

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 _____ 寵物資料，務必填寫完整且正確資訊 (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)
				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 and screwworm 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

(MM/DD/YYYY)

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)

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

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.)：