



## MODEL VETERINARY HEALTH CERTIFICATE

*Dogs, Cats, and Ferrets*

Reference No.:

### SECTION 1 – ANIMAL OWNER INFORMATION

.....

First Name(s): \_\_\_\_\_ Last Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

.....

### SECTION 2 – ANIMAL DESCRIPTION

Species	Breed	Sex	Age	Color/markings	Microchip id or tattoo no.

*This animal has been spayed or neutered*

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### SECTION 3 – RABIES VACCINATION INFORMATION

Product Name	Manufacturer	Batch Number	Vaccination Date	Valid Until

*This is the animal's first vaccination or revaccination past the due date of the previous. (21-day waiting period prior to export is required.)*

*This animal has been revaccinated within the validity period of the previous vaccination. (The 21-day waiting period **is not** required.)*

Date, Signature and Stamp  
**Examining Veterinarian**

Date, Signature and Stamp  
**Endorsing Veterinary Officer**



**SECTION 4 – VACCINATION OVERVIEW**

*(Complete the table which corresponds with the animal's species.)*

<b>CANINE VACCINATIONS</b>						
<b>Vaccination Against</b>	<b>Bordetella</b>	<b>Distemper</b>	<b>Hepatitis</b>	<b>Leptospirosis</b>	<b>Parvovirus</b>	<b>Parainfluenza</b>
<b>Vaccination Date</b>						
<b>Valid Until</b>						

<b>FELINE VACCINATIONS</b>					
<b>Vaccination Against</b>	<b>Leukemia</b>	<b>Rhinotracheitis</b>	<b>Calicivirus</b>	<b>Panleukopenia</b>	<b>Pneumonitis</b>
<b>Vaccination Date</b>					
<b>Valid Until</b>					

**SECTION 5 – ANTI-PARASITIC TREATMENT (INTERNAL AND EXTERNAL)**

<b>PRODUCT NAME</b>	<b>MANUFACTURER</b>	<b>TREATMENT DATE</b>	<b>VALID UNTIL</b>	<b>TREATMENT FOR</b>
				<input type="checkbox"/> Fleas <input type="checkbox"/> Ticks <input type="checkbox"/> Heartworms <input type="checkbox"/> Gastrointestinal Worms
				<input type="checkbox"/> Fleas <input type="checkbox"/> Ticks <input type="checkbox"/> Heartworms <input type="checkbox"/> Gastrointestinal Worms

*Date, Signature and Stamp*  
**Examining Veterinarian**

*Date, Signature and Stamp*  
**Endorsing Veterinary Officer**

**AGRICULTURE, LIVESTOCK AND FISHERIES**

**INSPECTORATE OF ECONOMIC AND TRANSPORT AFFAIRS (IETA)**

**MINISTRY OF TEATT**

Cannegieter Street #15, 3<sup>rd</sup> Floor, Philipsburg, Sint Maarten

LVV@sintmaartengov.org | www.sintmaartengov.org



**SECTION 6 – EXAMING VETERINARIAN DECLARATION**

I, the authorized veterinarian, hereby declare the following:

*This animal does not show clinical signs of any communicable cutaneous diseases and is in good health to travel.*

**Examining Veterinarian Name:** \_\_\_\_\_

**License No.:** \_\_\_\_\_

**Clinic Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

*Date, Signature and Stamp*  
**Licensed Veterinarian**

**SECTION 7 – ENDORSEMENT BY GOVERNMENT VETERINARY AUTHORITY (if required)**

**Name of Endorsing Officer:** \_\_\_\_\_

**Name of Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

*Date, Signature and Stamp*  
**Endorsing Veterinary Officer**



## **INSTRUCTIONS TO COMPLETE FORM:**

The form should be completed digitally or by hand.

- a. If this form is completed by hand, the handwriting **MUST** be completed in legible BLOCK letters. Illegible handwriting will result in an immediate negative decision on the application request. The applicant will have to re-submit their application with a legible health certificate.
2. Dates must be written in the format of **day/month/year**.
3. Please indicate the animal's age in year(s) **AND THEN** month(s) e.g., *1 Year and 2 Months*.
  - a. If the animal has not yet reached one (1) year of age, then the age should be expressed in months **AND THEN** weeks e.g., *1 Month and 2 Weeks*.
  - b. **Animals under 15 weeks are prohibited from entry into Sint Maarten.**
4. The examining veterinarian must sign, date, and stamp the shaded area of the lower left corner of pages **1 and 2** of the designated area of the form and complete '**Section 6**'.
5. The endorsing veterinary office of the national veterinary agency in the country of departure must sign, date, and stamp the shaded area of the lower right corner of pages 1 and 2 of the form in the designated space and complete '**Section 7**'.

### **FOR MORE INFORMATION, CONTACT US AT:**

**Email:** LVV@sintmaartengov.org

**Office Hours:** 9:00 AM to 3:00 PM