

Republic of the Philippines
Department of Agriculture

BUREAU OF ANIMAL INDUSTRY

Visayas Ave., Diliman, Quezon City GaBAI sa Pag-unlad ng Paghahayupan

June 02, 2020

MEMORANDUM

TO:

ALL CONCERNED PET OWNER

THE NVQSD ONLINE TEAM

ALL VQS QUARANTINE CHECKPOINT PERSONNEL

FROM:

OFFICER-IN-CHARGE, DIRECTOR

SUBIECT:

PROCEDURE ON THE ONLINE APPLICATION OF LOCAL SHIPPING PERMIT FOR THE

TRANSPORT OF DOGS AND CATS

To facilitate the application of local Shipping Permit for the domestic transport of dogs and cats through the NVQSD website, pursuant to DA Administrative Order No.5 s.2019 and BAI Memorandum Circular No.16 s.2019, the following provisions are hereby issued:

- 1. The specific requirements for the transport of dogs and cats shall follow the provisions of Section 5.9.18 of DA Administrative Order (AO) No.5 s.2019;
- 2. Veterinary Health Certificate (VHC) requirement
 - 2.1 Secure Veterinary Health Certificate (VHC) from your attending veterinarian or the LGU veterinarian (City/Municipal/Provincial).
 - 2.2 The VHC is valid for three (3) days after the date of issuance and application for Shipping Permit should be done within its validity.
 - 2.3 The template of VHC for pets shall use the attached format in Annex 1.
- 3. The SP issuance for pets shall comply with the **ONE VHC, ONE DESTINATION, ONE SHIPPING PERMIT POLICY** as per BAI Memorandum Circular No.26 s.2018 and DA AO No.5 s.2019
- 4. When transporting more than one dog or cat in a single application with the same destination, the entry details / description (sex, breed, color and age) of each pet must be provided.
- 5. Please file your application three (3) days in advance of the planned travel.
- 6. Please complete the information in your online application. Do not leave the required fields unfilled.

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- 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.

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Masaganang ANI
Malaas na KITA

NAME OF VETERINARY CLINIC

Address Contact number- Landline/Mobile phone

VETERINARY HEALTH CERTIFICATE

	Control No.:
	Date:
	Time:
TO WHOM IT MAY CONCERN	I:
Γhis is to certify that I have ex	amined, on this date, the dog/cat described below:
Owned by : Residing at : Telephone/Cellphone E-Mail Address : Destination:	No.:
And to the best of my know dog/cat at the time of the communicable animal disease	rledge and ability to determine with the procedures used, find the examination to be apparently free from evidence of dangerous .
DESCRIPTION:	
Name of Pet	
Species	
Breed	
Color	
Sex	
Age	
Weight	
Microchip (if any)	
Microchip (if any)	
Γhis further certifies that I	have vaccinated the above-described dog/cat against Rabies on(Brand Name) with Serial/Lot Number
	OR
This further certifies that	the above-described dog/cat was vaccinated against Rabies on(Brand Name) with Serial/Lot Number
	Name and Signature of Veterinarian
	PTR
	PRC
	Expiry Date