

AGRICULTURE, LIVESTOCK AND FISHERIES**INSPECTORATE OF ECONOMIC AND TRANSPORT AFFAIRS (IETA)****MINISTRY OF TEATT**Cannegieter Street #15, 3rd Floor, Philipsburg, Sint Maarten

LVV@sintmaartengov.org | www.sintmaartengov.org

**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***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*

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**SECTION 4 – VACCINATION OVERVIEW***(Complete the table which corresponds with the animal's species.)*

CANINE VACCINATIONS						
Vaccination Against	Bordetella	Distemper	Hepatitis	Leptospirosis	Parvovirus	Parainfluenza
Vaccination Date						
Valid Until						

FELINE VACCINATIONS					
Vaccination Against	Leukemia	Rhinotracheitis	Calicivirus	Panleukopenia	Pneumonitis
Vaccination Date					
Valid Until					

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

PRODUCT NAME	MANUFACTURER	TREATMENT DATE	VALID UNTIL	TREATMENT FOR
				<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
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**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*

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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