

輸出犬貓免疫注射證明書  
VACCINATION CERTIFICATE

飼主姓名 Owner's Name \_\_\_\_\_ 電話 Phone Number \_\_\_\_\_

物種 Species \_\_\_\_\_ 品種 Breed \_\_\_\_\_ 毛色特徵 Color/Markings \_\_\_\_\_

性別 Sex 雄 Male 雌 Female 已絕育 Neutered 體重 Body Weight \_\_\_\_\_ (KGM)

出生年月日/年齡 Date of birth /Age \_\_\_\_\_ (MM/DD/YYYY)

晶片號碼 Microchip No. \_\_\_\_\_ 晶片植入位置 Implant Position \_\_\_\_\_

晶片植入日 Microchip Implant Date \_\_\_\_\_ (MM/DD/YYYY)

## 狂犬病預防注射紀錄 Rabies Vaccine Information

產品名稱 Product Name	製造商 Manufacturer	疫苗種類 Type (Inactivated/ Killed or Recombinant)	產品批號 Lot Number	產品效期 Product Expiration Date (MM/DD/YYYY)	預防注射日期 Date of Vaccination (MM/DD/YYYY)	下次預防注射日期 Date Next Vaccination is Due (MM/DD/YYYY)

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 and screwworm infestation.

The animal is healthy and fit for travel.

(MM/DD/YYYY)

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

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

簽署獸醫師姓名(Name of issuing veterinarian)：

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（執業）機構名稱：

(Name of issuing veterinary hospital or authority)

獸醫診療（執業）機構電話：

(Telephone of issuing veterinary hospital or authority)

獸醫診療（執業）機構地址：

(Address of issuing veterinary hospital or authority)

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