

## Veterinary Certificate for the Export of Order Lagomorpha for Non-Laboratory Purpose to Taiwan

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

I, undersigned the official veterinarian, certify as follows :

1. Breed of the rabbit(s) and origin

i. Scientific name and common name : \_\_\_\_\_

ii. Quantity and Age : \_\_\_\_\_ See the Export Quarantine Certificate

iii. Microchip number or tattoo or marks : \_\_\_\_\_

iv. Exporting country : \_\_\_\_\_

v. Animal quarantine authority of the exporting country : \_\_\_\_\_ See below

vi. Name and address of the consignor :

\_\_\_\_\_ See the Export Quarantine Certificate

2. Destination:

i. Country of destination : \_\_\_\_\_ TAIWAN R.O.C.

ii. Name and address of the consignee :

\_\_\_\_\_ See the Export Quarantine Certificate

3. Quarantine information:

The rabbit(s) has(have) been subjected to at least 15 days pre-export quarantine in raising place or in quarantine premises which have been approved by the competent authority of the exporting country.

Name and address of the pre-export quarantine facility:

\_\_\_\_\_

\_\_\_\_\_

Dates of entry : \_\_\_\_\_

Date of departure : \_\_\_\_\_

4. Health information:

The health status of the rabbit(s) is(are) in compliance with following requirements :

- (1) Tularemia, myxomatosis, rabbit hemorrhagic disease and rabies are notifiable diseases.
- (2) Tularemia (in Genus *Lepus*) has not occurred for at least two years prior to the shipment.
- (3) The rabbit(s) has(have) been kept in exporting country since birth. If the rabbit(s) is(are) not born in exporting country, the rabbit(s) is(are) raised in exporting country for more than 90 days prior to the shipment.
- (4) Rabies, rabbit hemorrhagic disease and myxomatosis have not occurred in the raising place in the previous year.

- (5) The rabbit(s) is(are) treated for internal and external parasites not less than 5 days and not more than 15 days prior to shipment.

Name of medicine for external parasites: \_\_\_\_\_

Treatment date and doses: \_\_\_\_\_

Name of medicine for internal parasites: \_\_\_\_\_

Treatment date and doses: \_\_\_\_\_

- (6) The rabbit(s) have been inspected within three days prior to the shipment and found in good health condition, fit for shipment and free from clinical evidence of any communicable disease.

_____ Signature of Official Veterinarian		Official Stamp
_____ Name of Official Veterinarian in block letters		
Authority of Issuance:  (full name in block letters)	Date:  (dd/mm/yyyy)	

SPECIMEN