Gouvernement du Canada Agence canadienne d'inspection des aliments

| REFERENCE NUMBER: |
|-------------------|
|-------------------|

VETERINARY HEALTH CERTIFICATE EXPORT OF CATS TO THE REPUBLIC OF SOUTH AFRICA

Exporting Country: CANADA

Competent Authority: CANADIAN FOOD INSPECTION AGENCY

GOVERNMENT OF CANADA

| Λ. | DESCRI | DTION. |
|----|---------------|--------|
| Α. | DESCR | PHON: |

Number and identification of animals: 1.

| | BREED | SEX | AGE | COLOUR | NAME |
|----|-------|-----|-----|--------|------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

For corresponding animal mentioned in table above

| | MICROCHIP NO. | LOCATION OF MICROCHIP |
|----|---------------|-----------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

| 2. | South African Veterinary Import Permit no: | | | | | | |
|----|--|---|--|--|--|--|--|
| 3. | Origin of animal(s) | | | | | | |
| | 3.1 | Name and address of consignor: | | | | | |
| | | | | | | | |
| | 3.2 | Address of premises of origin of animal(s): | | | | | |
| | | | | | | | |
| 4. | Destination of animal(s): | | | | | | |
| | 4.1 | Name and address of consignee: | | | | | |
| | | | | | | | |
| | 4.2 | Means of transport (flight no/vessel name): | | | | | |
| | | | | | | | |
| | 4.3 | Physical address of premises at final destination: | | | | | |
| | | | | | | | |
| В. | HEALT | TH ATTESTATION | | | | | |
| I, | | the undersigned licensed veterinarian, certify that the animals described | | | | | |

- Have, as far as I can ascertain, either been continuously resident in Canada since birth, or have been continuously resident in Canada or South Africa for the last six months.
- 2. Originate from a premise which is not under official veterinary restrictions by the CFIA for any disease to which carnivores are susceptible.



| 1 . ⁽¹⁾ | Vaco | Have a valid rabies vaccination, as stipulated below or have Vaccination date of animal being exported to be completed for animals ever 3 months | | | | | R Vaccination date of dam/mother of animal be | | | |
|---------------------------|--|--|---|---|-----------|--------------------------|---|---|---|--|
| | completed for animals over 3 months. | | | | | | exported to be completed for animals unde months. | | | |
| | | Date | Type of vaccine | Batch no. | _ | 1. 2. 3. 4. | Date | Type of vaccine | Batch no. | |
| | 1. | | | | | | | | | |
| | 2. | | | | _ | | | | | |
| | 3. | | | | | | | | | |
| | 4. | | | | | | | | | |
| 5. | inter | Have been examined clinically by a licensed veterinarian within 10 days of export and were found to be free of internal and external parasites, contagious and infectious diseases to which the species is susceptible and fit to travel. | | | | | | | | |
| | Sign | Signature of Licensed Veterinarian (DVM) | | | | | Date (in figures) DD/MM/YYYY | | | |
| | Nam | e of Licens | sed Veterinarian (bloc | k letters) | | Date (in words) | | | | |
| | Cana | Signature of Endorsing Official Government Veterinar Canadian Food Inspection Agency Government of Canada | | | | | Date (in | figures) DD/MM/YYYY | , | |
| | Name of Official Government Veterinarian (block lette | | | | | Date (in words) | | | | |
| | | | | | | | Official E | Export Stamp | | |
| ł | The volume of the control of the con | nization. animal must ary vaccinat als under 3 al concerne | t have been vaccinated a ion. months of age may not d was vaccinated at leas 3 months of age agains | at least 30 days, b be vaccinated and at 30 days, but not | ut not lo | onger Inside han 1 | than 12 mo red to have 2 months p | recognized by the World nths prior to export in the a valid vaccination province to giving birth. NB sud the owners must inform | e case of the ded the dam of the och animals must | |
| _ | | | | OWNER'S D | ECLAF | RATIO | | | | |
| | | | res that the animal des tus, from the time of si | | | | | into contact with other outh Africa. | animals of | |
| ı | That all transport vehicles and containers in which animals are to be transported according to international standards relating to transport of live animals IATA. The container is new or is previously cleansed and disinfected with the following product: | | | | | | | | | |
| 1 | Name of product: | | | | | | | | | |
| (| Owner's | Owner's signature | | | | | Date | | | |
| (| Owner's | name in b | lock letters | | | | | | | |
| _ | | | | CAR | RIER | | | | | |
| | | nis certificate has been checked by the authorized carrier. The animal is traveling in a container complying ith the IATA standards. | | | | | | | | |
| (| Carrier A | uthorizatio | on (stamp or signature |): | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | _ | | |

Did not, as far as is possible, come into contact with animals infected or suspected of being infected with rabies.

REFERENCE NUMBER: ___

3.