

| Veterinary Health Certificate for Export of<br>Pet Dogs and Cats from the United States of America to Cayman Islands |               |  |
|----------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------|
| Veterinary Authority<br>UNITED STATES DEPARTMENT OF AGRICULTURE                                                      | Date Of Issue |                                                                                     |
|                                                                                                                      |               |                                                                                     |
|                                                                                                                      |               |                                                                                     |
| 1. Consignor:                                                                                                        |               | 2. Consignee:                                                                       |
|                                                                                                                      |               |                                                                                     |
| 3. Country Of Origin:<br>USA                                                                                         |               | 4. State Of Origin:                                                                 |
| 5. Country Of Destination:<br>Cayman Islands                                                                         |               | 6. Zone Of Destination:<br>*****                                                    |
| 7. Place Of Origin:                                                                                                  |               | 8. Port Of Embarkation / Border Crossing:                                           |
|                                                                                                                      |               |                                                                                     |
| 9. Estimated Date Of Shipment:                                                                                       |               | 10. Means Of Transport:                                                             |
|                                                                                                                      |               |                                                                                     |
| 11. *****<br>*****                                                                                                   |               | 12. CITES Permit Number:<br>*****                                                   |
| 13. Description Of Commodity:<br>Dogs and Cats                                                                       |               | 14. Date Of Inspection:                                                             |
| 15. Total Quantity:                                                                                                  |               | 16. Additional Information:                                                         |
|                                                                                                                      |               |                                                                                     |
| 17. Total Number Of Packages/Containers:                                                                             |               |                                                                                     |
| 18. Identification / Seal Numbers:                                                                                   |               |                                                                                     |
|                                                                                                                      |               |                                                                                     |
| 19. Commodities Intended Use:<br>Pet                                                                                 |               | 20. Type Of Admission:                                                              |
| 21. Identification Of Commodities:<br><br>(See next page)<br><br>*****<br>*****<br>*****                             |               |                                                                                     |

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21. Identification Of Commodities: Continued

| ISO-Microchip Number (ALL implanted MC #s, active and inactive) | Microchip Location | Microchip Implantation Date | Species | Breed | Sex | Age | Coat Color | Countries besides the US that animal has visited in last 6 months (if not applicable, mark N/A) |
|-----------------------------------------------------------------|--------------------|-----------------------------|---------|-------|-----|-----|------------|-------------------------------------------------------------------------------------------------|
|                                                                 |                    |                             |         |       |     |     |            |                                                                                                 |
|                                                                 |                    |                             |         |       |     |     |            |                                                                                                 |
|                                                                 |                    |                             |         |       |     |     |            |                                                                                                 |
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**Certification Statements:**

1. For the animals listed in box 21, the rabies vaccination history complies with the Cayman Islands guidelines for rabies vaccinations for dogs and cats. The rabies vaccination history of the past year or since birth is reported in Table 1. Cayman Islands Guidelines for Rabies Vaccinations for Dogs and Cats: Puppies and kittens: Vaccinate at a minimum of 12 weeks of age. A second booster vaccination may be given 4 weeks after the first vaccination. Revaccination booster 1 year later. 1-year, 2-year, and 3-year vaccines are recognized. Thereafter, revaccination boosters as per manufacturer's recommendation or as required by legal statutes. Vaccination guidelines for rabies- adult dogs and cats: Administer a single dose, administer revaccination booster 1 year later. 1-year, 2-year, and 3-year vaccines are recognized. Thereafter, revaccination boosters as per manufacturer's recommendation or as required by legal statutes.

All initial rabies vaccinations must be followed 1 year later (no earlier than 9 months and no later than 12 months) by revaccination. Only after that second vaccination can the interval for revaccination be extended legally to 2 or 3 years with a product that has a 2-year or 3-year duration of immunity label.

2. All current routine vaccinations are recorded on the official health certificate in Table 2 of this certificate, supported by a signed vaccination certificate. Failure to do so will result in your animal being ineligible for entry.

Mandatory routine vaccinations for dogs: distemper, hepatitis, and parvovirus. Mandatory routine vaccinations for cats: panleukopenia, herpesvirus, and calicivirus.

3. As best as can be ascertained the animals are not infected with any communicable disease and are free from external parasites.

4. The animals were kept since birth or have been continually resident in the country of origin for the six (6) months prior to shipment and as best as can be ascertained have not been exposed to rabies or have not been present within the past six (6) months in an officially quarantined or designated rabies area.

5. The animal/s' microchip/s were scanned and the animals were all treated on the day of examination with an acaricidal preparation, which is known to have residual action against ticks. NOTE: The following products are NOT acceptable: Shampoos, collars, preparations that are licensed for control of fleas only (e.g. Program® Advantage®, Revolution® or Sentinel®).

On the day of examination, the animal/s were also treated with a preparation containing praziquantel at a dose rate of 5mg/kg body weight, which is known to be effective against tapeworms.

Name of acaricidal product administered: \_\_\_\_\_

Name of praziquantel product administered: \_\_\_\_\_

6. Regarding the rabies titer testing (select one):

a. ☐ The animals are exporting to the Cayman Islands from Hawaii and are therefore exempt from this requirement.

b. ☐ The animals are exporting from the United States but are NOT exporting to the Cayman Islands from Hawaii or Puerto Rico. The animals were subjected to a neutralizing antibody titration test of a blood sample taken at least 30 days after rabies vaccination. The blood draw for this test was within the past 12 months, but no sooner than 2 months prior to export to the Cayman Islands. The test was performed at

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a laboratory on CIDA's list of approved laboratories with a result of 0.5IU/ml or greater. A copy of these results must accompany the shipment.

c. ☒ The animals are exporting from Puerto Rico to the Cayman Islands. The animals were subjected to a neutralizing antibody titration test of a blood sample taken at least 30 days after rabies vaccination. The blood draw for this test was within the past 12 months, but no sooner than 3 months prior to export to the Cayman Islands. The test was performed at a laboratory on CIDA's list of approved laboratories with a result of 0.5IU/ml or greater. A copy of these results must accompany the shipment.

7. Regarding prohibited breeds of dogs (select one):

a. ☐ There are no dogs traveling with this certificate as per the animals listed in box 21.

b. ☐ The dogs listed on this certificate are NOT purebreeds nor cross breeds of the following: Pit Bull Terrier and its breed types; Dogo Argentino and its breed types; Fila Brasileiro and its breed types; Japanese Tosa and its breed types; and any breed of dog or cross-breed of dog whose breeding lineage was for the primary purpose of dog fighting.

c. ☐ The dogs on this certificate are cross breeds of a prohibited breed for import into the Cayman Islands AND are permitted to travel due to being spayed or neutered AND are not pregnant. Prohibited breeds: Pit Bull Terrier and its breed types; Dogo Argentino and its breed types; Fila Brasileiro and its breed types; Japanese Tosa and its breed types; and any breed of dog or cross-breed of dog whose breeding lineage was for the primary purpose of dog fighting.

d. ☐ The dogs on this certificate are purebred dogs of breeds prohibited from import into the Cayman Islands AND are permitted to travel due to being spayed or neutered AND are not pregnant. Proof of origin within the Cayman Islands must accompany the application for obtaining an import permit from the Cayman Islands Department of Agriculture. Prohibited breeds: Pit Bull Terrier and its breed types; Dogo Argentino and its breed types; Fila Brasileiro and its breed types; Japanese Tosa and its breed types; and any breed of dog or cross-breed of dog whose breeding lineage was for the primary purpose of dog fighting.

8. After due enquiry, I am satisfied that: (select all statements that are applicable):

a. ☐ The animal(s) has/have been resident in the United States (excluding Hawaii and Puerto Rico) since birth, or continuously for the past three (3) months.

b. ☐ The animal(s) has/have been resident in Hawaii since birth, or continuously for the past three (3) months.

c. ☐ The animal(s) has/have been resident in Puerto Rico since birth, or continuously for the past three (3) months.

d. ☐ The animal(s) has/have been in one or more 'no' rabies-risk countries besides Hawaii in the past three (3) months as defined by CIDA.

e. ☐ The animal(s) has/have been in one or more 'low' rabies-risk countries besides the United States (excluding Hawaii and Puerto Rico) in the past three (3) months as defined by CIDA.

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f. ☐ The animal(s) has/have been in one or more 'high' rabies-risk countries (including Puerto Rico) in the past three (3) months as defined by CIDA.

g. ☐ The animal/s were originally from the Cayman Islands.

h. ☐ The animal/s are traveling by sea.

i. ☐ Country of origin of animal/s (only required if transiting the United States from another country AND not having been in the United States continuously for the past three (3) months): \_\_\_\_\_

9. After due enquiry, I am satisfied that the animal(s) has/have not been present within the past three (3) months in an officially quarantined or designated rabies area.

10. Regarding the route of travel (select one):

a. ☒ The animals will be traveling directly from the United States to the Cayman Islands or will only be transiting territories on CIDA's list of approved territories.

b. ☐ The animals will be transiting a prohibited country/territory defined by CIDA as any country in Asia, Africa Central America, or South America. It will be the traveler's responsibility to ensure that the seal number, date, name, signature, and stamp of airline or government official (for example, USDA-accredited veterinarian, Port official, customs, etc) applying the seal are applied following this statement after endorsement:

11. Issuing USDA-Accredited Veterinarian's 6-digit accreditation number: \_\_\_\_\_

This certificate is valid for 14 days after issuance.

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**Date Of Issue****Certificate Number****1. Microchip and Rabies information:**

| Microchip Number | Rabies Vaccination Date | Name of Vaccine | Vaccine Manufacturer | Vaccine Batch Number |
|------------------|-------------------------|-----------------|----------------------|----------------------|
|                  |                         |                 |                      |                      |
|                  |                         |                 |                      |                      |
|                  |                         |                 |                      |                      |
|                  |                         |                 |                      |                      |
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**2. Vaccination history:**

**Mandatory routine vaccinations for dogs: distemper, hepatitis, and parvovirus. Mandatory routine vaccinations for cats: panleukopenia, herpesvirus, and calicivirus.**

| Microchip Number | Vaccine and Date of Administration | Vaccine and Date of Administration | Vaccine and Date of Administration | Vaccine and Date of Administration |
|------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
|                  |                                    |                                    |                                    |                                    |
|                  |                                    |                                    |                                    |                                    |
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|                  |                                    |                                    |                                    |                                    |

Name of Accredited Veterinarian

Name of USDA Veterinarian

Signature of Accredited Veterinarian

Signature of USDA Veterinarian

Date

Date