



Australian Government
Department of Agriculture
and Water Resources

1922610686

Rabies Neutralising Antibody Titre Test
(RNATT) Declaration

Personal information means information or an opinion about an identified individual, or an individual who is reasonably identifiable. 'Personal information' that is collected under or in accordance with the *Biosecurity Act 2015* is also 'protected information' under the *Biosecurity Act 2015*. The collection of protected information including personal and sensitive information by the Department of Agriculture and Water Resources (the department) in relation to this form is being collected under the *Biosecurity Act 2015* for the purposes of assessing your application to import your cat or dog and related purposes. If the relevant personal information requested in this form is not provided by you, the department may be unable to process your application. Information collected by the Department will only be used or disclosed as authorised under the *Biosecurity Act 2015*. The personal information requested on this form may be disclosed to other Commonwealth or State Agencies. It will usually be disclosed overseas. In every case it will only be disclosed if authorised by the *Biosecurity Act 2015*.

See our [Privacy Policy](http://www.agriculture.gov.au/about/privacy) web page (<http://www.agriculture.gov.au/about/privacy>) to learn more about accessing or correcting personal information or making a complaint. Alternatively, telephone the department on +61 2 6272 3933.

Official Veterinarian declaration

The RNATT Declaration must be completed when importing animals from a category 3 country. The declaration must be completed, signed and stamped by an Official Veterinarian of the Government of the exporting country. An Import Permit will not be issued if any part of this declaration is blank.

All treatments, vaccinations, testing and collection of blood samples must be performed in a country approved by the Australian Government Department of Agriculture and Water Resources. If these procedures are performed in a non-approved country they will not be recognised for import purposes - <http://www.agriculture.gov.au/cats-dogs>

I, DAVID F. HARPER, DVM (Name of Official Veterinarian),

employed by USDA, APHIS, Veterinary Services -

8100 NW 15th Place, Gainesville, FL 32606 (Relevant government agency of the exporting country and the address)

declare that I have sighted the rabies vaccination certificate and the RNATT report.

The date of the last rabies vaccination is recorded as: 10/01/2019 (day/month/year).

The animal's age at the last rabies vaccination was (The animal must be at least 90 days of age at the time of primo-vaccination): 13 weeks

The laboratory reporting the RNATT is government-approved: Yes

Name of government-approved laboratory: Kansas State Rabies Laboratory

Address of government-approved laboratory: 2005 Research Park Circle, Manhattan, KS 66502

The microchip number that appears on the RNATT report is (9, 10 or 15 digits only): 985112010406568

Country in which the blood sample was collected: United States of America

Blood samples taken for RNATT were drawn on: 04/02/2019 (day/month/year)

The RNATT result is recorded as: 1.51 International Units/mL in animal's serum

Note: the RNATT result must be at least 0.5IU/mL

Signature of Official Veterinarian

Date Signed 01/07/2019
 (day/month/year)



Government stamp of Exporting Country

Note: Faxed applications must bear the ink of the Government stamp rather than a raised seal

Prior to forwarding to the Department of Agriculture and Water Resources, please ensure that this document is:

- signed and stamped by an Official Veterinarian of the government of the country of export	<input type="checkbox"/> Yes
- accompanied by an application to import cats and/or dogs (including assistance dogs)	<input type="checkbox"/> Yes
- accompanied by a copy of the RNATT laboratory report	<input type="checkbox"/> Yes



Kansas State Veterinary
DIAGNOSTIC LABORATORY

Kansas State University Rabies Laboratory - Manhattan, KS 66502

FAVN REPORT FORM

Rabies Antibody Titer for Export Animals

The Rabies Laboratory
Kansas State University
2005 Research Park Circle
Manhattan, KS 66502

Phone: 785-532-4483
Fax: 785-532-4474
Email: rabies@vet.k-state.edu
<http://www.ksvdl.org/rabies-laboratory/>



Results are reported on this form. Please complete on-line and printout. If handwritten, print clearly. Handwritten information is subject to interpretation by laboratory personnel. Once submitted, information cannot be altered*. **Required fields are bolded.**

Destination of animal being exported: Australia

Destination information is for laboratory report distribution only.

Submitting Clinic: Thomson-McDuffie Animal Hospital

Phone: 706-595-5386

Veterinarian Name: Dr. Gary Wilkes

Fax: 706-597-0579

Clinic Mailing Address: PO Box 1269

Email: thomsonmcduffieanimalhospital@gmail.com

City: Thomson

State/Country: Ga / USA

Zipcode: 30824

Owner Name: First Rosie

Last May

Animal Name: Henley

Microchip Number: 985112010406568

Serum Draw Date (mm/dd/yyyy): 02 / 04 / 2019

If there are two microchip numbers, only the first one will be on the result label.

Species/Breed: Feline/ Maine Coon

Sex: M F

Age: 17 weeks

Rabies Vaccination History: Rabies vaccine given 01/10/2019

Vaccination history is for laboratory reference only. Please include up to three recent vaccinations dates if available.

Samples and test data may be used for general research without compromising client confidentiality. Opt Out

Signature of Veterinarian: [Handwritten Signature]

Date (mm/dd/yyyy): 02 / 04 / 2019

Signature affirms that the above information is correct and the microchip number has been verified.

Test will be cancelled if sample tube is unlabeled or arrives without the microchip number*.

LAB#: R19-005365-2 Rec'd Date: FEBRUARY 08, 2019

Microchip #: 985112010406568

The serum sample has been tested for antibodies to rabies virus by the OIE-FAVN test and found to have a titer of **1.51 IU/mL**

[Handwritten Signature]



Kansas State Veterinary
DIAGNOSTIC LABORATORY

Susan M. Moore, PhD - Director Rabies Lab KSVDL

A titer of 0.5 IU/ml or above indicates an acceptable rabies antibody level for the purpose of export. For report verification, go to www.ksvdl.org/rabies-laboratory/

For Lab Use Only: Opened by: CLJ 8.19

Processed By: SY 02-08-19

Transferred By: _____

Payment Received: CC

* Please see instructions for FAVN submission and reporting at <http://www.ksvdl.org/rabies-laboratory/>. This submission form is a legal and binding contract between KSVDL and the submitting entity. Specimens submitted become the property of the KSVDL. All fees, to include collection fees, are the responsibility of the submitting entity and all entities must adhere to the [billing policy](#). Fees may be paid by check (payable to Kansas State University), credit card, money order, or electronic bank transfer. A 1.5% finance charge will be assessed on all charges over 60 days.

KSVDL-RAB-FAVN-F-15-0 Effective Date: 07/01/2018

Thomson-meduffie Animal Hospital
 1011 Cobbham Rd
 Thomson, Ga 30824
 (706) 595 5386

Last Name Stiebens	First Name Phyllis	Initial	HomePhone (706) 595-5627	WorkPhone				
Address 1957 Cedar Rock Road		City Thomson	St Ga	ZipCode 30824	County			
Animal Description								
RabiesTag 0104	PetName Herley	Species Feline	Breed Maine Coon	Color Silver Tabby	Sex M	Alt. N	Age 13 Wks	Wt 5.13
Electronic ID 985112010406568								
Vaccine Used								
Manufacturer Boehringer Ingelheim	Name of Vaccine Rabvac 1	Serial 4130259a	Exp Date 12/3/2019	Live CEO <input type="checkbox"/> TC <input type="checkbox"/>		Killed TC <input type="checkbox"/> Murine <input type="checkbox"/> Caprine <input type="checkbox"/>		
Vaccination								
Vaccinated By	Dr. Lauren Sanderlin		License Number	VET008564		Given	1/10/2019	
ClinicName	Thomson-meduffie Animal Hospital		License Fee			Due	1/10/2020	
Clinic Tag			ClinicCounty	McDuffie County				

Next Rabies Vaccination Required 1/10/2020

Signature: _____

Signature: _____

Signature: _____