

DEPARTMENT OF VETERINARY SERVICESMINISTRY OF AGRICULTURE AND AGRO-BASED INDUSTRY MALAYSIA



VETERINARY HEALTH CERTIFICATE

COUNTRY:MALAYSIA

Part I: Details of dispatched consignment	I.1. Consignor :	I.2. Certificate Reference Number :
	Name: Address:	I.3. Veterinary Authority:
	I.4. Consignee: Name:	
	I.5. Country of Origin: (ISO code): Malaysia I.7. Zone or Compartment of Origin: Malaysia	I.6. Country of Destination: (ISO code): Republic of Korea
	I.8. Place of Origin : Name: Address :	
	I.9. Place of Loading :	I.10. Date of Export :
	I.11. Mode of Transport :	I.12. Entry Point :
	Identification:	I.13. CITES Permit No(s) /:
	I.14. Identification of Container / Seal Number :	I.15. Temperature of Product : -
	I.16. Type of packaging:	I.17. Commodities Intended for Use As:
	I.18. Identification of commodities:	
	No.: Species Breed Age	Sex Identification No. Identification Quantity System
		Total:

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		II.a. Certificate Reference Number :	
	II. The undersigned Official Veterinarian certifies that the prequirements:	products described above satisfy(ies) the following	
Part II: Zoosanitary information	 The animals are subject to one of the following requirements. (Select either one): a. The animals have been kept as pets continuously since birth OR for the past six (6) months immediately prior to export. OR b. The animals are for commercial use. The animals have been treated for external parasites (state active ingredient) not less than four (4) days and not more than fourteen (14) days prior to export The animals are healthy and free from any clinical sign of infectious or contagious disease including rabies, monkeypox, myxomatosis, tularemia, rabbit haemorrhagic disease, and yersiniosis, as well as external parasites at the time of export and deem fit to travel. The premise where the rabbits have been raised shall be no outbreaks of myxomatosis and tularemia for 12 months prior to the shipment. The premises where the rabbits have been raised shall be no outbreaks of the Rabbit Haemorrhagic disease for 60 days prior to the shipment. If rabies vaccinated, state the name of vaccine and date of injection. (If applicable): Name of vaccine (product): Date of administration/injection (duration of immunity): 		
	Issued at: DEPARTMENT OF VETERINARY SERVICES MALAYSIA, <dvs branch="" state=""></dvs>		
	Name of Official Veterinarian:		
	Official position:	Official Stamp:	
	Date:		
	Signature:		