

TO WHOM IT MAY CONCERN:

This is to certify that I, Dr. _____, the examining Veterinarian, of (_____) have examined the animal(s) associated with permit No. _____.

Microchip Brand: _____ Microchip#: _____

Vaccines (Rabies, Distemper, Hepatitis, Leptospirosis, Parvovirus, Adenovirus)	
Date	Vaccine Type

To the best of my knowledge, this animal is free of any clinical diseases; and complies with all relevant stipulations mentioned in The Bahamas Agricultural Health and Food Safety (BAHFSA) Conditions of Import for Cats and Dogs attached to Import Permit No. _____ as referenced above.

NB: The microchip number is a unique identifier and must be recorded on all Health documents requested if applicable. Furthermore, this form is to be completed by the examining Veterinarian within 48 hours prior to arrival in The Bahamas. This form can also apply to cats and dogs who's itinerary or extenuating circumstances (exclusively acts of God) requires them to be in-transit to The Bahamas for more than 48 hours prior to arrival.

Clinic Telephone Number(s):

Clinic Email Address:

Examining Veterinarian's Signature:

License Number:
Country/State/City:

Date: