

(See reverse for additional OMB statement)

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 USC 2143; 9 CFR, Subchapter A, Part 2).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
UNITED STATES INTERSTATE AND INTERNATIONAL
CERTIFICATE OF HEALTH EXAMINATION
FOR SMALL ANIMALS**

WARNING: Anyone who makes a false, fictitious, or fraudulent statement on this document, or uses such document knowing it to be false, fictitious or fraudulent may be subject to a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 1001).

1. TYPE OF ANIMAL SHIPPED
 Dog Cat Other
 Nonhuman Primate

2. TOTAL NUMBER OF ANIMALS _____ PAGE _____

CERTIFICATE NUMBER _____

3. NAME, ADDRESS AND TELEPHONE NUMBER OF OWNER/CONSIGNOR _____

4. NAME, ADDRESS AND TELEPHONE NUMBER OF CONSIGNEE _____

USDA License/Registration No. if applicable _____ Telephone: _____

USDA License/Registration No. if applicable _____ Telephone: _____

5. ANIMAL IDENTIFICATION (To be completed by owner/consignor)

COMPLETE USDA TAG COLLAR AND/OR TATTOO NUMBER	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS	RABIES Killed Virus <input type="checkbox"/> Live Virus <input type="checkbox"/>	D-H-L Date	Product	OTHER VACCINATIONS, TESTS OR TREATMENT
(1)					Date	Date	Product	Type/Result
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								

6. VACCINATION HISTORY (To be completed by veterinarian)
attach original signature rabies certificate here

VETERINARY CERTIFICATION: I certify that the animal (s) described in item 5 have been examined by me this date, that the information provided in item 6 is true and accurate to the best of my knowledge, and that the following findings have been made "X" applicable statements.

OWNER/CONSIGNOR CERTIFICATION: I certify that the information concerning the animals described above in item 5 is true and correct, and that I am the owner/consignor of such described animals and that I have physical and legal custody of such animal (s).

I hereby certify that the animal(s) in this shipment is (are), to the best of my knowledge acclimated to air temperatures lower than 7.2° C. (45° F).

SIGNATURE _____ DATE _____

ENDORSEMENT FOR INTERNATIONAL EXPORT (WARNING: International Shipments require certification by an accredited veterinarian. States may also require such certification).
 Apply USDA Seal or Stamp here

NAME, ADDRESS AND TELEPHONE NUMBER _____ LICENSE NO. _____

SIGNATURE OF USDA VETERINARIAN _____ DATE _____

Accredited Yes No
 LICENSING STATE _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average .1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information and 6 hours for recordkeeping.