

Instructions for Veterinarians Completing the *Certification of Dog Arriving from DMRVV-free or Low-Risk Country* Form (for live dog importations into the United States)

Section A: Name, Address, Phone Number, and Email of Owner or Cosigner

- Enter the full name of the owner or consignor.
- Enter the full name of the Organization importing the dog (if applicable).
- Enter the physical address of the owner or consignor.
- Enter the direct dial phone number (including extension if applicable) of the owner or consignor.
- Enter the email address of the owner or consignor.

Section B: Name, Address, Phone Number, and Email of Recipient at U.S. Destination (Consignee)

- If all information in Section A is the same as Section B:
 - Check the box “Select if information is same as section A.”
 - Leave section B blank and move to Section C of the form.
- If any information in Section B is different from the information in Section A, complete section B:
 - Enter the full name of the recipient of the dog.
 - Enter the physical address (no PO Boxes) of where the dog will be housed in the United States.
 - Enter the direct dial phone number (including extension if applicable) of the recipient of the dog.
 - Enter the email address of the recipient of the dog (consignee).

Section C: Animal Identification

- Enter the animal’s name.
- Enter the ISO-compliant microchip number and the date the microchip was implanted. If the implant date unknown, input earliest date when ISO-compliant microchip is documented on dog’s medical/vaccination records.
- Enter the dog’s breed and sex (gender).
- Enter the dog’s date of birth using the mm/dd/yyyy¹ format or age if the date of birth is unknown.
- Enter the dog’s color or note any distinguishable markings on the dog.

Section D: Optional Vaccine Information

- You must attach either foreign veterinary records or proof of payment for veterinary services completed in the dog rabies-free or low-risk country at least 6 months prior to traveling to the United States for certification by the official government veterinarian.
- Optional – Enter the rabies vaccine product name, manufacturer, lot (serial) number, and product expiration date using the mm/dd/yyyy¹ format.
- Optional – Enter the date the dog was vaccinated against rabies using the mm/dd/yyyy¹ format.
- Optional – Enter the date the next vaccination is due using the mm/dd/yyyy¹ format.

Section E: Examining Veterinarian Certification Statement

This form MUST be completed and signed by the veterinarian who examined the dog.

The examining veterinarian must be authorized by the competent authority to practice veterinary medicine in the exporting country or be an official government veterinarian.

- Read and verify Section F, statement 1-7.



¹ Failure to input the date using the correct mm/dd/yyyy format is grounds for the dog to be denied entry into the United States and returned to the country of departure at the owner or importer’s expense.

- Print your name and title (e.g., associate veterinarian, etc.).
- Enter the physical street address including city, region/state, and country of the veterinary clinic or hospital where you work.
- Enter the veterinary business' telephone number.
- Enter the veterinary business' email address.
- Enter the license number of the examining veterinarian.
- Enter the date of examination when this form was completed using the mm/dd/yyyy¹ format.
- Electronically sign the form using an authenticated digital signature (e.g., DocuSign).
 - Wet signatures are acceptable in the “veterinarian’s signature” block if the document cannot be signed electronically, however, Sections A-E must be typed.
- Submit the form and all accompanying documentation to the exporting country’s official government veterinarian for review and certification.

Section F: Endorsement by Official Government Veterinarian in Exporting Country

- Verify the animal’s name and microchip listed on page 2 match the information listed on page 1 of this form.
- Review the attached foreign veterinary records or proof of payment for veterinary services completed in the rabies-free or low-risk country at least 6 months prior to traveling to the United States.
- Read and verify Section F, statements 1-3.
- Print your name and title.
- Enter your physical street address including city, region/state, and country.
- Enter your telephone number and government email address (personal email addresses are not acceptable).
- Enter the date you reviewed and certified the information using the mm/dd/yyyy¹ format.
- Electronically sign the form using an authenticated digital signature (e.g., DocuSign).
 - Wet signatures are acceptable in the “official government veterinarian’s signature” block if the document cannot be signed electronically. An official wet seal must be affixed to all forms with wet signatures.
- Affix the government seal electronically or apply a wet seal in the space provided.