



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), or fluorescent antibody virus neutralization (FAVN) 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)



* 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 or FAVN test 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.

What information is required	Details of information required (complete this section)																								
<p>The laboratory reporting the RNATT or FAVN test is a government-approved laboratory <i>Check with the Competent Authority in the country of export</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																								
<p>Name of the government approved laboratory _____</p>																									
<p>Microchip number(s) as stated on the RNATT or FAVN report <i>Check that this number is the same as the one on the vaccination booklet/certificate for the cat or dog</i></p>	<p>Primary microchip number <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p>Second microchip number (where applicable) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </p> </p>																								
<p>Microchip implantation date <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></p>	<ul style="list-style-type: none"> ▪ I have verified the microchip was implanted (and scanned); or ▪ I have scanned the microchip (if implantation date unknown) prior to the rabies vaccination(s) and blood sampling <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr style="background-color: #d9ead3;"> <th style="width: 33%;">Day</th> <th style="width: 33%;">Month</th> <th style="width: 33%;">Year</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Day	Month	Year																					
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<p>Date blood sample was drawn for RNATT or FAVN test. <i>This date is on the laboratory report</i></p>	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr style="background-color: #d9ead3;"> <th style="width: 33%;">Day</th> <th style="width: 33%;">Month</th> <th style="width: 33%;">Year</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Day	Month	Year																					
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<p>RNATT or FAVN test result <i>The test result as stated on the report is in international units</i></p>	<p style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / ML </p>																								
<p>Dates of the two most recent rabies vaccinations <i>The primary vaccination is given between six and twelve months prior to shipment when the cat or dog was at least 3 months old; or The booster vaccination is given not more than twelve months prior to shipment (as long as previous vaccination has not lapsed).</i></p>	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th colspan="3">Vaccination date</th> <th colspan="3">Duration of immunity (tick)</th> </tr> <tr style="background-color: #d9ead3;"> <th style="width: 16.6%;">Day</th> <th style="width: 16.6%;">Month</th> <th style="width: 16.6%;">Year</th> <th style="width: 16.6%;">1 year</th> <th style="width: 16.6%;">2 years</th> <th style="width: 16.6%;">3 years</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Vaccination date			Duration of immunity (tick)			Day	Month	Year	1 year	2 years	3 years												
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