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U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**UNITED STATES INTERSTATE AND INTERNATIONAL CERTIFICATE OF HEALTH EXAMINATION FOR SMALL ANIMALS**

(Continuation Sheet)

FORM APPROVED  
OMB NO. 0579-0036

1. CERTIFICATE NUMBER  
(Insert certificate no. from page 1)

2. PAGE ..... OF .....

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

4. NAME, ADDRESS AND TELEPHONE NUMBER OF CONSIGNEE

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

6. VACCINATION HISTORY (To be completed by veterinarian)

attach original signature  
rabies certificate here

	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												
						<input type="checkbox"/> Killed Virus	<input type="checkbox"/> Live Virus	Date	Product		Date	Product	Date	Type/Result								
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