

(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 \_\_\_\_\_

CERTIFICATE NUMBER \_\_\_\_\_

PAGE \_\_\_\_\_

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	D-H-L	OTHER VACCINATIONS, TESTS OR TREATMENT
(1)					<input type="checkbox"/> Killed Virus <input type="checkbox"/> Live Virus	Date _____ Product _____	Date _____ 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.

I certify that the animal (s) described and on continuation sheet(s) if applicable, have been inspected by me this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure there to, which would endanger the animal or other animals or would endanger public health.

I certify that the animal (s) described above, and on continuation sheet(s) if applicable, have been inspected by me this date and appear to be free of physical abnormalities which would endanger the animal.

To my knowledge the animal (s) described above, and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and have not been exposed to rabies.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**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. \_\_\_\_\_

Accredited  Yes  No

LICENSING STATE \_\_\_\_\_

Telephone: \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF USDA VETERINARIAN \_\_\_\_\_

DATE \_\_\_\_\_

APHIS FORM 7001 (AUG 2001) *Replaces edition of (Aug 94) which may be used*

This certificate is valid for 30 days after issuance

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.