MINISTRY OF AGRICULTURE AND FISHERIES
VETERINARY SERVICES DIVISION

APPLICATION FOR EXPORT HEALTH CERTIFICATE

☐ Animal Product/By/ Product ☐ Vaccines/Biologicals ☐ Semen/Embryos ☐ Others

☐ Live Animals ☐ Hatching Eggs/Eggs ☐ Veterinary Drugs

Name of Exporter:		Importing Country:
TRN#	TCC#	Name of Importer:
Address of Exporter:		Address of Importer:
Telephone#:		State/Province:
Fax#:		Estimated Departure Date:
Port of Departure:		Applicant's Name:
Application Date/Time:		Applicant's Signature:

Description of Export (including quantity, animal origin, identification #, species, breed, gender, age, etc)

(Please attach additional information, if necessary)

NB: Import Permit need to be submitted in order to satisfy Importing Country's requirements

FOR OFFICIAL USE ONLY

EXPORTING REQUIREMENT ATTAINABLE? ☐Yes ☐ No

CERTIFICATE APPROVED FOR PREPARATION? ☐ Yes ☐ No

APPOINTMENT DATE _____ VO/ INSPECTOR ASSIGNED _____

SIGNATURE OF VEIWING VETERINARIAN _____