

M A F Vetting Certificate

To: MAF

Flight #

Fax No 09 2568715

Attn

Species :

To (*Country*) :

Imp. Permit No. :

(*If applicable*)

Animal ID:

(*Name, Tattoo, Microchip no*)

Breed:

(*Domestic S/Hair or L/Hair
if no particular breed*)

Colour:

Sex:

Age:

Name and Address of Exporter:

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Name and Address of Consignee:

Name and Address of Breeder:

(For New Caledonia and Tahiti only)
