

7. The original copy of the VHC and all pages of the Vaccination Card including the front page showing the name and logo of animal clinic should be scanned using either a color scanner or a mobile phone camera. Image should be clear and colored using JPG, GIF or PNG formats with a maximum file size of 4 MB. Rotate the image to appear in its correct portrait orientation.
8. The Rabies Vaccination card should contain the information of the following:
 - 8.1 **Front Page:**
 - a. Name of Pet
 - b. Breed
 - c. Species
 - d. Age/Birth date
 - e. Sex
 - f. Markings
 - g. Name of owner, address, and contact number
 - h. Logo and contact details of Animal Clinic
 - i. Photo (Optional)
 - 8.2 **Inside Page showing record of Rabies vaccination:**
 - a. Pet's name
 - b. Date
 - c. Weight
 - d. Vaccine sticker/Rabies vaccine used
 - e. Manufacturer
 - f. Lot No./Serial No.
 - g. Signature over Printed Name in trodat stamp/rubber stamp of the Veterinarian with License No. and Expiry Date and PTR number
9. A clear latest/updated photo of the pet should also be uploaded.
10. The address in the online application should be the origin of the pet. In the case of an application for a shipping permit through a pet travel agency, the address to be used will be the customer's address.
11. The original documents submitted in the online application together with the printed copy of an online issued Shipping permit OR an electronic copy using any digital device, such as a mobile phone / tablet / laptop, shall be presented to the animal quarantine checkpoint for verification.

This Circular shall take effect immediately until revoked in writing.



RONNIE D. DOMINGO, DVM, MSc.



A food-secure Philippines
with prosperous farmers and fisherfolk



NAME OF VETERINARY CLINIC

Address

Contact number- Landline/Mobile phone

VETERINARY HEALTH CERTIFICATE

Control No.: _____

Date: _____

Time: _____

TO WHOM IT MAY CONCERN:

This is to certify that I have examined, on this date, the dog/cat described below:

Owned by : _____

Residing at : _____

Telephone/Cellphone No.: _____

E-Mail Address : _____

Destination: _____

And to the best of my knowledge and ability to determine with the procedures used, find the dog/cat at the time of the examination to be apparently free from evidence of dangerous communicable animal disease.

DESCRIPTION:

Name of Pet _____

Species _____

Breed _____

Color _____

Sex _____

Age _____

Weight _____

Microchip (if any) _____

This further certifies that I have vaccinated the above-described dog/cat against Rabies on _____ (Date) using _____ (Brand Name) with Serial/Lot Number _____.

OR

This further certifies that the above-described dog/cat was vaccinated against Rabies on _____ (Date) using _____ (Brand Name) with Serial/Lot Number _____.

Name and Signature of Veterinarian

TIN _____

PTR _____

PRC _____

Expiry Date _____