 植入位置 Implant position \_\_\_\_\_

晶片植入日期 Date of microchip implantation \_\_\_\_\_

最近狂犬病預防注射紀錄 History of the latest vaccination against rabies :

注射日期 Date [yyyy/mm/dd]	疫苗品名 Vaccine name	製造商 Manufacturer	種類 Type (E. g. Inactivated...etc.)	批號 Lot no.

The animal has shown no clinical signs of rabies, leptospirosis and other infectious disease.  
The animal has been examined and found no evidence of endo-/ecto-parasite infestation.  
The animal is healthy and fit for travel.

(yyyy/mm/dd)

獸醫師簽章及簽署日期(Stamp / Signature of veterinarian & Date of issuance)

獸醫診療(執業)機構蓋章(Stamp of veterinary clinic hospital or the other authorized agency)

獸醫師姓名：

(Name of issuing veterinarian)

獸醫診療(執業)機構名稱：

(Name of veterinary hospital or authority)

獸醫診療(執業)機構電話：

(Telephone number of veterinary hospital or authority)

獸醫診療(執業)機構地址：

(Address of veterinary hospital or authority)

簽署獸醫師(登記)證書字號：

(Veterinarian certification no.)

簽署獸醫師執業執照字號：

(Practice reg. no.)

獸醫診療機構開業執照字號：

(Veterinary medical facility reg. no.)