



Certification of Dog Arriving from DMRVV*-free or Low-risk Country (for Live Dog Importations into the United States)

*DMRVV= dog-maintained rabies virus variant

This form must be completed by the examining veterinarian and certified by an official government veterinarian

OMB Approval Number: 0920-1383
Form Expires: 5/31/2027

Form available at: www.cdc.gov/dogtravel

SECTION A: NAME, ADDRESS, PHONE NUMBER, AND EMAIL OF OWNER (CONSIGNOR)

Name: _____
 Organization (if applicable): _____
 Address: _____ City: _____
 Region/State: _____ Zip Code (if in U.S.): _____ Country: _____
 Phone Number (including country area code): _____ Email address: _____

SECTION B: NAME, ADDRESS, PHONE NUMBER, AND EMAIL OF RECIPIENT AT U.S. DESTINATION (CONSIGNEE)

Select if information is the same as section A

Name: _____
 Organization (if applicable): _____
 U.S. Address (cannot be PO Box): _____
 City: _____ State: _____ Zip Code: _____
 Phone Number (including country and/or area code): _____ Email address: _____

SECTION C: ANIMAL IDENTIFICATION

ANIMAL NAME	ISO-COMPLIANT MICROCHIP NUMBER	ISO-COMPLIANT MICROCHIP IMPLANT DATE* (MM/DD/YYYY)	BREED	SEX	DATE OF BIRTH OR AGE (MM/DD/YYYY)	COLOR/MARKINGS
	- - - -					

*If implant date unknown, input earliest date when ISO-compliant microchip is documented on dog's medical/vaccination records.

SECTION D: OPTIONAL VACCINE INFORMATION**

PRODUCT NAME	MANUFACTURER	LOT NUMBER	PRODUCT EXPIRATION DATE (MM/DD/YYYY)	DATE OF VACCINATION (MM/DD/YYYY)	DATE NEXT VACCINATION IS DUE (MM/DD/YYYY)

**Attach titer from CDC-approved laboratory or veterinary records for veterinary services completed in the dog rabies-free or low-risk country at least six months prior to traveling to the United States for endorsement by the official government veterinarian.

SECTION E: EXAMINING± VETERINARIAN CERTIFICATION STATEMENT

1. I am authorized to practice veterinary medicine in the country of export.
2. I have verified the presence of an ISO-compliant microchip in the animal and the microchip number listed on this form is true and correct.
3. I have examined the animal presented to me and based on that examination I reasonably believe the animal to be over six months of age.
4. I have examined the animal presented to me and find that the age, breed, sex, and description of the animal listed on this form is true and correct, and matches the information documented on the animal's vaccination record (if provided).

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-1383

ANIMAL NAME: _____ ISO-COMPLIANT MICROCHIP NUMBER: - - - -

5. I reasonably believe, based on my examination of the animal presented to me, that it appears at this time to be healthy and free of infectious or contagious diseases, and to the best of my knowledge and belief, has not been exposed to any infectious or contagious diseases in the past 30 days that would endanger the health of humans or other animals.
6. **To the best of my knowledge and belief, the animal listed on this form has not been in a [DMRVV high-risk country](#) or in an area under quarantine for rabies and has not been exposed to rabies in the past 6 months.**
7. I hereby certify to the best of my knowledge and belief that that the dog's veterinary medical information submitted herein (Sections C and D) is complete and accurate.

SIGNATURE OF EXAMINING[±] VETERINARIAN THAT INSPECTED THE DOG:

I certify that all information provided on this form is true and accurate.

Printed Name and Title: _____

Address of Veterinarian: _____

City: _____ Region/State: _____ Country: _____

Telephone (including country code): _____ Email address: _____

License Number of Examining Veterinarian: _____ Date of examination[§] (MM/DD/YYYY): _____

Veterinarian's Signature: _____

[±] The examining veterinarian must be authorized by the competent authority to practice veterinary medicine in the exporting country or be an official government veterinarian.
[§] This certificate is valid for travel into the United States for 30 days from the date of examination without documentation of rabies vaccination. The form is valid for multiple entries into the U.S. as long as the rabies vaccine documented on the form is valid (not expired).

SECTION F: ENDORSEMENT BY OFFICIAL GOVERNMENT VETERINARIAN IN EXPORTING COUNTRY

1. I certify that the veterinarian listed above holds a valid license to practice veterinary medicine in the country of export.
2. I certify I have reviewed all health records, microchip information, vaccination documents accompanying the animal and they are true and correct to the best of my knowledge and belief.
3. I hereby certify to the best of my knowledge and belief that that the dog's veterinary medical information submitted herein (Sections C and D) is complete and accurate.

I certify that all information provided on this form is true and accurate.

ANIMAL NAME: _____ ISO-COMPLIANT MICROCHIP NUMBER: - - - -

Printed Name and Title: _____

Address of Official Government Veterinarian: _____

City: _____ Region/State: _____ Country: _____

Email address: _____

Date (MM/DD/YYYY): _____ Official Government Veterinarian's Signature: _____

Upload electronic government seal or affix wet seal here (required):

