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Model of Veterinary Health Certificate for Exporting Cats and Dogs into the United Arab Emirates

Country of origin: Republic of Cyprus

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1.2. Certificate No.:	I.1. Consignor Name:			
I.3. Veterinary Authority:	Address;			
I,4. Consignee Name: Address:				
I.6. Region / Facility:	I.S. ISO CODE Country of origin : CY			
I.B. Facility at final destination:	L7. Importing country: United Arab			
.9. Place of origin (Name - Address):				
.11. Date of shipping:	1.10. Shipping station / port:			
13. Border post:	1.12. Transport means by (Air - Sea - Land):			
14. Import type: (Trade – Personal)				
16. For import: (Final import – Temporary entry)	1.15. Name of animal:			
7. Microchip No.:	•			
9. Date of birth / age:	I.18. Breed (Pure – Hybrid):			
O. Animal species (Dog / Cat):				
. Animal descriptions (Colour - hair - any other iden	tifying marks):			

. Firstly: Required dag v		mentioned b			
	accinations			-	*,
Vaccination type	Vaccination date	Batch No.	Manufacturer	Vaccine name	Natices
Rabies Vaccine	•				The dog fulfils the immunization with rabies vaccine according to the manufacturer
Canine Distemper Virus (CDV)	1.				
Canine Parvovirus					
Infectious Canine Hepatitis	,,		i i		
eptospirosis Icterohaemorrhagiae & Canicola)	ne tout à parte au				
Secondly; Required Cat	vaccines		**** **********************************		
abies :	·				The cat fulfils the immunization with rables vaccine according to the manufacturer
eline Panleukopenia		•			
1,0				•	

export.

II.4. The animal was visually examined during the 24 hours prior to shipping and showed no clinical sign Animal transport: The animal described in the certificate was transported in a box or cage constructed preclude the loss of excrement allow visual inspection of the animal allow cleansing and disinfection. Veterinarian in charge Name and address: Position: Date: Signature: Official stamp Attestation (In case of crossing of other countries before reaching UAE) the undersigned (owner/ carrier representative / holder) for the described animal: Species: Breed: Colour: Date of Birth: Identification (No. of Microchip): I confirmed that the referred animal did not mix with any other animals while transit through ...... Name: Position: Signature: Stamp (stamped in case the signed agency is the carrier)