

**Veterinary Health Certificate for Export of Dogs from the United States of America to China**



**Veterinary Authority**  
UNITED STATES DEPARTMENT OF AGRICULTURE

**Date Of Issue**

**Certificate Number**

**1. Consignor:**

**2. Consignee:**

**3. Country Of Origin:**  
United States of America

**4. State Of Origin:**

**5. Country Of Destination:**  
China

**6. Zone of Destination:**  
\*\*\*\*\*

**7. Place Of Origin:**  
\*\*\*\*\*  
\*\*\*\*\*  
\*\*\*\*\*

**8. Port of Embarkation / Border Crossing:**  
The pet will enter China through a:  
  
- Designated port  
  
- Non-designated port

**9. Estimated Date Of Shipment:**

**10. Means Of Transport:**

**11.**  
\*\*\*\*\*  
\*\*\*\*\*

**12. CITES Permit Number:**  
\*\*\*\*\*  
\*\*\*\*\*

**13. Description Of Commodity:**  
DOG

**14.**  
\*\*\*\*\*  
\*\*\*\*\*

**15. Total Quantity:**  
1 (one)

**16. Total Number Of Packages/Containers:**  
\*\*\*\*\*  
\*\*\*\*\*

**17. Additional Information:**  
\*\*\*\*\*  
\*\*\*\*\*

**18. Identification / Seal Numbers:**  
\*\*\*\*\*  
\*\*\*\*\*  
\*\*\*\*\*

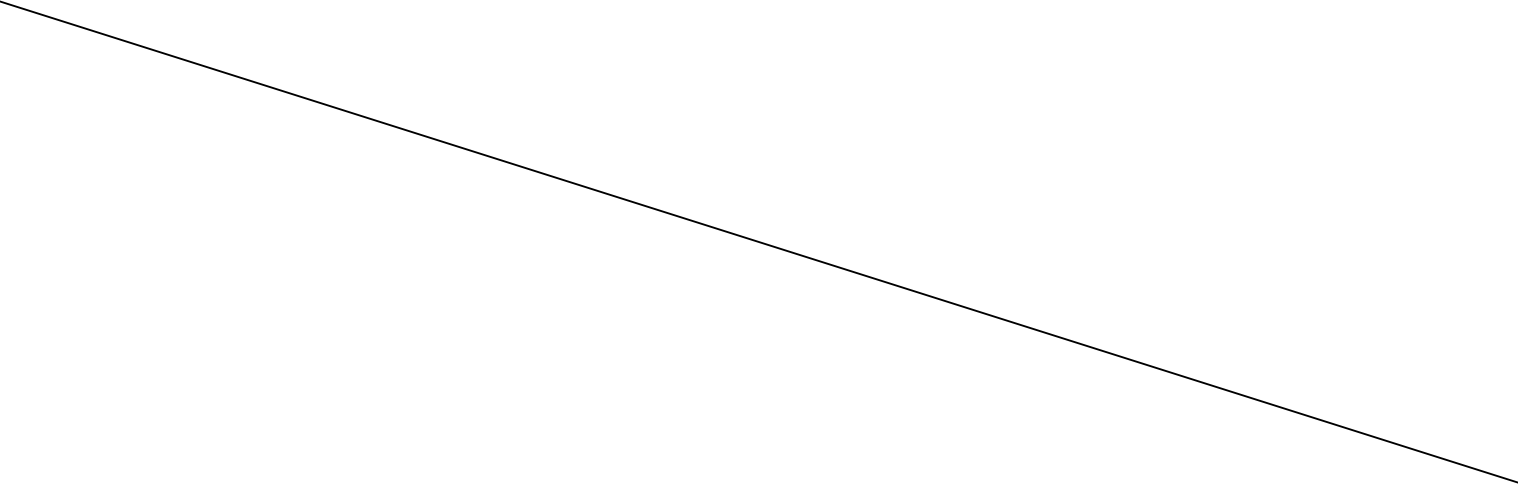
**19. Commodities Intended Use:**  
Pet (Personal)

**20. Type Of Admission:**  
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**21. Identification Of Commodities:**

Microchip Number	Name	Breed	Age or Date of Birth	Sex	Color or Distinctive Markings

(Enter "N/A" if no microchip, and the pet will be required to arrive through a Designated Port and enter quarantine).





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**Certification Statements:**

1. I have verified the presence of any microchips if listed in box 21.  
Date of implantation: \_\_\_\_\_  
Site of implantation: \_\_\_\_\_  
(Enter "N/A" if no microchip, and the pet will be required to arrive through a Designated Port and enter quarantine).
2. I certify that the dog described in box 21 has been inspected by me on this date and appears to be free of any infectious or contagious diseases and, to the best of my knowledge, exposure thereto, which would endanger the dog or other animals or would endanger public health.
3. To my knowledge, the dog described in box 21 originated from an area not quarantined for rabies and has not been exposed to rabies.
4. Dog's Body Weight (pounds): \_\_\_\_\_
5. Dog's Height at Shoulders (inches): \_\_\_\_\_
6. The dog listed in box 21 was vaccinated for rabies as follows:  
(Two rabies vaccinations must be listed below, and the pet must be current on rabies vaccinations, if pet is entering through a non-designated port and to avoid entering a quarantine. The second rabies vaccination must be given on or before the date of blood sampling for the rabies titer test (per #9). An original copy of the current rabies vaccination certificate is required. Otherwise, enter "N/A" as needed, and the pet will be required to arrive through a Designated Port and enter quarantine.)

Date of Rabies Vaccination	Type of vaccine (inactive, recombinant)	Name & Manufacturer of Vaccine	Batch/Serial Number	Period of Validity	
				From (date given)	To (expiration date)

8. Other vaccinations, treatments, and/or tests and results (optional):

Date Performed	Other vaccinations, treatments, and/or tests and results	Date Performed	Other vaccinations, treatments, and/or tests and results	Date Performed	Other vaccinations, treatments, and/or tests and results

9. Rabies neutralization (antibody titer) testing (performed on same day as, or any day after, the second rabies vaccination):  
Date of blood sampling : \_\_\_\_\_ [valid for one year from sampling date to date of arrival in China]  
Result : \_\_\_\_\_ IU/mL [must be at least 0.5 IU/mL]  
Name of laboratory used acceptable to China: \_\_\_\_\_

(Original laboratory report must accompany the pet when entering a non-designated port. Enter "N/A" if pet originates from Hawaii or Guam. Enter "N/A" if no rabies titer test has been performed and the pet will be required to arrive through a Designated Port and enter quarantine).

**Issue date must be 14 days or less from date of arrival**

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**Certificate Number**

**Name of Accredited Veterinarian**

**Name of USDA Veterinarian**

**Signature of Accredited Veterinarian/**

**Signature of USDA Veterinarian**

**Date**

**Date**