



DEPARTMENT OF AGRICULTURE
P. O. Box N-3704

Nassau, Bahamas
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AGR/VS/1^(A)

PERMIT NO.

DATE:

TO WHOM IT MAY CONCERN:

This is to certify that I _____ of

_____ have examined this animal and have found it to be six months of age or older. IE: Homeagain, Avid, Destron or Trovan Microchip # _____.

To the best of my knowledge, this animal is free of any clinical diseases; comply with any required tests and have been vaccinated against the diseases referred to on Form IMP1^(A).

N.B. The microchip number is a unique identifier and must be recorded on all health documents requested.

VETERINARIANS'S SIGNATURE

LICENCE NUMBER

DATE

FORM #IMP1^(B)