

# 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), BAPHIQ Form 001 shall apply.

Countries (zones) recognized as rabies-free countries (zones) by the competent authority of Taiwan: Australia, Estonia, Iceland, Japan, New Zealand, Norway (not including the archipelago of Svalbard), Singapore, Sweden, United Kingdom, Hawaii state and Territory of Guam of the United States of America.

Certificate number: \_\_\_\_\_

Country (zone) of origin: \_\_\_\_\_ Import permit number: \_\_\_\_\_

Name and address of the exporter/consignor: \_\_\_\_\_

Name and address of the importer/consignee: \_\_\_\_\_

### Description of the dog/cat

Species: \_\_\_\_\_ Total quantity: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Microchip number: \_\_\_\_\_ Age or date of birth: \_\_\_\_\_

### Rabies vaccination

Manufacturer and commercial name of vaccine: \_\_\_\_\_

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 Bureau of Animal and Plant Health Inspection and Quarantine (BAPHIQ) of Taiwan in accordance with the Veterinary Drugs Control Act are acceptable.

### Rabies neutralization testing

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

Name and address 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 neutralization antibody titration test 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 (OIE) or a laboratory designated by the BAPHIQ 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: \_\_\_\_\_

<div style="text-align: center;">_____ Signature of Official Veterinarian</div> <div style="text-align: center;">_____ Name of Official Veterinarian in block letters</div>		<div style="text-align: center;">Official Stamp</div>
Authority of Issuance: _____ (full name in block letters)		Date: _____ (dd/mm/yyyy)