

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.

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: _____ Breed: _____ Sex: _____

Microchip number: _____ Age or date of birth: _____

Rabies vaccination (Note that only inactivated virus vaccine is acceptable)

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.

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 180 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 Bureau of Animal and Plant Health Inspection and Quarantine (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: _____

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