

Guam Health Certificate Package

I. Instructions:

- (1) Save a new copy of this file for each pet traveling.
- (2) Print out pages 2-3 and provide to client (optional)
- (3) Clinic fills out entire page 3 - "Data Import Sheet"
- (4) Print auto populating pages 4-11 for Health Certificate appointment
- (5) Compile additional required documents – 2 rabies certificates & FAVN
- (6) Veterinarian sign & stamp where appropriate
- (7) Print cover page and use checklist while reviewing packet with owner to ensure all required documents are present.

II. Special Notes and Helpful Hints:

- (1) Only one pet per packet due to limitations of auto populating function.
- (2) Due to different formats on the forms, the same information may be asked multiple times (e.g. write out pet's age and check a box indicating age). You must fill out ALL requested formats.
- (3) If pet has more than one microchip, list BOTH microchip numbers.
- (4) If handler is traveling with MWD, list owning unit & handler as "owner/consignor".
- (5) If owner is using a pet shipping company, list both as "owner/consignor".
- (6) This packet is for use by VCOs and GS VMOs only. NAF VMOs are not authorized to sign both sides of the APHIS 7001.

III. Confirm Documents Present at Final Exam:

- (1) Original rabies certificate #1
- (2) Original rabies certificate #2
- (3) FAVN Copy - *owner should have sent original to Guam DOA when applying for entry application*
- (4) USDA Aphis 7001
- (5) Acclimation memo
- (6) USDA signature memo
- (7) +/- DD2209 (from ROVR)

***** THIS IS A DRAFT VERSION as of 2018.03.29 – FINAL VERSION PENDING *****

Guam Summary Sheet

Note: This sheet is meant to be a summary only and not a comprehensive guide.

It is the pet owner's responsibility to verify the information in the GUAM - ANIMAL RABIES QUARANTINE PROGRAM. The USDA will not be able to assist with Guam travel because it is not considered international travel.

1. Make Quarantine Reservations

- Pet owner must contact facility for reservations & rates; website = "Anderson Pet Lodge – MWR Guam"
- All pets are quarantined for at least 1-5 days before being cleared by vet personnel.

2. Application for Entry Permit

- 2-3 months prior to arrival, submit via fax, email or USPS w/ fee (apx \$65) to Guam Dept of Agriculture
- Need quarantine reservation info, but can leave flight info blank.
- Original FAVN is sent to Guam Department of Agriculture at this time.

3. Microchip

- Readable with AVID universal scanner (i.e. AVID chip, Home Again chip) or ISO Compatible (15 digits)
- Microchipping must be prior to FAVN

4. Two Rabies Vaccines

- At least two rabies vaccinations in lifetime; Feline Purevax NOT RECOMMENDED
- 1st vaccine must not have expired before administering 2nd vaccine
- At least 30 days between the two rabies vaccines
- 2nd vaccine must not expire prior to release from quarantine
- Original certificates must have: manufacturer, lot #, discard AND expiration (duration) dates, veterinarian's full printed name, legible signature, license number, clinic name, and clinic address.

5. Additional Vaccinations:

- At least 10 days prior and no more than 365 days prior to arrival in Guam:
 - Dogs: DAP, Lepto, Parainfluenza, Bordetella (within 6 months) / Cats: FVRCP

6. FAVN Blood Test

- Recommended, but not required, to wait at least 10 days after 2nd rabies vaccine
- No more than 365 days prior to arrival in Guam.
- Do not administer any rabies vaccines after FAVN is drawn.
- Results are sent directly to the Guam Dept of Ag, Vet Clinic should receive a faxed copy.

7. Wait period before entry into Guam – 120 days from the day the lab receives FAVN sample

8. Quarantine if entry before 120 days after lab receives FAVN:

- If FAVN results ≥ 1.0 IU/ml → on-base home quarantine possible for remaining 120 days.
- If FAVN results are between 0.5-0.99 IU/ml → commercial quarantine for remaining 120 days.
- If FAVN < 0.5 IU/ml → commercial quarantine for a complete 120 days.

9. Health Certificates/Final Veterinary Appointment

- No more than 10 days prior to arriving, obtain a health certificate from a USDA certified Veterinarian
- Additional requirements:
 - Intestinal parasite screening (fecal sample testing) will be required at health certificate appointment
 - External parasite treatment will be applied at health certificate appointment

Data Import Sheet - Guam

Dear pet owner, fill out the top section to the best of your ability and return to the clinic preparing the health certificate.
Coordinate with veterinary clinic to ensure paperwork is returned with sufficient time prior to health certificate appointment.

Section I – pet owner to provide

Client Info - use physical address

Consignor/Shipper (Last, First): _____

Address Line 1 _____

Address Line 2 _____

Phone: _____

Consignee/Recipient (Last, First): _____

Address Line 1 _____

Address Line 2 _____

Phone: _____

Pet Info:

Pet Name: _____

Breed: _____

Color: _____

Type of Animal: Dog Cat

Gender (M/F/etc): _____

Age: _____

Microchip #: _____

Microchip Implant Date (dd-Mmm-yy): _____

Section II – for clinic use, patient specific

Exam:

Exam date (dd Mmmm yy): _____

APHIS Cert #: _____

Required Flea/Tick Treatment:

Date (dd-Mmm-yy): _____

Product Type: _____

Rabies Vaccine #1 (most recent):

Effective Period: 1 yr 3 yr

Vaccine Date (dd-Mmm-yy): _____

Manufacturer (3 letter): _____

Name of product: _____

Required Intestinal Parasite Screen:

Date (dd-Mmm-yy): _____

Test Name & Results: _____

Rabies Vaccine #2 (older):

Vaccine Date (dd-Mmm-yy): _____

Manufacturer (3 letter): _____

Name of product: _____

Additional Vax/Tx's: *not required to fill all spots*

VACCINE/TREATMENT #1; Date (dd-Mmm-yy): _____

Product Type and/or Results: _____

VACCINE/TREATMENT #2; Date (dd-Mmm-yy): _____

Product Type and/or Results: _____

VACCINE/TREATMENT #3; Date (dd-Mmm-yy): _____

Product Type and/or Results: _____

VACCINE/TREATMENT #4; Date (dd-Mmm-yy): _____

Product Type and/or Results: _____

FAVN:

Date **RECEIVED** by laboratory (dd-Mmm-yy): _____

Lab Performing FAVN: _____

Test Results ≥ _____ IU/mL

Section III – for clinic use, clinic specific

Rank & Veterinarian Name: _____

Official Position: _____

State & License: _____

Accreditation #: _____

Clinic Name: _____

Address Line 1: _____

Address Line 2: _____

Phone Number: _____

Office Symbol for MFR: _____



DEPARTMENT OF THE ARMY
PUBLIC HEALTH ACTIVITY

MEMORANDUM FOR Commercial Airlines

SUBJECT: Temperature Tolerance for a Dog / Cat - Acclimation Statement

1. The below listed animal in this shipment appears healthy for transport but needs to be maintained at a temperature within the animal's thermoneutral zone.
2. The temperatures that the animal is exposed to while inside a terminal facility must not be lower than 45 degrees Fahrenheit (45°F) for more than 4 consecutive hours, nor lower than 45 degrees Fahrenheit (45°F) for more than 30 minutes when moving the animal from terminal facilities or primary conveyances. The animal should not be subjected to temperatures lower than 30 degrees Fahrenheit (30°F) for more than 15 minutes.
3. Auxiliary ventilation, such as fans, blowers, or air conditioning, must be used during surface transportation in any animal cargo space containing live animals when the ambient temperature exceeds 85 degrees Fahrenheit (85°F). Moreover, the ambient temperature may not exceed 85 degrees Fahrenheit (85°F) for a period of more than 4 consecutive hours. These temperatures are in accordance with Title 9 Code of Federal Regulations.

Consignor Name: _____
Consignor Address: _____

Pet Name: Microchip: Species: Color: Sex: Breed:

Dog
 Cat

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036 and 0579-0333. The time required to complete this information collection is estimated to average .25 hours 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.

WARNING: Anyone who makes a false, fictitious, or fraudulent statement on this document, or uses such document knowing it to be false, fictitious, or fraudulent may be subject to a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 1001).

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 21439; CFR, Subchapter A, Part 21).

OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
UNITED STATES INTERSTATE AND INTERNATIONAL
CERTIFICATE OF HEALTH EXAMINATION
FOR SMALL ANIMALS

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR) _____

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE) _____



3. TOTAL NUMBER OF ANIMALS
One (1)

4. PAGE
1 of 1

1. TYPE OF ANIMAL SHIPPED (select one only)
 Dog Cat Other _____
 Nonhuman Primate Ferret Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

7. ANIMAL IDENTIFICATION				8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY			
NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	DATE
(1)					<input type="checkbox"/> 1 YEAR <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS		
(2)							
(3)							
(4)							
(5)							
(6)							

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)
 Date FAVN received by laboratory: _____ IU/ml
 Lab Name: _____
 Microchip Implant Date: _____

VETERINARY CERTIFICATION: I certify that the animals described in box 7 have been examined by me this date, that the information provided in box 8 is true and accurate to the best of my knowledge, and that the following findings have been made ("X" applicable statements).
 I have verified the presence of the microchip, if a microchip is listed in box 7.
 I certify that the animal(s) described above and on continuation sheet(s), if applicable, have been inspected by me on this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animal or other animals or would endanger public health.
 To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and has/have not been exposed to rabies.

ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)
 PRINTED NAME OF USDA VETERINARIAN _____

LICENSE NUMBER AND STATE _____

Accredited Yes No
 If yes, please complete below
 NATIONAL ACCREDITATION NUMBER _____

DATE	DATE



United States
Department of
Agriculture

Animal and Plant
Health Inspection
Service

Veterinary Services

National Center for
Import/Export

4700 River Road
Riverdale, MD 20737

(301) 734-8364
FAX (301) 734-6402

COL Bob E. Walters
Director Operations
Department of Defense
Veterinary Service Activity
5109 Leesburg Pike
Falls Church, VA 22041-3258

April 2, 2012

Dear Colonel Walters,

This is to clarify the role of military veterinarians in issuing health certificates for movement of military working dogs and military family dogs, cats and ferrets into the European Union (EU), and military working dogs and military family dogs and cats into Japan and Korea.

The United States Department of Agriculture, Animal and Plant Health Inspection Service (APHIS) designates Veterinary Corps Officers, as well as General Schedule (GS 0701) veterinarians employed by the United States Army Veterinary Service working at military veterinary treatment facilities, as "official veterinarians." Consequently, APHIS endorsement is not required for health certificates issued by military veterinarians for movement of dogs, cats and ferrets to the EU including the United Kingdom, and dogs and cats to Japan and Korea. This designation does not apply to Army Veterinary Service non-appropriated fund or Department of Defense contract civilian veterinarians.

APHIS endorsement is required for certificates issued for all other animals including livestock, horses, and birds.

Military veterinarians may issue health certificates for both "non-commercial" and "commercial" movement of dogs, cats and ferrets to all EU Member States.

A stamp clearly identifying the issuer as a military veterinarian must be applied to all health certificates. Certificates must also include a unique certificate number.

For more information, contact Dr. Sara Kaman, APHIS, National Center for Import and Export, at (301) 851-3300, or at sara.kaman@aphis.usda.gov.

Sincerely,

Joyce Bowling-Heyward, DVM, MS
Director, Import-Export Animals Staff
National Center for Import and Export
Veterinary Services



Safeguarding American Agriculture

APHIS is an agency of USDA's Marketing and Regulatory Programs
An Equal Opportunity Provider and Employer

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1-800-877-8339