6.4 Category 2: Model Veterinary Certificate A - Cats and Dogs from Countries or Territories Recognised as Rabies Free

(1) Each page of veterinary certificate A and B must be signed and stamped.

Country:			NZ Permit to Import number:						
provide	export	certific		ehalf of the governr following:					
Specie dog)	es (cat o	or	Breed	Microchip nu	mber	Name	Sex	Neutered or entire	Age
uog/								Of Ontino	
Origin	of anin	nals							
(9)				owner/exporter:					
(10) (11)	Count	try or te	rritory of o	origin:					
Destina	ation o	fanima	als						
(12)				importer (consignee	,				
(13) (14)	Mean	Means of transport: Port of arrival:							
Specifi	ed req	uireme	nts						
(15) (16) (17)	The m	nicrochi	p number	infirmed the microch is recorded on all v inspection, I am sati	accinat	ion and treatm	ent records, labora og:	tory results and o	certification.
	a) b) c)	Will no Has re	ot be more esided cor	an 12 weeks of age e than 42 days preg ntinuously in	nant at	the date of sh	ipment.	ountry of export)	for the six
	d)		a dog tha Breeds:			inantly to any	of the following dog	breeds or types	:
				Brazilian Fila Dogo Argentino					
				Japanese Tosa Perro de Presa Car	nario				
		(ii)	Type:						
	e)		a hybrid (American Pit Bull To crossed with anothed domestic ancestry m	er speci			cats. Documenta	ition of five
Interna	l paras	-	atments	,			. J		
(18)	The c	at or do	g was tre	ated by a veterinaria				r products) regis	tered for the
	a)	before	e the seco	ent(s) was given in t nd treatment: date:		• •	·		
	b)	Name The secon	of active econd treatment	ingredient(s):atment (or course of ent date:ingredient(s):	treatm	ent) was giver	n in the four days pr	ior to the date of	shipment.

Extern	al para	site treatments		
(19)		The cat or dog was treated by a veterinarian twice with a topical product registered for the control of ticks and fleas at the manufacturer's recommended dose and certified as free from external parasites at each treatment.		
	a) b)	The first treatment was given in the 30 days prior to the date of shipment and at least two weeks before the second treatment, and the animal was free of external parasites: First treatment/inspection date: Name of active ingredient(s): The second treatment was given in the two days prior to the date of shipment and the animal was free of external parasites: Second treatment/inspection date: Name of active ingredient(s):		
Hearty	vorm tı	reatment and testing (dogs)		
(20)		ment (delete as appropriate):		
(20)	a)	The dog has been treated with one of the following in the four days prior to the date of shipment (delete as appropriate): (i) Ivermectin at 6 mcg/kg (ii) Milbemycin at 0.5 mg/kg (iii) Moxidectin at 2-4 mcg/kg (iv) Selamectin at 6 mg/kg Date of treatment: , or		
	b)	The dog is up-to-date on heartworm prevention with a sustained-release injection of moxidectin: Date of treatment: Name of product:		
(21)	Testi	ng (dogs six months of age or older on the date of shipment):		
,	a)	The dog has been subjected to a heartworm antigen ELISA (enzyme-linked immunosorbent assay) test with a negative result in the 30 days prior to the date of shipment: Sample collection date:		
Babes	ia gibs	oni tests (dogs) (delete as appropriate)		
(22)	The dimmu	dog has been subjected to an IFA (indirect fluorescent antibody) test or ELISA (enzyme-linked inosorbent assay) test for <i>Babesia gibsoni</i> with a negative result in the 16 days prior to the date of nent:		
(23)	The d gibso 16 da First Seco	ollection date:, or nas been subjected to two PCR (polymerase chain reaction) tests for <i>Babesia</i> species or <i>Babesia</i> ith negative results on samples collected 30 to 37 days apart, with the second sample collected in the prior to the date of shipment: ple collection date:		
Bruco		is testing (dogs) (delete as appropriate)		
(24)	The o	dog has been subjected to a RSAT (rapid slide agglutination test) with a negative result in the 16 days prior date of shipment: ole collection date:		
	a)	The dog has been subjected to a TAT (tube agglutination test) with a negative result in the 16 days prior to the date of shipment: Sample collection date:		
	b)	or The dog has been subjected to a CPAg-AGID (cytoplasmic agar gel immunodiffusion test) with a negative result in the 16 days prior to the date of shipment: Sample collection date:		
	c)	or The dog has had a suspicious RSAT or TAT result and has been subjected to a CPAg-AGID with a negative result, with the second sample collected in the 16 days prior to the date of shipment: RSAT or TAT sample collection date: CPAg-AGID sample collection date: ,		
	d)	or The dog had a suspicious TAT result and the test was repeated in 30 to 42 days after the first test with a negative result, with the second sample collected in the 16 days prior to the date of shipment:		

		First sample collection date:
(==)	_	Second sample collection date: ,, and
(25)	shipm	ntire dogs only: After due enquiry and to the best of my knowledge, in the 44 days prior to the date of nent, the dog did not naturally mate, unless to a dog of equal <i>Brucella canis</i> health status. Any artificial nination was done with semen that meets the relevant New Zealand import health standard for semen.
	Note:	Dogs diagnosed with <i>Brucella canis</i> are not eligible for import, regardless of treatment.
Babes	ia cani	s treatment or tests (dogs)
(26)	Has ti □ Y □ N	
(27)	If yes	, complete one of the following (delete as appropriate):
	a)	The dog has been given one injection of imidocarb dipropionate at 7.5 mg/kg IM in the 16 days prior to the date of shipment: Total dose:
		Date of treatment: , , or
	b)	The dog has been subjected to an IFA (indirect fluorescent antibody) or ELISA (enzyme-linked immunosorbent assay) test for Babesia canis with a negative result in the 16 days prior to the date of shipment: Sample collection date:, or
	c)	The dog has been subjected to two negative PCR (polymerase chain reaction) tests for Babesia species or Babesia canis with negative results on samples collected 30 to 37 days apart, with the second sample collected in the 16 days prior to the date of shipment: First sample collection date: Second sample collection date:
l ento:	snirosis	s (dogs) (delete as appropriate)
(28)	The d	log has been treated with a therapeutic dose of doxycycline for 14 consecutive days in the 30 days prior to ate of shipment: rate:
(29)	The d	of treatment:, or log has been treated with a therapeutic dose of dihydrostreptomycin for five consecutive days in the 30 prior to the date of shipment: rate:
(00)	Dates	of treatment:, or
(30)	<i>canic</i> Samp	log has been subjected to a (MAT) microscopic agglutination test for <i>Leptospira interrogans</i> serovar bla with a negative result in the 30 days prior to the date of shipment: ble collection date:,
(31)	been above First	log had a positive MAT of 1:400 or less for <i>L. canicola</i> in the 30 days prior to the date of shipment and has subjected to a second MAT for <i>L. canicola</i> at least 14 days after the first test and showed no increase at the titre of the first test: sample collection date: Indiana sample collection date:
	e Influe	
(32)		t least 21 days prior to shipment:
	a) b)	The cat or dog has not been kept in a place where there were cats or dogs showing clinical signs of infectious respiratory disease; and The cat or dog has not shown clinical signs of infectious respiratory disease.
Evam	ination	
(33)		two days prior to shipment, I examined the animal(s) and found it/them to be free from:
(33)		
	a) b)	Clinical signs of infectious or contagious diseases. External parasites.
	c)	(Only for a dog that is not castrated or spayed) any visible signs of canine transmissible venereal tumour on examination of external genitalia (which includes examination of the extruded penis).

(34)	The container in which the animal is to be transported meets the <i>International Air Transport Association (IATA)</i> standards and is clean, dry, and free of pests.						
	Note: Government veterinary signature and stamp to be applied to all pages (including laboratory reports). Model Veterinary Certificate B for cats and dogs from countries or territories recognised as rabies free must also be completed.						
Veterinarian registered to practice							
Name:		Signature:					
Addres	s:	Date:					
Email:		Official Veterinarian signature, Official stamp and date					