

Schweiz / Suisse / Svizzera / Switzerland

Health certificate for the exportation of dogs from Switzerland to Australia

nent	I.1. Consignor: Name: Address:				I.2	I.2. Certificate reference number*: I.3. a. Central competent authority: Federal Food Safety and Veterinary Office FSVO I.3. b. Cantonal competent authority:			
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atched co					I.3				
Part I: Details of dispatched consignment	I.4. Consignee Name: Address:				1				
Part	I.5. Country of origin: Switzerland ISO Code: CH					I.6. Country of destination: ISO Code:			
	I.7. Place of origin:					I.8. Place of loading:			
	Name: Address:				I.9	I.9. Date of departure:			
					I.1	I.10. Expected border post:			
	I.11. Means of transport:				I.1	I.12. Commodities intended for use as:			
	Aeroplane □ Ship □ Railway wagon □ Road vehicle □ Other □					Breeding/rearing □ Competition □			
	Identification:					aughter □ ets □		Wildlife management □ Exhibition/education □	
						aboratory u	se П	Other Other Other Other Other Other Other Other Other Other Other Other Other Other	
	I.13. Identificati	ion of the animals	·):		Le	iooratory a		outer 🗆	
	Name of animal	Date of birth (dd/mm/yyyy)	Passport numbers	Microchip number	Site of micro		Date of final examination and microchip scanning (within five days of export) (dd/mm/yyyy)	Sex ²⁾	If mated, date of last mating (dd/mm/yyyy)

¹⁾ If necessary, extra tables can be attached as annex by the consignor and should be approved and stamped by the cantonal competent authority.

²⁾ Indicate whether the animal is neutered. If female, she is not more than 30 days pregnant or suckling young.

Switzerland	Dogs
II. Sanitary information	Certificate reference number*:

Part II: Sanitary information

Test / Treatment record:

Test conducted	Sample collection date (dd/mm/yyyy)	Test type	Test result
Rabies Neutralising Antibody	1. Collection date:	FAVN* or RFFIT*	
Titre Test (RNATT)	2. Date arrived at laboratory:	(Positive at $\geq 0.5 IU/mL$)	
		*[Strike through as	
		Required]	
Leishmania infantum		IFAT* or ELISA* (Negative)	
		*[Strike through as	
		Required]	
☐ Leptospira sv. Canicola		MAT (Negative at 1:100)	
(if tested)			
☐ Brucella canis (if not		RSAT* or TAT* or IFAT*	
neutered)		(Negative)	
		*[Strike through as	
		Required]	

Vaccinations administered	Vaccination date(s) (dd/mm/yyyy)	Vaccination type
Rabies vaccination		Vaccine name:
		Batch number:
		Expiry date:
		Date next booster due:
☐ Leptospira sv. Canicola	1.	Vaccine name:
(if not tested)		Batch number:
*[Strike through as Required]		Expiry date:
requires		Date next booster due:
Note: All current <i>Leptospira interrogans</i> sv. <i>Canicola</i> vaccinations and booster due date must be recorded.	2.	Vaccine name:
date must be recorded.		Batch number:
		Expiry date:
		Date next booster due:
	*3.	Vaccine name:
		Batch number:
		Expiry date:
		Date next booster due:
	*4.	Vaccine name:
		Batch number:
		Expiry date:
		Date next booster due:

st Indicated by the cantonal competent authority.

Switzerland		Dogs		
II. Sanitary information		Certificate reference number*:		
*Canine Influenza Virus vaccination *[Strike through as Required]	1.		Vaccine name: Batch number:	
(dogs from US, Canada, and South Korea			Expiry date:	
only)			Date next booster due:	
	*2.		Vaccine name:	
			Batch number:	
			Expiry date:	
			Date next booster due:	
			T	
Treatments administrated	Treatment date(s)	(dd/mm/yyyy)	Treatment type	
☐ Babesia canis rossi (dogs that have visited mainland Africa			Product name:	
only)			Active ingredient(s):	
			Dose rate:	
Treatments administrated	Treatment date(s)	(dd/mm/yyyy)	Treatment type	
☐ External parasites	1.		Product name:	
*[Strike through as Required]			Active ingredient(s):	
			Dose rate:	
	*2.		Product name:	
			Active ingredient(s):	
			Dose rate:	
	*3.		Product name:	
			Active ingredient(s):	
			Dose rate:	
☐ Internal parasites	1.		Product name:	
			Active ingredient(s):	
			Dose rate:	
	2.		Product name:	
			Active ingredient(s):	

st Indicated by the cantonal competent authority.

	Switzerland	Dogs				
	II. Sanitary information	Certificate reference number*:				
	Declarations The undersigned official veterinarian confirms that: 1. Either: *The dog was exported from Australia on					
	III. Signature					
Signature	Official veterinarian:					
Part III: Signature	Full name and address:	Official position:				
	Date:	Stamp and signature:				