



Lao People's Democratic Republic

Peace Independence Democracy Unity Prosperity

(FORM 3)

**ANIMAL HEALTH CERTIFICATE FOR THE IMPORT OF DOGS AND CATS INTO
LAO PDR**

For all countries

DLF Import License No.: _____ Animal Health Certificate No. (if applicable): _____

Remark: A valid DLF Import License to import the dog/cat must be obtained before shipment.

SECTION I IDENTIFICATION OF THE DOG/CAT

Species: _____

Breed: _____

Name of animal: _____

Sex (please circle): Male Neutered Male Female Neutered female

Age or Date of Birth: _____ (animal must be at least 12 weeks of age at the time of export)

Colour: _____

[Remark: The following breeds and their crosses are prohibited for import: Pit Bull (including the American Pit Bull Terrier also known as the American Pit Bull and Pit Bull Terrier, American Staffordshire Terrier, Staffordshire Bull Terrier, the American Bulldog, and crosses between them and other breeds), Neopolitan Mastiff, Tosa, Akita, Dogo Argentino, Boerboel, Fila Brasileiro, Perro de Presa Canario and their crosses; Bengal and Savannah cat crosses of 4th generation and below.]

Microchip Number: _____ or ID Number: _____

_____ The animal has been scanned on _____ (day/month/year) prior to export and found to be implanted with a microchip bearing the above microchip number, which is also reflected on the animal's vaccination certificate.

SECTION II ORIGIN OF THE DOG/CAT (indicate the option that applies)

After due enquiry I am satisfied that the dog/cat (delete as appropriate) identified in this certificate is not under quarantine restriction at the time of export.

SECTION III SANITARY INFORMATION

I, _____ (Name in BLOCK LETTERS), the undersigned veterinarian, being a Government approved veterinarian / Official government veterinarian (delete as appropriate) of _____ (the country of export), certify in respect of the dog/cat (delete as appropriate) described above that:

General Vaccinations (strike out whichever does not apply)

The dog was vaccinated against Canine Distemper, Canine Infectious Hepatitis, Canine Parvovirus, according to the vaccine manufacturer's recommendations and at least 14 days prior to export.

Date of vaccinations:

Canine distemper: _____ (day/month/year)

Canine infectious hepatitis: _____ (day/month/year)

Canine parvovirus: _____ (day/month/year)

The cat was vaccinated against Feline Calicivirus, Feline Rhinotracheitis Virus and Feline Panleukopenia Virus according to the vaccine manufacturer's recommendations and at least 14 days prior to export.

Date of vaccinations:

Feline Calicivirus: _____ (day/month/year)

Feline Rhinotracheitis Virus: _____ (day/month/year)

Feline Panleukopenia Virus: _____ (day/month/year)

Rabies Vaccinations and Serological Testing (whenever require)

The dog/cat was vaccinated against rabies using an inactivated vaccine or recombinant vaccine acceptable to DLF at least 1 months prior to export. The vaccination must be a valid primary vaccination or a valid booster vaccination according to the vaccine manufacturer's recommendations.

Date of rabies vaccination: _____ (day/month/year).

At least 1 month (30 days) following the date of this vaccination and within 6 months prior to export, a blood sample was taken from the dog/cat and tested with [an OIE-prescribed test 1](#) showing a rabies neutralising antibody titre equal to or greater than 0.5 IU/ml. A valid test report must accompany this certification.

Date of blood sampling: _____ (day/month/year)

Rabies neutralising antibody titre: _____ IU/ml

Dog/cat imported under this protocol and not fulfilling the above rabies control requirements would be subjected to rabies vaccination on arrival and shall be confined separately at home for a period of not less than 21 days upon import prior to freely release within its normal living conditions.

External Parasite Treatment

The dog/cat was treated with a product effective against external parasites (fleas and ticks) between 2 and 7 days of export.

Date of treatment: _____ (day/month/year)

Name of product: _____

Active ingredient: _____

Internal Parasite Treatment

The dog/cat was treated with a product effective against internal parasites (nematodes and cestodes) between 2 and 7 days of export.

Date of treatment: _____ (day/month/year)

Name of product: _____

Active ingredient: _____

Pregnancy (for females)

After due enquiry I am satisfied that the animal is not pregnant at the time of export.

Prohibited breeds

After due enquiry I am satisfied that the animal is not one of the prohibited breeds or crosses as listed in Section I.

Clinical examination

Within 7 days of export I have examined the dog/cat and found it to be healthy, free from any clinical sign of infectious or contagious disease and fit for travel at the time of export.

Endorsement

Sections I to III may be endorsed by a government-approved veterinarian or an official government veterinarian.

Signature: _____ Date: _____
(day/month/year)

Name of government-approved veterinarian or an official government veterinarian (delete as appropriate):

Address, telephone, fax, email of practice:

SECTION IV (must be endorsed by official government veterinarian)

I, _____ (Name in BLOCK

LETTERS), the undersigned veterinarian, being an Official government veterinarian of _____ (the country of export), certify in respect of the dog/cat (delete as appropriate) described above that:

After due enquiry and examination of documents, the dog/cat is not under quarantine restriction at the time of export. I have no reason to doubt the truthfulness of the information given in Sections I to III and am satisfied to the best of my ability that the dog/cat certified above meets with the requirements for importation into Lao PDR.

CERTIFICATION VALIDITY: This certification is valid for seven (7) days.

Signature: _____ Date: _____
(day/month/year)

Name of official government veterinarian:

Address, telephone, fax, email contact: Official Stamp:
