

Veterinary Health Certificate for Export of Dogs and Cats from the United States of America to Anguilla



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue

Certificate Number

1. Consignor:	2. Consignee:
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3. Country Of Origin: United States of America	4. State Of Origin:
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5. Country Of Destination: Anguilla	6. Zone of Destination: *****
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7. Place Of Origin: ***** ***** *****	8. Port of Embarkation / Border Crossing: ***** ***** *****
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9. Estimated Date Of Shipment:	10. Means Of Transport:
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11. ***** *****	12. CITES Permit Number: ***** *****
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13. Description Of Commodity: DOG(S) CAT(S)	14. Port Of Embarkation: ***** *****
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15. Total Quantity:	16. Total Number Of Packages/Containers: ***** *****
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17. Additional Information:

18. Identification / Seal Numbers:

19. Commodities Intended Use:	20. Type Of Admission: ***** *****
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21. Identification Of Commodities:

ISO-Compliant Microchip Number	Species	Breed*	Age**	Sex	Color and Distinctive Markings

* Pit Bull Terriers are not permitted. See more details in the "other information" section on page 3.
**The issuing Accredited Veterinarian certifies to the best of their knowledge all animals listed are 13 weeks of age or older.

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Certification Statements:

1. I have verified the presence of the microchip(s) listed in box 21.
2. All animals are free of clinical signs of infectious or contagious diseases and have not been in contact with any animal suffering from the same for the past sixty (60) days.
3. The animal(s) has/have been vaccinated against Rabies with an inactivated vaccine at least 30 days prior to, but no longer than 12 months to 36 months (as registered by the manufacturer) prior to departure. Booster vaccinations to unexpired previous vaccinations may be administered less than 30 days prior to travel, if the date of the previous vaccination is also listed.

Microchip Number	Date(s) of Rabies Vaccination(s)	Name of Vaccine	Period of Validity	
			From	To

4. The dog (s) has/have adequate levels of immunity conferred by being actively immunized against the following diseases: Distemper, Hepatitis (Adenovirus), Parvovirus, and Leptospirosis. (Mark NA in first row if no dogs are in the shipment)

Microchip Number	Date of Most Recent Vaccine Administration	
	DHLPP (distemper, hepatitis, leptospirosis, parvo, and parainfluenza)	Lyme Disease

5. The cat(s) has/have adequate levels of immunity conferred by being actively immunized against the following diseases: Feline Rhinotracheitis, Calicivirus, Panleukopenia, Pneumonitis, and Feline Leukemia. (Mark NA in first row if no cats are in the shipment)

Microchip Number	Date of Most Recent Vaccine Administration
	Feline Rhinotracheitis, Calicivirus, Panleukopenia, and Pneumonitis, Feline Leukemia (FeLV)

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Certification Statements (continued):

6. Parasites:

- a. The animal(s) is/are free of internal parasites as determined by a negative fecal flotation test (*within 21 days prior to export*) and were treated within 21 days prior to departure with a registered medicine as instructed by the manufacturer.
- b. The animal(s) is /are free from external parasites, particularly *Amblyomma* sp. and *Boophilus* sp.
- c. The animal(s) has/ have been treated for external parasites with a registered parasiticide within 14 days prior to departure.

Microchip Number	Date of Negative Fecal Flotation Test	Name of Internal Parasite Treatment Product, Active Ingredient, and Date and Time of Administration	Name of External Parasite Treatment Product, Active Ingredient, and Date and Time of Administration

This certificate is valid for 14 days after issuance.

OTHER INFORMATION:

- 1) No person shall import any dog of the type known as the pit bull terrier or other ferocious dog and any dog so imported shall be seized and forfeited to the Crown, unless the person who imports the dog proves to the satisfaction of the Chief Veterinary officer that the dog is not of a type as the Pit bull terrier or is not a ferocious dog.
- 2) An import permit is required to bring a dog into Anguilla.

Name of USDA-Accredited Veterinarian	Name of USDA Veterinarian
Signature of Accredited Veterinarian	Signature of USDA Veterinarian
Date	Date