



מדינת ישראל

STATE OF ISRAEL

MINISTRY OF AGRICULTURE AND RURAL DEVELOPMENT

VETERINARY SERVICES & ANIMAL HEALTH

VETERINARY HEALTH CERTIFICATE FOR PET ANIMAL TRAVELING WITH THEIR OWNERS

Certificate number:

I, the undersigned Official Veterinarian, hereby certify that I have examined today the animal(s) described below, belonging to

Name and address

and that at the time of examination it/they* did not exhibit any symptoms of contagious or infectious diseases.

* The said _____

was/were vaccinated against rabies on _____

Remarks (vaccine utilized) _____

Description of animal(s)

Number	Species	Breed	Sex	Age	Color	Microchip

Destination

This certificate is valid for 10 days and shall be accepted for the said dog(s) cat(s) returning with their owners within this period.

Date _____

Name and title of Private Veterinarian

Place _____

Signature _____

Date _____

Name of Official Veterinarian

Place _____

Signature _____

Official Seal