



## OFFICIAL VETERINARIAN DECLARATION (OVD)

For  
Rabies Vaccination and Rabies Titre Test

Name of registered veterinarian \_\_\_\_\_

Name of veterinary practice \_\_\_\_\_

Address of veterinary practice \_\_\_\_\_

I declare that I have sighted the rabies vaccination certificate(s) and the rabies neutralising antibody titration test (RNATT) report, and confirm the information below is accurate to my knowledge:

Signature of **registered veterinarian\*** \_\_\_\_\_ Date Signed \_\_\_\_\_ (Day/Month/Year)

Signature of **official veterinarian\*** \_\_\_\_\_ Date Signed \_\_\_\_\_ (Day/Month/Year)



What information is required	Details of information required (complete this section)
The laboratory reporting the RNATT is government-approved laboratory <i>Check with the Competent Authority in the country of export</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the government approved laboratory	_____
Microchip number(s) as stated on the RNATT report <i>Check that this number is the same as the one on the vaccination booklet/certificate for the cat or dog</i>	E.G XXX XXX XXX XXX XXX
I have verified the microchip was <b>implanted</b> (and scanned) <b>or</b> just <b>scanned</b> (if implantation date unknown) prior to the rabies vaccination(s) and blood sampling <i>Ensure that the implantation/scanning date was prior to the relevant rabies vaccination dates, and the blood sampling date for the rabies titration test.</i>	<input type="checkbox"/> Implant date <b>or</b> <input type="checkbox"/> Scan date  ..... (Day/Month/Year)
Blood sample for RNATT was drawn on the following date	/ / 20 (Day/Month/Year)
The RNATT result stated on the report is in international units	xxx.xx IU/ML
Date of two most recent rabies vaccinations** <i>Only the primary vaccination date is required if given between 6 to 12 months prior to shipment. If there is a lapse between vaccinations then the second rabies vaccination will become primary. Entry six months after primary vaccination</i>	<b>Vaccination date:</b> / / 20 (Day/Month/year) Duration of immunity: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <b>Vaccination date:</b> / / 20 (Day/Month/year) Duration of immunity: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years

**\*VETERINARIANS**

*This form must be signed by your veterinarian, and signed and stamped by an official veterinarian.*

*An official veterinarian is a veterinarian authorised by the government authority of your country (MPI equivalent) who is able to certify that the RNATT results and vaccination(s) meet the New Zealand import requirements. Contact the appropriate government department in your country for contact details of an official veterinarian.*

**\*\*RABIES VACCINATION INFORMATION**

*The primary vaccination was given between six and twelve months prior to shipment when the cat or dog was at least 3 months old; or  
The booster vaccination was given not more than twelve months prior to shipment (as long as previous vaccination has not lapsed).*