

Non-livestock Chargeable Hours - Record Sheet

Export permit number:	322-002945	Departure date:	7/12/2022
Exporter name:	s 47F(1) c/os 47G(1)	Exporter reference:	
Country destination:	CHINA	Total number of animals:	1
		Species:	DOG

	Details of time spent on consignment						
Date	Start	Finish	Time (mins)	No. of units	Fee type (See table below)	Details	
1/12/2022				1	NOI - Non-Vet	NOI assessment and approval	s. 22(1)(a)(ii)
5/12/22	8:40	2:45	15			DOCS Assessment - EPHC vetarrement	s. 22(1)(a)(ii)

Activity	Total units	ELSA code	Activity	Total units	ELSA code
Export Permit	1	SLCPNLCL2207	Inspection – Non-Vet (e.g. m/chip verification)	(9)	SLFINLNV2207
NOI Assessment – Non-Vet	1	SLFANLNV2207	Inspection – Vet		SLFINLV2207
EPHC Assessment – Vet	1	SLAEPNLV2207	Reissue (please start a new timesheet)		SLCDR2207

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Australian Government Permit to export animals

Export Control Act

Permit Number: 322-002945 Valid until: 8/12/2022

Name	s 47F(1)	C/O s 47G(1)

Address S 47G(1)

Importer details

Exporter details

Name s 47F(1) *PAX ON BOARD*

Address s 47F(1)

Country CHINA

Export details

Date of departure 7/12/2022 Destination country CHINA

Flight number/vessel CZ326 Destination port GUANGZHOU

Port of loading SYDNEY Seal number/s

Animal details

Number Kind (species) Class

1 DOG COMPANION

Additional conditions

a) It is a condition of this export permit that the animal/s to which it applies leave Australia within 72 hours after this permit is granted, unless approved otherwise.

Authorised officer	THE PERSON	Official stamp
s 22(1)(a)(ii)	s 22(1)(a)(ii)	s. 22(1)(a)(ii)
Name or authorised officer	Identity number	
s 22(1)(a)(ii)	5/12/2022	07-01-0
Signature of authorised officer	Date of issue	

LEX-30065

s. 22(1)(a)(ii)



Australian Government

Government certificate of health to accompany animals

Certificate Number: 322-002945

Export Control Act

Exporter details	
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Name

s 47F(1)

c/0 s 47G(1)

Address

s 47G(1)

Importer details

Name

s 47F(1) *PAX ON BOARD*

Address

s47F(1)

Country

CHINA

Export details

7/12/2022

Destination country

CHINA

Flight number/vessel

Date of departure

CZ326

Destination port

GUANGZHOU

Port of loading

SYDNEY

Import permit/s

Animal details

Seal number/s

Number	Species	Breed	Sex	Age	Identification	
1	DOG	GREYHOUND	М	3Y	M/CHIP:s 11C(1)(a)	

Veterinary certification

I certify that the animal/s underwent an examination or inspection on 4/12/2022 and showed no clinical signs of infectious and contagious diseases or external parasites and was/were fit to travel.

I certify that Australia is free from rabies. There has been no occurrence of rabies in Australia in the past six months. See attached Rabies Vaccination Certificate and vaccination certificate for distemper, hepatitis and parvovirus.

	Authorised officer		Official stamp
	s 22(1)(a)(ii)	s 22(1)(a)(ii)	s. 22(1)(a)(ii)
	Name of authorised officer	Identity number	
3 2	22(1)(a)(ii)	5/12/2022	
	Signature of authorised officer	Date of issue	

s. 22(1)(a)(ii)

s. 22(1)(a)(ii)

FORM 4

c)

Rabies Vaccination Certificate

Entire Desexed

1.	Ow	ner	de	tai	İs
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a)	Owner:	s 47F(1)	
b)	Address:	_5 471 (1 <i>)</i> s 47F(1)	
_		S 4/F(1)	
2. Ar	nimal details		
a)	Name:	BI	LUEY
b)	Microchip N	umber /Tattoo:	s 11C(1)(a)

d) Location of microchip Species:

Sex: f) Age/Date of Birth: g)

Scan/Implant date:

h) Breed: Colour: i)

3. Vaccination details

I the undersigned veterinarian declare that I have vaccinated the animal described above as follows:

Male

a)	Date of Vaccination:	Vaccine Label:	
b)	Name of Vaccine:	Intervet Nobivac Rabies	S
c)	Batch Number:	AS 77 AO	Nobivac® Rabies Roth/tale: A572A01
d)	Expiry Date:	12/2024	Exp./volider: 12~2024
٥)	Based on the manufacturer's recommendation,		106000
e)	booster vaccination for this animal is due on:		10/2015

4. Registered Veterinarian

a)	Name: S 4/F(1)		
b)	Veterinary Board Registration Number: S	47F(1)	
c)	Signature: S 47F(1)	s 47G(1
d)	Date: 14/10/2027	3 T/ U	

e) Address: S 47G(1)

5. Endorsement by Government Veterinarian

a)	Name: s 22(1)(a)(ii)	- 00(4)()(")
b)	Veterinary Board Registration Number 22(1)(a)(ii)	s. 22(1)(a)(ii)
c)	Authorised Officer Number: s 22(1)(a)(ii)	
d)	Date: 05 DEC 2022	
e)	s 22(1)(a)(ii)	

Notes: Sections 1 – 4 to be completed before signing by the Registered Veterinaria

Section 5 to be completed by the Government Veterinarian issuing the official Health Certificate and Export Permit

322-002945-13 Health Certificate No. 05 DEC 2022

s. 22(1)(a)(ii)

1: PALISED (S. Other Manuals

Vyr.

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Certificate of Vaccination

Owner Details

s 47F(1)

Phone:

Mobile:

Animal Details

Name: Bluev Species: Canine

Breed: Colour:

Sex: Male Desex: DOB:

28 Apr 2019

Greyhound

3 years, 6 months and 17 day Age:

Microchip: S 11C(1)(a)



2201702 10-2023

Vaccinations

Bluey was given a C5 Vaccination on 14 Oct 2022 and is due to be vaccinated again on 14 Oct 2023.

Protection after vaccination may take up to two weeks, therefore isolate Bluey during this time.

Vaccines are normally harmless, however if Bluey shows signs of illness after vaccination please contact us immediately.

s 47F(1) s 47G(1) s 47F(

Health Certificate No.

322-002945 - ...

s. 22(1)(a)(ii)

05 DEC 2022

05 DEC 7772

s 22(1)(a)(ii)

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s. 22(1)(a)(ii)

lil.

Section B: Registered veterinarian details

Given name (s)		Surname
s 47F(1)		s 47F(1)
Registration number	Veterinary clinic	
s 47F(1)	s 47G(1)	

Section C: Consignment details

Destination country	Scl	neduled date of export
CHINA	07	/12/2022
Exporter's name		
s 47G(1)		
Email address	Exp	porter's phone number
s 47F(1)	S.	47F(1)
Exporter's address		
s 47G(1)		
Suburb/Town/City	State/Territory	Postcode
s 47G(1)	s 47G(1)	s 47G(1)

Species	Breed	Sex	Age	Name and identification	Colour/markings
Example: Dog	Bull terrier	F (D)	2 yrs	"Rex", microchip number	White/black
DOG	GREYHOUND	M	3 YRS	s 11C(1)(a) BLUEY	BLUE

^{*(}D) indicates the animal is desexed

ADA095.0321 MARCH 2021



Department of Agriculture, Water and the Environment

Declaration of pre-export veterinary health and welfare inspection for live animals (other than livestock)

Section A: General information

Purpose of this form

To provide details and declaration of the health and welfare for live animals

(other than livestock) prior to export.

Before applying

See the 'Health and welfare inspection' section of www.agriculture.gov.au/export/

controlled-goods/live-animals/companion/vets/info-pack-vets-companion-animalexports-countries-other-than-nz#a webpage on the department's website for more

information about this process.

To complete this form

Electronically

You will need the latest version of Adobe Acrobat Reader to save

changes to your document.

Manually

Use black or blue pen

Print in BLOCK LETTERS

Mark boxes with a tick or a cross.

Your form must

Have all sections completed.

Submit your application

Submit your certificate through the Live Animal Export email address of the

department office in the exporting region.

ection D: Veterinary declaration	
us 47F(1)	being veterinarian registered in a state or territory of Australia, h
inspected the animal/s described above on $0.4/127$	2022 (date) at S 47G(1)
s 47G(1)	, (clinic name and address where inspection
infestation with external parasites.	from clinical signs of infectious and/or contagious diseases and free from
I am satisfied that the animals are healthy and are	
and can produce these if requested.	the department's website (Perform testing, treatments and vaccinations)
I declare that the information I have prov	ided is true and correct.
I understand that a person may commit an offence statement in an application or provides false or m the <i>Criminal Code</i> and sections 367, 368 and 369 of	e or be liable to a civil penalty if the person makes a false or misleading isleading information or documents (sections 136.1, 137.1 and 137.2 of of the Export Control Act).
Signature (enter signature or type your name)	Date (dd/mm/yyyy)
s 47F(1)	04/12/2022
Full name	Phone
s 47F(1)	s 47G(1)
s 47G(1)	
ection E: Owner/exporter decla	ration
ı, s 47F(1) <u>C/O</u> s 47G(1)	being the (tick applicable
owner	
✓ exporter	
of the animal/s described above and confirm that	the animal/s have been in Australia (tick applicable):
since birth, or	
for the whole of the previous six months,	or
since importation from	(country), months ago a
are not under any quarantine restrictions.	
Considerations	
EU & GB, Channel Islands and the Isle of 60 days cases of Hendra virus have been of	Man (cats) have not been resident on holdings where during the past confirmed.

- Korea (cats) have originated from an establishment or farm or premise where no cases of Hendra virus or Nipah virus have occurred during the last 60 days.
- Malaysia (dogs/cats) have originated from an establishment or farm or premise where no cases of Hendra virus have occurred during the last 6 months.

- New Caledonia (cats) there has been no cases of Hendra virus during the last 60 days on the property where the cats
 have been held prior to export.
- Sri Lanka (dogs/cats) the animal was not in contact with animals showing clinical signs of any infectious or contagious
 disease including filariasis and leptospirosis for cats/dogs and distemper, infectious hepatitis, parvovirus and
 dermatomyocosis for dogs for a period of three months immediately prior to export.
- South Africa (dogs) will be shipped in containers which conform to IATA regulations, which will be either new or
 suitably disinfected and fumigated before loading and are of such a nature that contact with other animals of a lesser
 health status, en route, is prevented. I have informed the owner/person in custody that treatment for dirofilarial must
 continue for 6 months after arrival in South Africa and I confirm that this person has sufficient amounts of the drugs
 used in possession to carry out the required therapy.
- South Africa (cats) will be shipped in containers which conform to IATA regulations, which will be either new or
 suitably disinfected and fumigated before loading and are of such a nature that contact with other animals of a lesser
 health status, en route, is prevented.
- UAE (dogs/cats) the animal was placed in a crate that was cleaned and disinfected before use and complies with the IATA regulations.

I declare that the information I have provided is true and correct.

I understand that a person may commit an offence or be liable to a civil penalty if the person makes a false or misleading statement in an application or provides false or misleading information or documents (sections 136.1, 137.1 and 137.2 of the Criminal Code and sections 367, 368 and 369 of the Export Control Act).

Signature (enter sign	nature or type your name)	Date (dd/mm/yyyy)
s 47F(1)	c/os 47G(1)	04/12/2022
Full name S 47F(1)		
Addre ss S 47G(1)		Phone s. 47F(1)
Email S 47F(1)		

Section F: Privacy notice

'Personal information' means any information or opinion about an identified, or reasonably identifiable, individual.

'Sensitive personal information' is a subset of personal information and means any information or opinion about an individual's racial or ethnic origin, political opinion or association, religious beliefs or affiliations, philosophical beliefs, sexual preferences or practices, trade or professional associations and memberships, union membership, criminal record, health or genetic information and biometric information or templates.

The Department of Agriculture, Water and the Environment collects your personal information (as defined in the *Privacy Act* 1988) for the purpose of assessing this declaration. If you fail to provide some or all of your personal information, we will not be able to process this form.

The department may disclose your personal information to relevant authorities provided the disclosure is consistent with the Privacy Act and other relevant laws.

See the department's <u>Privacy Policy</u> to learn more about accessing or correcting personal information or making a complaint. Alternatively, telephone the department on +61 2 6272 3933.





Australian Government

Department of Agriculture, Water and the Environment

Notice of Intention to Export Live Animals (other than Livestock)

Official form approved under section 65, 239 and 243 of the Export Control Act 2020

C			:£	
Section	A :	General	Intor	mation

To provide a notice of intention to export live animal/s other than livestock, and to apply for an export permit and a health certificate for the export of live animal/s other than livestock.

Before applying

See the Companion Animals webpage on the department's website and the 'Helpful information for completing this application' located in Section L of this application.

To complete this form

Electronically

You will need the latest version of Adobe Acrobat Reader to save

changes to your document.

Manually

Use black or blue pen Print in BLOCK LETTERS

Mark boxes with a tick or a cross.

Processing fee

Application fees will apply – charging guidelines are available on

the department's website.

Your form must include

Have all sections completed.

Submit your application

Submit your certificate through the <u>Live Animal Export email address</u> of the Department office in your region.

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Section B: Exporter's details

1 Applicant details

s 47F(1)	s 47F(1)	
ame		
(1)	·	
vn/city	State/Territory	Postcode
(1)	s 47G(1)	s 47G(1)
ber Email		
(1) s 47F(1)		
business details		N
business details (1) Business Number (ABN) (1)	State/Territory	Doctordo
business details (1) Business Number (ABN) (1)	State/Territory s 47G(1)	Postcode s 47G(1)
	7G(1) (1) vn/city (1) uber Email	ame 7G(1) (1) vn/city (1) State/Territory s 47G(1) sber Email

Section C: Importer details

3 Importer

Title	Given name (s)	Family name
	s 47F(1)	s 47F(1)
Compan	y name	
PAX (ON BOARD	
Address	1	
s 47F	(1)	
Address	2	
Country		Discharge port
CHINA	A	GUANGZHOU BAIYUN INTERNATIONAL AIRPO

Title Given name (s)			Family name			
	s 47F(1)		s 47F(1)			
Phone	Ema	il				
s 47F(1	1) s 4	7F(1)				
ction D	: Description of	live animai/s				
Details of	f material being exporte	ed				
		Class (companion,				
Quantity	Species (please include breed)	competition, breeder)	Identification (microchip, name colour etc.)	Sex	Age	
1	DOG/GREYHOUND	COMPANION	MC:s 11C(1)(a)	M	3 YEAR	
			NAME: BLUEY			
			COLOR: BLUE			
ction E	: Transport deta	ils				
ction E	: Transport deta	ils				
Departur	e details		Departure date E	stimated arri	val date	
Departure	e details			stimated arri 7/12/2022	val date	
Departure Departure SYDNEY	e details port INTERNATIONAL AI	RPORT			val date	
Departure Departure SYDNEY	e details	RPORT			val date	
Departure SYDNEY Will the a	e details port INTERNATIONAL AI animal/s be traveling by	RPORT			val date	
Departure SYDNEY Will the a	e details port INTERNATIONAL AI animal/s be traveling by (go to question 8)	RPORT			val date	
Departure SYDNEY Will the a	e details port INTERNATIONAL AI animal/s be traveling by	RPORT			val date	
Departure SYDNEY Will the a	port INTERNATIONAL AI animal/s be traveling by (go to question 8)	RPORT			val date	
Departure SYDNEY Will the a Sea Air (e details port INTERNATIONAL AI animal/s be traveling by (go to question 8) (go to question 9) port details	RPORT	07/12/2022		val date	
Departure SYDNEY Will the a	e details port INTERNATIONAL AI animal/s be traveling by (go to question 8) (go to question 9) port details	RPORT (07/12/2022		val date	
Departure SYDNEY Will the a Sea Air (Sea trans Voyage nur	port INTERNATIONAL AI animal/s be traveling by (go to question 8) (go to question 9) port details mber	RPORT / sea or air? Vessel nar	07/12/2022		val date	
Departure SYDNEY Will the a Sea Air (Sea trans Voyage nur	e details port INTERNATIONAL AI animal/s be traveling by (go to question 8) (go to question 9) port details	RPORT / sea or air? Vessel nar	07/12/2022		val date	
Departure SYDNEY Will the a Sea Air (Sea trans Voyage nur Route (include)	port INTERNATIONAL AI animal/s be traveling by (go to question 8) (go to question 9) port details mber	RPORT / sea or air? Vessel nar	07/12/2022		val date	
Departure SYDNEY Will the a Sea Air (Sea trans Voyage nur Route (include)	e details port INTERNATIONAL AI animal/s be traveling by (go to question 8) (go to question 9) port details mber uding transit/tranship stops)	RPORT / sea or air? Vessel nar	07/12/2022 me		val date	
Departure SYDNEY Will the a Sea Air (Sea trans Voyage nur Route (include)	e details port INTERNATIONAL AI animal/s be traveling by (go to question 8) (go to question 9) port details mber uding transit/tranship stops)	RPORT / sea or air? Vessel nar	ne e time		val date	
Departure SYDNEY Will the a Sea Air (Sea trans Voyage nur Route (included) Air transp Flight num CZ326	e details port INTERNATIONAL AI animal/s be traveling by (go to question 8) (go to question 9) port details mber uding transit/tranship stops) port details ber	RPORT / sea or air? Vessel nar Departure 10:00 A	ne e time		val date	
Departure SYDNEY Will the a Sea Air (Sea trans Voyage nur Route (incl Air transp Flight num CZ326 Route (incl	e details port INTERNATIONAL AI animal/s be traveling by (go to question 8) (go to question 9) port details mber uding transit/tranship stops)	RPORT / sea or air? Vessel nar Departure 10:00 A	ne e time		val date	

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		collection and export	
Title Given name (s s. 47F(1) s 47F(1)		Family name s 47F(1)	
N			
Practice name S 47G(1)			
Address			
s 47G(1)			
Suburb/town/city		State/Territory Postcode	
s 47G(1)		s 47G(1) s 47G(1)	
Phone number	Email		
s 47G(1)	s 47G(1)		
Registration number	Veterinaria	an clinic	
s 47G(1)	s 47G((1)	
Qualification	, III		
s. 47F(1)			
Proposed appointment			
date with the department		final health inspection	
05/12/2022	04/12/2022		
ection G: Pre-exp	oort isolation		
Yes (go to question No (go to question Isolation/establishme	quire pre-export isola 12) 13)	ation? Expected departure date	
Yes (go to question No (go to question Isolation/establishme Expected arrival date	quire pre-export isola 12) 13) ent details	Expected departure date	
Yes (go to question No (go to question Isolation/establishme	quire pre-export isola 12) 13) ent details		
Yes (go to question No (go to question Isolation/establishme Expected arrival date Title Given name (s	quire pre-export isola 12) 13) ent details	Expected departure date	
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Yes (go to question No (go to question Isolation/establishme Expected arrival date Title Given name (see the second s	quire pre-export isola 12) 13) ent details	Expected departure date Family name	

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Section H: Preparation for export

13	Whe	re were the importing country conditions sourced from?	
	•	MICoR	
2		Import permit	
		Other (please specify)	
		If the importing country requirements have been sourced from the import permit a certiful Authority for Translators and Interpreters (NAATI) translated copy in English must be attached Copy of the import permit or	
		importing country requirements is attached (if required)	
14	As p	art of the preparation for export, I declare:	
		Animal/s will be tested, treated, and inspected according to importing country requirem	ents
		Testing and treatment schedule is attached (if applicable)	
Se	ctio	n J: Applicant declaration	
		pleted by the individual listed in Section B.	
	I decla	re that I have authority to make this declaration for and on behalf of the applicant.	
	I decla	re that the information I have provided is true and correct.	
	staten	rstand that a person may commit an offence or be liable to a civil penalty if the person material in an application or provides false or misleading information or documents (sections all Code and sections 367, 368 and 369 of the Export Control Act).	
	practio	rstand that under section 66, section 240 and section 244 of the Export Control Act, I am lable, provide the department with additional or corrected information, if I become award plication changes, is incomplete or incorrect.	
	Signat	ure (enter signature or type your name)	Date (dd/mm/yyyy)
	 s 47 	F(1) C/Os 47G(1)	01/11/2022
	Full na	me	
;	s 47F	(1)	

Section K: Privacy notice

'Personal information' means any information or opinion about an identified, or reasonably identifiable, individual.

'Sensitive personal information' is a subset of personal information and means any information or opinion about an individual's racial or ethnic origin, political opinion or association, religious beliefs or affiliations, philosophical beliefs, sexual preferences or practices, trade or professional associations and memberships, union membership, criminal record, health or genetic information and biometric information or templates.

The Department of Agriculture, Water and the Environment collects your personal information (as defined in the *Privacy Act 1988*) in relation to this form for the purposes of assessing your application. The department is authorised under the *Export Control Act 2020* to assess your application and related purposes. If you fail to provide some or all of your personal information, we will not be able to process your application.

The department may disclose your personal information to relevant authorities in an importing country and other Australian agencies where necessary for these purposes, provided the disclosure is consistent with the *Privacy Act 1988* and other relevant laws. Your personal information may also be disclosed to relevant employees within your organisation for the purpose of approving your licence and to maintain the currency of your personal information for the purpose of the licence. Your personal information will be used and stored in accordance with the Australian Privacy Principles.

By completing and submitting this form you consent to the collection, use and disclosure of all personal information, including sensitive information, in this form to the relevant authorities in the importing country.

The department has not taken steps to ensure that the relevant authorities in the importing country do not breach the Australian Privacy Principles. This means that:

- relevant authorities in the importing country may not be accountable under the Privacy Act
- you may not be able to seek redress under the Privacy Act
- you may not be able to seek redress in the overseas jurisdiction.

Relevant authorities in the importing country may not be subject to any privacy obligations or to any principles similar to the Australian Privacy Principles.

See the department's Privacy Policy to learn more about accessing or correcting personal information or making a complaint. Alternatively, telephone the department on +61 2 6272 3933.

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Section L: How to complete this form

Exporter details

The Notice of Intention (NOI) must provide the department with details of the person exporting the animal reproductive material.

We also ask that you provide details of the person that the department can contact regarding the export.

Importer details

The importer details are required on the Certificate of Health which will accompany the animal reproductive material, please ensure these are correct.

Description of live animal/s

Example of a completed table.

Quantity	Species (please include breed)	Class (companion, competition, breeder)	Identification (microchip, name, colour etc.)	Sex	Age
1	Dog/German Shepherd	Companion	MC: 900 100 200 300 Colour: Brown Name: Jack	M (D)	3 yrs
1	Quarter Horse	Competition	Branding: RL BAY Marking: White Blaze	Gelding	5 yrs
1	Cat/Ragdoll	Companion	MC 900 400 500 600 Colour: Grey/White Name: Gizmo	F (D)	12 yrs

(D) indicates that the animal is de-sexed.

Transport details

Port of departure: the airport or seaport from the animal/s departing Australia.

Transport method: how the animal will be leaving Australia.

Route including transit/tranship ports: list all the departure, transit, tranship and arrival ports.

Description of travel arrangements: transport container details, dimensions, construction material and arrangements for feed and water during the journey. For more information, please visit the International Air Transport Association website.

Veterinarian details

Please provide the name and address of the veterinarian who will be preparing the animal/s for export.

Pre-export isolation (if applicable)

If the importing country requires isolation or quarantine, please provide details of the premises where the animal/s will be held prior to export as inspection may be required.

The NOI is the application for approval of your nominated isolation premises for the period of the preparation for your animal/s. All requirements for pre-export approval must be met in accordance with the NOI.

Preparation for export

Please provide the relevant import permit, relevant health certificate/s and all supporting documents that meet the importing country requirements.

Department approval

On receipt of your NOI the department will review the information and may request additional information. If satisfied with the NOI the department will provide you with an approval to prepare the animal/s for export in accordance with the information provided. The department will also confirm an appointment time.

SAVE

PRINT

CLEAR

SUBMIT

LEX-30065

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Non-livestock

Chargeable Hours - Record Sheet

Export permit number:	s 22(1)(a)(ii)	323-000279	Departure date:	s 22(1)(a)(ii) \(\(\)\/0	1/2023
Exporter name:	s 22(1)(a)(ii)	s 47G(1)	Exporter reference:	s 22(1)(a)(ii)	
Country destination:	s 22(1)(a)(ii)	China	Total number of animals:	s 22(1)(a)(ii)	·
			Species:	s 22(1)(a)(ii)	004

	Details of time spent on consignment						
Date	Start	Finish	Time (mins)	No. of units	Fee type (See table below)	Details	Initial
16/01/2023				1	NOI - Non-Vet	NOI assessment and approval	s. 22(1)(a)(ii)
16/01/23	11.50	11158	8		EPHC -vet	Docs arresport	s. 22(1)(a)(ii)
						Sec.	
					24		
7							
						i'	

Activity	Total units	ELSA code	Activity	Total units	ELSA code
Export Permit	1	SLCPNLCL2207	Inspection – Non-Vet (e.g. m/chip verification)		SLFINLNV2207
NOI Assessment – Non-Vet		SLFANLNV2207	Inspection – Vet		SLFINLV2207
EPHC Assessment – Vet	= (SLAEPNLV2207	Reissue (please start a new timesheet)		SLCDR2207

Number: 323-000279 Valid until: 19/01/2023



Australian Government

Permit to export animals

Export Control Act

Exporter details

Address s 47G(1)

Name

Importer details

s 47F(1) C/O s 47G(1)

Name s 47F(1) *PAX ON BOARD*

Address S 47F(1)

Country CHINA

Export details

Date of departure 18/01/2023 Destination country CHINA

Flight number/vessel CZ326 Destination port GUANGZHOU

Port of loading SYDNEY Seal number/s

Animal details

Number Kind (species) Class

1 DOG COMPANION

Additional conditions

a) It is a condition of this export permit that the animal/s to which it applies leave Australia within 72 hours after this permit is granted, unless approved otherwise.

S 22(1)(a)(ii)

S 22(1)(a)(ii)

S 22(1)(a)(ii)

S 22(1)(a)(ii)

Name of authorised officer

S 22(1)(a)(ii)

16/01/2023

Signature of authorised officer

Date of issue

Certificate



Number: 323-000279

Page 1 of 7

Australian Government

Government certificate of health to accompany animals 22(1)(a)(ii)

Export Control Act

Exporter details

Name s 47F(1) C/O s 47G(1)

Address S 47G(1)

Importer details

Name

s 47F(1)

PAX ON BOARD

Address

s 47F(1)

Country

CHINA

Export details

Date of departure

18/01/2023

Destination country

CHINA

Flight number/vessel

CZ326

Destination port

GUANGZHOU

Port of loading

SYDNEY

Import permit/s

Seal number/s

Animal details

Number	Species	Breed	Sex	Age	Identification	
1	DOG	GREYHOUND	M	4Y	M/CHIP:s 11C(1)(a)	

Veterinary certification

I certify that the animal/s underwent an examination or inspection on 15/01/2023 and showed no clinical signs of infectious and contagious diseases or external parasites and was/were fit to travel.

I certify that Australia is free from rabies. There has been no occurrence of rabies in Australia in the past six months. See attached Rabies Vaccination Certificate and vaccination certificate for distemper, hepatitis and parvovirus.

Authorised officer S 22(1)(a)(ii) Signature of authorised officer Date of issue

s 47G(1)

s 47F(1)

Vaccination Certificate

This is to certify that, "Pp" Long, a Canine, Greyhound Gender: Male

Age: 4 years 6 months 15 days Date of Birth: 01-06-2018

Colour: Black & White

Microchip number: s 11C(1)(a)

received the following vaccination(s) on 16-12-2022:

Boehringer-Ingelheim Duramune C3 (3 yr) on 16-12-2022

Batch: 5262002 Expiry: 26/10/23

Boehringer-Ingelheim Bronchi-Shield KC Intranasal (1yr) on 16-12-2022

Batch: 5267013B Expiry: 20/01/24

the named animal.

The following member of staff verifies that s 47G(1)

administered the above vaccination to

s 47F(1)

Veterinarian:

Date of Certificate: 16-12-2022

s 47G(1)

s. 22(1)(a)(ii)

16 JAN 2023

Health Certificate No. 323 - 000279

Page 7 of 3

s 22(1)(a)(ii

s 22(1)(a)(ii)

उ 47G(1)

s 47G(1)

FORM 4

Rabies Vaccination Certificate

		Vanies Apreniation					
1. Ow	ner details						
a)	Owner: s 47F(1)					
b)	Address: s 47F(1)	s 47F(1)					
	imal details						
a)	Name:	PP 140(4)()					
b)	Microchip Number /Te	s 11C(1)(a)					
c)	Scan/Implant date:	BETWEEN THE SHOULDER BLADES					
d)	Location of microchip						
e)	Species:	CANINE Canala Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male					
f)	Sex:) Felliale 77 (viale					
g)	Age/Date of Birth:	01/06/2018					
h)	Breed:	GREYHOUND					
i)	Colour:	BLACK AND WHITE					
3. Va	ccination details	to and the animal described above as follows:					
I the	undersigned veterinari	ian declare that I have vaccinated the animal described above as follows: Vaccine Label:					
a)	Date of Vaccination:	16/12/2022					
b)	Name of Vaccine:	Intervet Nobivac Rabies A5 8 6 B O 2 Mobivac Rabies Mathematical Rabies Mobivac Rabies Mobivac Rabies					
c)	Batch Number:	09/2025 top/halm 09-2025					
d)	Expiry Date:	f. Non					
e)	booster vaccination	for this animal is due on:					
4. Re	gistered Veterinarian						
a)	Name: S 47F(1	1) 475(4)					
b)	Veterinary Board Re	Veterinary Board Registration Number: S 47F(1)					
c)	Signature: S 47F(1)						
d)	Date: 16 / 12	1/2022					
e)	Address: S 47G						
5. En	dorsement by Govern	ment Veterinarian s_{ti} S. $22(1)(a)(ii)$					
a)	Name: S 22(1)	(a)(II)					
b)	Veterinary Board Re	egistration Number: s 22(1)(a)(ii)					
c)	Authorised Officer N						
d)	Date: 16 JAN	2023					
e)	Signatu S 22(1)	6 ()()/4 \/6 \/\					

Notes: Sections 1 – 4 to be completed before signing by the Registered Veterinarian administering the vaccine.

Section 5 to be completed by the Government Veterinarian issuing the official Health Certificate and Export Permit

Health Certificate No. 323 - 000279

Section B: Registered veterinarian details

Given name (s)		Surname		
s 47F(1)		s 47F(1)		
Registration number	Veterinary clinic			
s 47F(1)	s 47G(1)			

Section C: Consignment details

Destination country	Sche	eduled date of export
CHINA	18/	01/2023
Exporter's name		
s 47G(1)		Y .
Email address	Ехро	orter's phone number
s 47F(1)	S.	47F(1)
Exporter's address S 47G(1)		· /
Suburb/Town/City	State/Territory	Postcode
s 47G(1)	s 47G(1)	s 47G(1)

Species	Breed	Sex	Age	Name and identification	Colour/markings
Example: Dog	Bull terrier	F (D)	2 yrs	"Rex", microchip number	White/black
DOG	GREYHOUND	М	4 YRS	s 11C(1)(a)	BLACK & WHITE

^{*(}D) indicates the animal is desexed

Section D: Veterinary declaration		
ı,s 47F(1)	being veterinarian registered in	a state or territory of Australia, ha
inspected the animal/s described above on $\frac{15/01/2023}{}$	_ (date) at S 47G(1)	
s 47G(1) was conducted) and found the animal/s to be free from cli infestation with external parasites.		ne and address where inspection contagious diseases and free from
I am satisfied that the animals are healthy and are fit to tra	vel.	
I have maintained relevant records as outlined on the department of the department o	rtment's website (<u>Perform test</u>	ing, treatments and vaccinations)
I declare that the information I have provided is t	ue and correct.	
I understand that a person may commit an offence or be li statement in an application or provides false or misleading the <i>Criminal Code</i> and sections 367, 368 and 369 of the Ex	information or documents (see	
Signature (enter signature or type your name)		Date (dd/mm/yyyy)
s 47F(1)		15/01/2023
Full name		Phone
s 47F(1)		s. 47G(1)
Email		
s 47G(1)		
ection E: Owner/exporter declaration	1	
ı, s 47F(1) <u>C/O</u> s 47G(1)		being the (tick applicable)
owner		
✓ exporter		
of the animal/s described above and confirm that the anim	al/s have been in Australia (ticl	c applicable):
✓ since birth, or		
for the whole of the previous six months, or		
since importation from	(country),	months ago an

Considerations

- EU & GB, Channel Islands and the Isle of Man (cats) have not been resident on holdings where during the past 60 days cases of Hendra virus have been confirmed.
- Korea (cats) have originated from an establishment or farm or premise where no cases of Hendra virus or Nipah virus have occurred during the last 60 days.
- Malaysia (dogs/cats) have originated from an establishment or farm or premise where no cases of Hendra virus have occurred during the last 6 months.

323 - 0 0 0 0 0 8 0 3

Health Certificate No. Page 3 of 3 s 22(1)(a)(ii) s. 22(1)(a)(ii) FORM 4 **Rabies Vaccination Certificate** 1. Owner details Owner: s 47F(1) b) Address: 2. Animal details PP a) Name: Microchip Number / Fattoo: s 11C(1)(a) 16/12/2022 c) Scan/Implant date: BETWEEN THE SHOULDER BLADES d) Location of microchip CANINE e) Species: Sex: f) Female K Male XEntire | Desexed g) Age/Date of Birth: 01/06/2018 GREYHOUND h) Breed: Colour: BLACK AND WHITE iì 3. Vaccination details I the undersigned veterinarian declare that I have vaccinated the animal described above as follows: 16/12/2022 Date of Vaccination: Vaccine Label: Name of Vaccine: b) Intervet Nobivac Rabies A586B02 Batch Number: c) A586802 09-2025 d) **Expiry Date:** 09/2025 Based on the manufacturer's recommendation. e) 16/12/2025 booster vaccination for this animal is due on: 4. Registered Veterinarian a) Name: s 47F(1) **b**) Veterinary Board Registration Number: s 47F(1) c) d) Date: 16/11/2022 e) Address: 5. Endorsement by Government Veterinarian a) Name: s 22(1)(a)(ii) Stamp: JAN GOVE Veterinary Board Registration Number: s 22(1)(a)(ii) s. 22(1)(a)(ii) b) **Authorised Officer Number:** s 22(1)(a)(ii) c) Date: 03 JAN 2023 d) s 22(1)(a)(ii) | Signature:

Notes: Sections 1 – 4 to be completed before signing by the Registered Vetermanian administering the vaccine.

Section 5 to be completed by the Government Veterinarian issuing the official Health Certificate and Export Permit

s 47G(1)

Health Certificate No.

323 - 000080

Page 2 of 3

03 JAN 2023

s 22(1)(a)(ii) s. 22(1)(a)(ii)

s 47F(1)

Vaccination Certificate

This is to certify that, "Pp" Long, a Canine, Greyhound Gender: Male Age: 4 years 6 months 15 days Date of Birth: 01-06-2018

Microchip number: s 11C(1)(a)

received the following vaccination(s) on 16-12-2022:

Boehringer-Ingelheim Duramune C3 (3 yr) on 16-12-2022

Colour: Black & White

Batch: 5262002 Expiry: 26/10/23

Boehringer-Ingelheim Bronchi-Shield KC Intranasal (1yr) on 16-12-2022

Batch: 5267013B Expiry: 20/01/24

the named animal.

The following member of staff verifies that $S_{47G(1)}$

administered the above vaccination to

s 47F(1)

Veterinarian:

Date of Certificate: 16-12-2022

s47G(1)



s 47G(1)

s 47G(1)

Section B: Exporter's details

Applicant details

Title	Given name s 47F(1)		s 47F(1)	
Compan C/O S	y name 47G(1)			
Address s 47G				
Suburb/1	town/city		State/Territory	Postcode
s 470	G(1)		s 47G(1)	s 47G(1)
Phone n	umber	Email		
s. 47F	F(1)	s 47F(1)		

2

```
Registered business details
s 47G(1)
Australian Business Number (ABN)
s 47G(1)
Address
s 47G(1)
                                                       State/Territory
Suburb/town/city
                                                                              Postcode
                                                       s 47G(1)
                                                                             s 47G(1)
s 47G(1)
                                                       Mobile
 Work phone (include area code)
                                                       s. 47F(1)
s 47F(1)
```

Section C: Importer details

Importer

	ven name (s) 47F(1)	Family name S 47F(1)
Company name	2	
PAX ON BO	OARD	
Address 1 S 47F(1)		
Address 2		
Country		Discharge port
CHINA		GUANGZHOU BAIYUN INTERNATIONAL AIRPOI

4	Name	of the	person	receiving	the	consignment
---	------	--------	--------	-----------	-----	-------------

Title	Given name (s)	Family name
	s 47F(1)	s 47F(1)
Phone	Email	
s 47F(1	s 47F(1)

Section D: Description of live animal/s

5 Details of material being exported

Quantity	Species (please include breed)	Class (companion, competition, breeder)	Identification (microchip, name, colour etc.)	Sex	Age
1	DOG/GREYHOUND	COMPANION	MC:s 11C(1)(a)	M	4 YEARS
			NAME: PP		
			COLOR: BLACK AND WHITE		

Please	Please use the box provided below if your animal/s details cannot match the format above.							

Section E: Transport details

6 Departure details

		*
SYDNEY INTERNATIONAL AIRPORT	18/01/2023	18/01/2023
Departure port	Departure date	Estimated arrival date

7 Will the animal/s be traveling by sea or air?

Sea (go to question 8)
Air (go to question 9)

8 Sea transport details

Voyage number	Vessel name	·
Route (including transit/tranship s	tops)	

9 Air transport details

Flight number	Departure time
CZ326	10:00 AM

Route (including transit/tranship stops)

SYDNEY-GUANGZHOU

) Detail									
	ls of the veterina	rian assisting with							
Title	Given name (s)		E E	nily name					
	(1) s 47F(1)		S 4	17F(1)					
	e name G(1)	_							
	Address S 47G(1)								
	/town/city			State/Territory	Postcode				
	'G(1)			s 47G(1)	s 47G(1)				
	number	Email							
s 470	G(1)	s 47G(1)							
Registr S 47	ation number F(1)	Veterina S 470	arian clinic G(1)						
Qualific	cation	10.0							
s. 47	F(1)								
	date with the department 16/01/2023 Scheduled date of final health inspection 15/01/2023								
ection	G: Pre-exp	ort isolation							
	G: Pre-expour animal/s req								
L Will y		uire pre-export is							
L Will y	our animal/s requestion 1	uire pre-export is							
L Will y	our animal/s req	uire pre-export is							
L Will y	our animal/s requestion 1	uire pre-export is 2) 3)							
Will y	our animal/s requestion 1	uire pre-export is 2) 3)		ture date					
Will y	our animal/s requestion 1 No (go to question 1 ion/establishmer	uire pre-export is 2) 3)	Expected depar						
Will y	our animal/s requestion 1 No (go to question 1 ion/establishmer	uire pre-export is 2) 3)	Expected depar	ture date nily name					
2 Isolati Expecte	our animal/s requires (go to question 1) No (go to question 1) ion/establishmer ed arrival date	uire pre-export is 2) 3)	Expected depar						
2 Isolati Expecte	our animal/s requires (go to question 1) No (go to question 1) ion/establishmer ed arrival date Given name (s)	uire pre-export is 2) 3)	Expected depar						
2 Isolati Expecte	our animal/s requires (go to question 1) No (go to question 1) ion/establishmer ed arrival date Given name (s)	uire pre-export is 2) 3)	Expected depar		Phone				
L Will y Isolati Expecte Title Establis	our animal/s requires (go to question 1) No (go to question 1) ion/establishmer ed arrival date Given name (s)	uire pre-export is 2) 3)	Expected depar		Phone				
L Will y Isolati Expecte Title Establis	Yes (go to question 1 No (go to question 1 No (go to question 1 ion/establishmer ed arrival date Given name (s) shment name	uire pre-export is 2) 3)	Expected depar		Phone				
Z Isolati Expecto Title Establis Email	Yes (go to question 1 No (go to question 1 No (go to question 1 ion/establishmer ed arrival date Given name (s) shment name	uire pre-export is 2) 3)	Expected depar		Phone				

Section H: Preparation for export

13	Where were the importing country conditions sourced from?	
	MICOR	
	Import permit	
	Other (please specify)	
	If the importing country requirements have been sourced from the import permit a Authority for Translators and Interpreters (NAATI) translated copy in English must be	certified National Accreditation attached with your application.
	A certified NAATI (level 2/3) translated copy of the import permit or importing country requirements is attached (if required)	
14	As part of the preparation for export, I declare:	
	Animal/s will be tested, treated, and inspected according to importing country requi	rements
	Testing and treatment schedule is attached (if applicable)	
Se	ction J: Applicant declaration	
To b	e completed by the individual listed in Section B.	
	I declare that I have authority to make this declaration for and on behalf of the applicant.	
	I declare that the information I have provided is true and correct.	
	I understand that a person may commit an offence or be liable to a civil penalty if the person statement in an application or provides false or misleading information or documents (sect <i>Criminal Code</i> and sections 367, 368 and 369 of the <i>Export Control Act</i>).	ions 136.1, 137.1 and 137.2 of the
	I understand that under section 66, section 240 and section 244 of the <i>Export Control Act</i> , I practicable, provide the department with additional or corrected information, if I become a this application changes, is incomplete or incorrect.	am required to, as soon as ware that information included in
	Signature (enter signature or type your name)	Date (dd/mm/yyyy)
	s 47F(1) C/Os 47G(1)	15/12/2022
	Full name	
	s 47F(1)	

FORM 4

Rabies Vaccination Certificate

1. Owner details a) Owner: S 47F(1) b) Address: S 47F(1) c) Address: S 47F(1) a) Name: PP b) Microchip Number /Tattoe: S 11C(1)(a) c) Scan/Implant date: I6 / 12 / 20 2 2 d) Location of microchip SETIMES THE SHOULDER BLADES e) Species: CANINE f) Sex: Female K Male Kentire Desexed g) Age/Date of Birth: 01 / 06 / 20 18 h) Breed: GPEY HOUND g) Colour: BLACK AND WILLE 3. Vaccination details the undersigned veterinarian declare that I have vaccinated the animal described above as follows: a) Date of Vaccination: I6 / 12 / 20 2 2 d) Expiry Date: A5 8 6 0 2 d) Expiry Date: A5 8 7 F(1) b) Veterinary Board Registration Number: S 47F(1) c) Signature: S 47F(1) d) Date: I6 / 12 / 20 2 2 e) Address: S 47G(1) s. Endorsement by Government Veterinarian a) Name: B 47F(1) b) Veterinary Board Registration Number: C) Authorised Officer Number: c) Authorised Officer Number: c) Authorised Officer Number: d) Date: e) Signature:			1/00163	, , , , , , , , , , , , , , , , , , , ,		
b) Address: \$47F(1) 2. Animal details a) Name:	1. Ov	ner details				
b) Address: \$47F(1) 2. Animal details a) Name: PP b) Microchip Number /Tatteo: \$11C(1)(a) c) Scan/Implant date: 16/12/2022 d) Location of microchip \$657 \cdots \text{EN THE SHOULDER BLADES} e) Species: CANINE f) Sex: Female Male	a)	Owner: S 47F	(1)			
2. Animal details a) Name: PP b) Microchip Number/Tattee: \$11C(1)(a) c) Scan/Implant date: 16/12/2022 e) Species: CANINE f) Sex: Female K Male IXEntire F Desexed g) Age/Date of Birth: 01/06/2018 h) Breed: CANINE f) Sex: Female K Male IXEntire F Desexed g) Age/Date of Birth: 01/06/2018 h) Breed: CANINE f) Sex: Female K Male IXEntire F Desexed g) Age/Date of Birth: 01/06/2018 h) Breed: CANINE f) Breed: CANINE f) Breed: CANINE f) Breed: CANINE f) Sex: Female K Male IXEntire F Desexed g) Age/Date of Birth: 01/06/2018 h) Breed: CANINE f) Colour: BLACK AND WITH f) Vaccination details fthe undersigned veterinarian declare that I have vaccinated the animal described above as follows: a) Date of Vaccination: 16/12/2022 b) Name of Vaccination: 16/12/2022 c) Batch Number: A5 8 6 B 0 2 c) Batch Number: A5 8 6 B 0 2 c) Batch Number: A5 8 6 B 0 2 c) Batch Number: A5 8 6 B 0 2 c) Batch Number: A5 8 6 B 0 2 d) Expiry Date: 09/2025 c) Based on the manufacturer's recommendation, booster vaccination for this animal is due on: 4. Registered Veterinarian a) Name: S 47F(1) b) Veterinary Board Registration Number: S 47F(1) c) Signature: S 47F(1) d) Date: 16/12/2022 e) Address: S 47G(1) S 47G(1) 5. Endorsement by Government Veterinarian a) Name: b) Veterinary Board Registration Number: c) Authorised Officer Number: c) Authorised Officer Number: d) Date: e) Signature:	b)		· /	S	47F(1)	
a) Name: PP b) Microchip Number / Tattoo: S 11C(1)(a) c) Scan/Implant date: 16/12/2022 d) Location of microchip BETWEEN THE SHOULDER BLADES e) Species: CANINE f) Sex: Female Male Entire Desexed g) Age/Date of Birth: 01/06/2018 h) Breed: CAREY HOUND ij Colour: BLACE AND LICHTE 3. Vaccination details ithe undersigned veterinarian declare that I have vaccinated the animal described above as follows: a) Date of Vaccination: 16/12/2022 b) Name of Vaccination: 16/12/2022 d) Expiry Date: 09/2025 e) Based on the manufacturer's recommendation, booster vaccination for this animal is due on: 4. Registered Veterinarian a) Name: S 47F(1) b) Veterinary Board Registration Number: S 47F(1) c) Signature: S 47G(1) s. Endorsement by Government Veterinarian a) Name: S 47G(1) s. Endorsement by Government Veterinarian a) Name: Other in the sum of the sum o						
b) Microchip Number/Tattoe: \$11C(1)(a) c) Scan/Implant date: 16/12/2022 d) Location of microchip		Name:	W .			
c) Scan/Implant date: d) Location of microchip BETWEEN THE SHOULDER BLADES e) Species: CANTINE f) Sex: Female Male Xentire Desexed g) Age/Date of Birth: 01/06/2018 h) Breed: GPEY HOUND i) Colour: BLACE AND WEITE 3. Vaccination details the undersigned veterinarian declare that I have vaccinated the animal described above as follows: the undersigned veterinarian declare that I have vaccinated the animal described above as follows: a) Date of Vaccine: Intervet Nobivac Rabies c) Batch Number: A5 8 6 8 0 2 d) Expiry Date: O 9 / 2025 e) Based on the manufacturer's recommendation, booster vaccination for this animal is due on: 4. Registered Veterinarian a) Name: S 47F(1) b) Veterinary Board Registration Number: S 47F(1) c) Signature: S 47G(1)		Microchip Number /Te	attoe: S 1	1C(1)(a)		
e) Species: CANINE f) Sex: Female K Male K Entire Desexed g) Age/Date of Birth: 01/06/2018 h) Breed: GPEYHOUND i) Colour: BLACK AND WENTE 3. Vaccination details It the undersigned veterinarian declare that I have vaccinated the animal described above as follows: a) Date of Vaccine: Intervet Nobivac Rabies b) Name of Vaccine: Intervet Nobivac Rabies c) Batch Number: A586B02 d) Expiry Date: 09/2025 Based on the manufacturer's recommendation, booster vaccination for this animal is due on: 4. Registered Veterinarian a) Name: S47F(1) b) Veterinary Board Registration Number: S47F(1) c) Signature: S47G(1) 5. Endorsement by Government Veterinarian a) Name: b) Veterinary Board Registration Number: c) Authorised Officer Number: d) Date: e) Signature: Stamp:	_		1 16/	(1) / 2/22 2	DIBOES	
f) Sex: Female Male X Entire Desexed g) Age/Date of Birth: 01/06/20 8 h) Breed: 9k 1/06 20 8 g) Colour: 9k Ack And well TE 3. Vaccination details Ithe undersigned veterinarian declare that I have vaccinated the animal described above as follows: a) Date of Vaccination: 16/12/2022 b) Name of Vaccine: Intervet Nobivac Rabies c) Batch Number: A5 8 6 8 0 2 d) Expiry Date: 0 9/2005 e) Based on the manufacturer's recommendation, 16/12/2025 e) Based on the manufacturer's recommendation, 16/12/2025 d) Name: S 47F(1) b) Veterinary Board Registration Number: S 47F(1) c) Signature: S 47F(1) d) Date: 16/12/2022 e) Address: S 47G(1) S 47G(1) 5. Endorsement by Government Veterinarian a) Name: b) Veterinary Board Registration Number: c) Authorised Officer Number: d) Date: 6/12/2022 e) Signature: d) Date: Signature: d) Signa	d)	Location of microchip		THE SHOULDER	BLAULT	
g) Age/Date of Birth: 01/06/2018 h) Breed: cqREYHOUND ij Colour: BLACK AND INTITE 3. Vaccination details It the undersigned veterinarian declare that I have vaccinated the animal described above as follows: a) Date of Vaccine: Intervet Nobivac Rabies b) Name of Vaccine: Intervet Nobivac Rabies c) Batch Number: A5 g 6 B O D d) Expiry Date: 0 9 / 2025 e) Based on the manufacturer's recommendation, booster vaccination for this animal is due on: 4. Registered Veterinarian a) Name: S 47F(1) b) Veterinary Board Registration Number: S 47F(1) c) Signature: S 47F(1) d) Date: 16 / 12 / 2022 e) Address: S 47G(1) S 47G(1) 5. Endorsement by Government Veterinarian a) Name: b) Veterinary Board Registration Number: c) Authorised Officer Number: d) Date: e) Signature:	e)	Species:	CANINE			
h) Breed: CAPEYHOUND I) Colour: BLACK AND WITTE 3. Vaccination details Ithe undersigned veterinarian declare that I have vaccinated the animal described above as follows: Ithe undersigned veterinarian declare that I have vaccinated the animal described above as follows: Ithe undersigned veterinarian declare that I have vaccinated the animal described above as follows: Ithe undersigned veterinarian a) Date of Vaccine: Intervet Nobivac Rabies A5 8 6 B O D Based on the manufacturer's recommendation, booster vaccination for this animal is due on: 4. Registered Veterinarian a) Name: S 47F(1) b) Veterinary Board Registration Number: S 47F(1) c) Signature: S 47F(1) d) Date: 16 / 12 / 20 2 D e) Address: S 47G(1) 5. Endorsement by Government Veterinarian a) Name: b) Veterinary Board Registration Number: c) Authorised Officer Number: d) Date: e) Signature:	f)	Sex:			IX Entire □	Desexed
Colour: BLACK AND WENTE	g)	Age/Date of Birth:				
3. Vaccination details Ithe undersigned veterinarian declare that I have vaccinated the animal described above as follows: a) Date of Vaccination: b) Name of Vaccine: c) Batch Number: d) Expiry Date: e) Based on the manufacturer's recommendation, booster vaccination for this animal is due on: 4. Registered Veterinarian a) Name: S 47F(1) b) Veterinary Board Registration Number: S 47F(1) c) Signature: S 47F(1) d) Date: 16 / 12 / 2025 e) Address: S 47G(1) 5. Endorsement by Government Veterinarian a) Name: b) Veterinary Board Registration Number: c) Authorised Officer Number: d) Date: e) Signature: Signature:	h)	Breed:				
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	e)	Signature:				
the Registered Veterinarian administering the						the standard administration th

Notes: Sections 1 – 4 to be completed before signing by the Registered Veterinarian administering the vaccine.

Section 5 to be completed by the Government Veterinarian issuing the official Health Certificate and Export Permit