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| U.S. DEPARTMENT OF AGRICULTURE<br>ANIMAL AND PLANT HEALTH INSPECTION SERVICE<br><br><b>UNITED STATES INTERSTATE AND INTERNATIONAL<br/>                 CERTIFICATE OF HEALTH EXAMINATION<br/>                 FOR SMALL ANIMALS</b> | <b>WARNING:</b> 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<br><input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other<br><input type="checkbox"/> Nonhuman Primate. | CERTIFICATE NUMBER<br><br><span style="font-size: 2em; font-family: cursive;">F 37202</span> |
|   |   | 2. TOTAL NUMBER OF ANIMALS  | PAGE   |

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| <b>3. NAME, ADDRESS AND TELEPHONE NUMBER OF OWNER/CONSIGNOR</b><br><br>USDA Licence/or Registration No. if applicable _____ Telephone: _____ | <b>4. NAME, ADDRESS AND TELEPHONE NUMBER OF CONSIGNEE</b><br><br>USDA Licence/or Registration No. if applicable _____ Telephone: _____ |
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|  |   |      |         |                            |   |       |  |
|--|---|------|---------|----------------------------|---|-------|--|
| <b>5. ANIMAL IDENTIFICATION (To be completed by owner/consignor)</b> | <b>6. VACCINATION HISTORY (To be completed by veterinarian)</b> |      |         |                            |   |       |  |
| 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<br><input type="checkbox"/> Killed Virus <input type="checkbox"/> Live Virus | D-H-L | OTHER VACCINATIONS, TESTS OR TREATMENT |
| Date   | Product   | Date | Product | Date                       | Type Result   |       |  |
| (1)  |   |      |         |                            |   |       |  |
| (2)  |   |      |         |                            |   |       |  |
| (3)  |   |      |         |                            |   |       |  |
| (4)  |   |      |         |                            |   |       |  |
| (5)  |   |      |         |                            |   |       |  |
| (6)  |   |      |         |                            |   |       |  |
| (7)  |   |      |         |                            |   |       |  |
| (8)  |   |      |         |                            |   |       |  |
| (9)  |   |      |         |                            |   |       |  |
| (10)   |   |      |         |                            |   |       |  |

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| <b>OWNER/CONSIGNOR CERTIFICATION:</b> 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 animals. | <b>VETERINARY CERTIFICATION:</b> I certify that the animals 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.   |
| SIGNATURE _____ DATE _____   | <input type="checkbox"/> I certify that the animals described above, 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 thereto, which would endanger the animal or other animals or would endanger public health.<br><br><input type="checkbox"/> I certify that the animals 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.<br><br><input type="checkbox"/> To my knowledge, the animals described above, and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and have not been exposed to rabies.<br><br><input type="checkbox"/> 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). |
| <b>ENDORSEMENT FOR INTERNATIONAL EXPORT (WARNING: International shipments require certification by an accredited veterinarian. States may also require such certification)</b><br><br>Apply USDA Seal or stamp here  | NAME, ADDRESS AND TELEPHONE NUMBER _____<br><br>Telephone: _____   |
| SIGNATURE OF USDA VETERINARIAN _____ DATE _____  | LICENSE NO. _____<br>Accredited <input type="checkbox"/> Yes <input type="checkbox"/> No<br>LICENSING STATE _____<br><br>DATE _____  |

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