

Schweiz / Suisse / Svizzera / Switzerland

Health certificate for the exportation of cats from Switzerland to Australia

nent	I.1. Consignor: Name:				I.2. Certificate reference number*:				
nsignn	Address:				I.3. a. Central competent authority: Federal Food Safety and Veterinary Office FSVO				
tched co					I.3. b. Cantonal competent authority:				
Part I: Details of dispatched consignment	I.4. Consignee Name: Address:								
Pa	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:								
	Auditos.				I.9. Date of departure:				
					I.10.	Expected border pos	t:		
	I.11. Means of trar	I.11. Means of transport:			I.12. Commodities intended for use as:				
	Aeroplane □ Road vehicle □			gon □			Competitio		
	Identification:	Other 🗆			Slaughter □ Wildlife manag Pets □ Exhibition/educ				
					Laboratory use □		Other		
	I.13. Identification of the animals ²⁾ :			ı		ı	1	ı	
	Name of animal	Date of birth (dd/mm/yyyy)	Passport numbers	Microchip number		Site of microchip	Date of final examination and microchip scanning (within five days of export) (dd/mm/yyyy)	Sex ²⁾	

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 Cats II. Sanitary information Certificate reference number*:

Part II: Sanitary information

Test / Treatment record:

Tests conducted	Sample collection date (dd/mm/yyyy)	Test type	Test result
Rabies Neutralising Antibody Titre Test (RNATT)	Collection date: Date arrived at laboratory:	*FAVN or *RFFIT (Positive at ≥ 0.5IU/mL) *[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:

Treatments administered	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):
		Dose rate:

st Indicated by the cantonal competent authority.

Switzerland	Cats					
II. Sanitary information	Certificate reference number*:					
Declarations						
The undersigned official veterinarian confirms that:	The undersigned official veterinarian confirms that:					
1. Either:						
*The cat was exported from Australia on	(dd/mm/yyyy) and a copy of the Australian export permit is attached.					
OR						
*The cat underwent an identity verification on to Australia and a copy of the identification declaration	*The cat underwent an identity verification on (dd/mm/yyyy) which is at least 180 days prior to the scheduled date of export to Australia and a copy of the identification declaration is attached.					
OR						
*The cat was not exported from Australia and has not	undergone an identity verification.					
*[Strike through as Required]	*[Strike through as Required]					
2. The cat was free from signs of clinical or infectious disease during the final inspection within 5 days of export.						
 3. The cat's rabies vaccination is current according to manufacturer directions in the country of export at the scheduled date of export to Australia. 4. The cat is fit and healthy to undertake the journey to Australia and undergo quarantine. The undersigned official veterinarian certifies that after due enquiry all the information provided in this veterinary health certificate is true and the cat fully complies with the pre-export requirements described in the Australian import permit and the microchip number listed on all documentation matches the microchip number scanned on the animal described here. 						

	III. Signature		
Signature	Official veterinarian:		
Part III: Siş	Full name and address:	Official position:	
	Date:	Stamp and signature:	