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|  | Certificate number:       |
| **A. Official Government Veterinarian** |
| I.1. Country of origin and ISO codeFINLAND FI | I.2. Import permit application number (if known)      |
| I.3. Country of destination and ISO codeAUSTRALIA AU | **FINLAND****SUOMI****RABIES NEUTRALISING ANTIBODY TITRE TEST (RNATT) DECLARATION****for the export of dogs and cats from Finland to Australia** |
| I.4. Competent ministry in FinlandMinistry of Agriculture and Forestry |
| I.5. Competent central authority in FinlandFinnish Food Authority |
| I.6. Name of the endorsing official veterinarian      |
| I.7. Competent authority of the exporting countryName      | I.8. Address of the competent authorityStreet address (PO box not accepted)     Post number and Town/City     CountryFINLAND |

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| **B. Animal identification details**  |
| I.9. Name of animal      | I.10. Date of birth (dd/mm/yyyy)      |
| I.11. Sex[ ]  Male[ ]  Female | [ ]  Neutered male[ ]  Neutered female | I.12. DescriptionBreed:     Colour:      |
| I.13 Microchip number (must be 10 or 15 digits):     Second microchip number (if required)      |

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| **C. Rabies vaccination** |
| I.14. Date of the last rabies vaccination (dd/mm/yyyy)       | I.15. Name of vaccine      |
| I.16. Batch number      | I.17. Expiry date (dd/mm/yyyy)      | I.18. Booster due date (dd/mm/yyyy)      |
| Was the animal at least 12 weeks (84 days) of age when it had its last rabies vaccination before blood sampling for the RNATT?**YES** – go to section D **NO** – do not complete this declaration |

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| **D. Rabies neutralising antibody titre test results** |
| Did a testing laboratory recognised by the competent authority in the country of export issue the RNATT?**YES** – go to next question **NO** – do not complete this declaration |
| I.19. Name of the testing laboratory       |
| I.20. Address of testing laboratoryStreet address (PO box not accepted)     Suburb/Town/City      | State / province     Zip / Postcode      Country       |
| I.21. Microchip number that appears on the RNATT report (must be 10 or 15 digits):     I.22. Second microchip number (if required)      |
| I.23. Name of the government-approved veterinarian who collected the blood sample       |
| I.24. Address of the veterinary clinic where the blood sample was collectedStreet address (PO box not accepted)     Suburb/Town/City      | State / province     Zip / Postcode     Country      |
| I.25. Country where the blood sample was collected       |
| Was the blood sample collected in a country approved by the Australian Department of Agriculture, Fisheries and Forestry to export dogs and cats to Australia? **YES** – go to next question **NO** – do not complete this declaration |
| Can you confirm that no amendments have been made to the place of sampling, date of sampling and microchip numbers on the laboratory report?**YES** – go to next question **NO** – do not complete this declaration |
| I.26. Collection date of blood samples for the RNATT (dd/mm/yyyy)      | I.27. Date when the testing laboratory received the blood sample (dd/mm/yyyy)       |
| The RNATT result is at least 0.5 IU/ml as per international standards**YES** – go to next question **NO** – do not complete this declaration |
| I.28. Name of person completing RNATT declaration      |

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|  | Certificate number:       |
| **E. Official Government Veterinarian declaration** |
| To be completed by the person named in section A of this form. I declare that: * I have sighted a current rabies vaccination certificate and RNATT laboratory report for the animal identified in section B.
* the information I have provided is true and correct to the best of my knowledge.
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| Done at (place) |       | Date (*dd/mm/yyyy*) |        |  | Official stamp (1) |
|  |  |
| Signature of the Official Veterinarian (1)      |  |
| Name of the endorsing official veterinarian and official position in capital letters      |  |
| Address/ Phone number/ Email contact |  |  |
|  (1) Signature and stamp must be in a different colour to that of the printed certificate |