Annexure-II

ANIMAL HEALTH CERTIFICATE FOR IMPORTATION OF A CAT INTO INDIA

I. OWNER

Name and address: .................................................................

................................................................................................

II. DESCRIPTION

Species of animal: .................................................................

Age or date of birth: .................................................................

Sex: ........................................................................

Breed: ........................................................................

Color: ........................................................................

Coat type & marking/Distinguish mark: ................................

Identification number: ..........................................................

III. ADDITIONAL INFORMATION

Country of origin: .................................................................

Countries visited over the past years
as declared by the owner (give dates): ................................

IV. DESTINATION OF ANIMALS

Country of destination: ..........................................................

Name and address of consignee: ...........................................

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Nature and identification of means of transport: ................

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V. SANITARY INFORMATION

The undersigned Official Veterinarian certifies that the animal/s described above and examined on this day:

a. shows no clinical sign of diseases including rabies, feline enteritis, feline panleukopenia, leptospirosis etc..

b. has been vaccinated for rabies (in case it is more than three months of age) within the time limit recommended by the manufacturer of vaccine licensed and approved by the exporting country (name of the vaccine, batch number and the date of vaccination must be shown on the veterinary certificate)

Official stamp:

________________________________________________________________________
Name of Issuing Authorized Veterinarian

________________________________________________________________________
Signature of Issuing Authorized Veterinarian

________________________________________________________________________
Date

________________________________________________________________________
Name of Endorsing Federal Veterinarian

________________________________________________________________________
Signature of Endorsing Federal Veterinarian

________________________________________________________________________
Date