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| **OFFICIAL VETERINARIAN DECLARATION (OVD)**  For  Rabies Vaccinations and Rabies Titre Test | |
| ­­­­­­­­­­­­­­­­I declare that I have sightedthe rabies vaccination certificate(s), and the rabies neutralising antibody titration test (RNATT) or fluorescent antibody virus neutralization (FAVN) report, and confirm the information below is accurate to my knowledge.   |  |  |  |  | | --- | --- | --- | --- | |  | **Registered Veterinarian\*** |  | **Official Veterinarian\*** | | **Name of Veterinarian** |  | **Name of Veterinarian** |  | | **Veterinary Practice** |  | **Competent Authority** |  | | **Address** |  | **Address** |  | | **Date (Day/Month/Year)** |  | **Date (Day/Month/Year)** |  | | **Signature** |  | **Signature** |  |   Stamp of official veterinarian here  ONLY  It must be clear and legible   |  | | --- | | *\** This form must be signed by your veterinarian, and signed and stamped by an official veterinarian.  An **official veterinarian** is a veterinarian authorised by the government authority of your country (MPI equivalent) who can certify that the RNAT or FAVN test results and vaccination(s) meet the New Zealand import requirements. Contact details can be obtained from the relevant government department in country of export. | | |
| Check you are using latest version of this document: <https://www.mpi.govt.nz/dmsdocument/34875-Category-3-Official-Vet-Declaration-OVD> | |
| **Name** of the **government‑approved laboratory** reporting the RNAT or FAVN test results: | |
| **Primary microchip number**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | **Secondary microchip number (where applicable)**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **Microchip implantation date**   |  |  |  | | --- | --- | --- | | **Day** | **Month** | **Year** | |  |  |  |   I verify the microchip implantation date for the primary microchip was prior to the rabies vaccination dates and the blood sampling date for the rabies titration test (stated below) | **Secondary microchip implantation date (where applicable)**   |  |  |  | | --- | --- | --- | | **Day** | **Month** | **Year** | |  |  |  |   I verify the microchip implantation date for the secondary microchip |
| **Blood sample for the titration (RNAT or FAVN) test was drawn on this date** (located on the laboratory report)   |  |  |  | | --- | --- | --- | | **Day** | **Month** | **Year** | |  |  |  | | **Titration test result** (located on the laboratory report)   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  | . |  |  | IU/ML | |
| **Rabies vaccination information:** original vaccination recordsmust be sighted and verified by both the registered veterinarian, and official veterinarian.   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Vaccination Date** | | | **Duration of Immunity (tick)** | | | **Batch Number** | **Batch Expiry Date** | | | |  | **Day** | **Month** | **Year** | **1 year** | **2 years** | **3 years** |  | **Day** | **Month** | **Year** | | **Vaccination 1[[1]](#footnote-1)** |  |  |  |  |  |  |  |  |  |  | | **Vaccination 2** |  |  |  |  |  |  |  |  |  |  | | |

1. If the animal has only had a primary rabies vaccination, this was given **between six and twelve months** prior to arrival, when the animal was at least three (calendar) months old.

   If your animal has had **two or more** valid rabies vaccinations (not lapsed) include the **two most recent**. The last one must have been given **less than 12 months prior to entry.** [↑](#footnote-ref-1)