VETERINARY HEALTH CERTIFICATE  
EXPORT OF DOGS AND CATS TO UNITED ARAB EMIRATES  

Country of origin: CANADA  
Competent Authority: CANADIAN FOOD INSPECTION AGENCY  

I. VETERINARY IMPORT PERMIT NO.  

II. ORIGIN OF ANIMAL  
1. Name and address of the owner/consignor:  

2. Name and address of the place of origin:  

III. DESTINATION OF ANIMAL  
1. Name and address of the consignee:  

2. Address of final destination:  


4. Date of shipping:  

5. Port of loading:  

6. Port of entry:  

7. Import type (Trade/Personal):  

8. Purpose of import (Final import/Temporary entry):  

IV. ANIMAL DESCRIPTION  

<table>
<thead>
<tr>
<th>Name1</th>
<th>Species</th>
<th>Breed2</th>
<th>Sex</th>
<th>Age/Date of Birth (dd/mm/yyyy)3</th>
<th>Coat Colour/Marksings</th>
<th>Microchip Number and Location</th>
</tr>
</thead>
</table>

1 An individual can import a maximum of 2 cats, or 2 dogs, or 1 cat and 1 dog as personal pets.  
2 UAE does not allow the importation of the following dog breeds and their crosses into the country: Staffordshire Bull Terrier, American Pit Bull Terrier, American Staffordshire Terrier, American Bully, Brazilian Mastiff (Fila Brasileiro), Argentinian Mastiff (Dogo Argentino), any Mastiff or hybrid, Japanese Tosa or hybrid, Rottweiler or hybrid, Doberman Pinscher, Canario Presa, Boxer, and any mixed breed of the above breeds or their hybrid.  
3 The minimum age a dog/cat can be imported into UAE is fifteen (15) weeks.  

V. HEALTH INFORMATION  
I, the undersigned licensed veterinarian, certify that the animal(s) described above satisfy the following conditions:  

1. The animal(s) has/have been vaccinated against Rabies (as registered by the manufacturer) at least twenty-one days (21) before the date of departure. The animal(s) was/were at least twelve (12) weeks old at the time of vaccination.  

| Microchip Number | Date of Vaccination (dd/mm/yyyy) | Name of Vaccine | Batch Number | Manufacturer |
2. The Rabies Neutralization Antibody Titre Test was done in a laboratory approved by the competent authority. If the rabies vaccination was a primary vaccination or a revaccination outside the validity period of the previous vaccination the titre test was completed at least twenty-one (21) days after the date of vaccination. If the rabies vaccination was a booster vaccination completed within the validity period of the previous vaccination there is no waiting period between vaccination and testing. The titre reading must be equal to or greater than 0.5 iU/mL.

<table>
<thead>
<tr>
<th>Blood Collection Date (dd/mm/yyyy)</th>
<th>Testing Method</th>
<th>Test Results (iU/ml)</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

3. Dog(s) has/have been vaccinated against Canine Distemper, Canine Parvovirus, Infectious Canine Hepatitis and Leptospirosis (*Icterohaemorrhagiae & Canicola,*

<table>
<thead>
<tr>
<th>Microchip Number</th>
<th>Disease Vaccinated Against</th>
<th>Date of Most Recent Vaccination (dd/mm/yyyy)</th>
<th>Type of Vaccine</th>
<th>Name of Vaccine and Manufacturer</th>
<th>Batch Number</th>
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</table>

Cats has/have been vaccinated against Feline Panleukopenia, Feline Rhinotracheitis and Feline Calici virus.*

<table>
<thead>
<tr>
<th>Microchip Number</th>
<th>Disease Vaccinated Against</th>
<th>Date of Most Recent Vaccination (dd/mm/yyyy)</th>
<th>Type of Vaccine</th>
<th>Name of Vaccine and Manufacturer</th>
<th>Batch Number</th>
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</table>

* Delete the one that does not apply

4. The animal(s) has/have been treated for internal and external parasites within the fourteen (14) days prior to export, with a product approved for use in Canada.

<table>
<thead>
<tr>
<th>Microchip Number</th>
<th>Treatment Administered</th>
<th>Date of Treatment (dd/mm/yyyy)</th>
<th>Product Name, Manufacturer and Active Ingredient</th>
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</thead>
<tbody>
<tr>
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<td>External Parasites</td>
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<tr>
<td></td>
<td>Internal Parasites</td>
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<tr>
<td></td>
<td>External Parasites</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Internal Parasites</td>
<td></td>
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</tbody>
</table>

5. The animal(s) has/have been clinically examined by a licensed veterinarian within the forty-eight (48) hours prior to departure and showed no signs of the disease.

6. The animal(s) are transported in container(s) in accordance to the International Air Transport Association (IATA) regulations on the transportation of live animals.

Date (yyyy/mm/dd) ___________________________ Signature of Licensed Veterinarian ___________________________

Name and address of licensed veterinarian: ___________________________________________________________

Date (yyyy/mm/dd) ___________________________ Signature of Official Veterinarian
Canadian Food Inspection Agency
Government of Canada

Official Export Stamp ___________________________ Name of Official Veterinarian (in block letters) ___________________________

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OWNER'S DECLARATION (in case of crossing of other countries before reaching UAE)

I, the owner/carer representative/holder, declare that the animal(s) described in this certificate did not mix with any other animal(s) while crossing through ..............................................(Name of port/city and country).

______________________________  ______________________________
Signature                                           Date (DD-MM-YY)

______________________________
Name in block letters