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|  | Certificate number: |
| **A. Official Government Veterinarian** | |
| I.1. Country of origin and ISO code  FINLAND FI | I.2. Import permit application number (if known) |
| I.3. Country of destination and ISO code  AUSTRALIA 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 Finland  Ministry of Agriculture and Forestry |
| I.5. Competent central authority in Finland  Finnish Food Authority |
| I.6. Name of the endorsing official veterinarian |
| I.7. Competent authority of the exporting country  Name | I.8. Address of the competent authority  Street address (PO box not accepted)    Post number and Town/City    Country  FINLAND |

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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. Description  Breed:    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 laboratory  Street 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 collected  Street 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) |
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| 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 | | | | | |