The certificate is authorize	ed by law 21 U.SC 112). While	you are not	required to respond	d, no nealth ce	rtificate c	an be val	ıdate	a uniess th	e dat	a requeste	a is pro	viaea.				FORM AF	PROVED -	OMB NO. (	)579-0020
U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES					1.	1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) 2. CER									2. CERTI	CERTIFICATE NO		PAGE NO.	
UNITED STATES ORIGIN HEALTH CERTIFICATE																			1 OF
(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)																			
4. DATE ISSUED	5. U.S. PORT OF EMBARKA	T OF EMBARKATION (City and State) 6. STATE CODE				7. CONSIGNOR'S STREET ADDRESS (Mailing Address) 8. CONSIGNOR'S CITY (or To											n)		
					12	12. CONSIGNOR'S STATE										13. STATE CODE 14. ZIP CODE			
9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN																		
		1 - Rail 3 - Air 2 - Truck 4 - Ocean				16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)								DESTINATION COUNTRY ENTER CODE			ODE		
15. SPECIES ("X" one - u	ise VS Form 17-6 for Poultry)								_										
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE					N	NEGATIVE TUBERCULIN READING BRUCELLOSIS BLOOD SAMPLE COLLECTED								LE	NEGATIVE RESULTS OF OTHER TESTS				
	5 EQUINE 08 O	THER WILD	LIFE - MAMMAL		_	COLLECTED						,	DISEASE						
09 OTHER (Specify)						48 HRS 72 HRS									DISEASE		ISEASE	ASE DISEAS	
If more lines are need	ed below - use VS Form 17	'-140A.	MODIF	TIED ACCRED	ITED AR	EA (TB)	_		┨	CERTIFIED BRUCELLOSIS FREE AREA									
17. FARM ORIGIN 18. INDIVIDUAL IDENTIFICA				FICATIO					I ILL AREA					TYPE TEST T		YPE TEST	TYPE	TEST	
Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, state code (FIPS code on reverse) & zip code			ID NO. OR DESCR			<del></del>	,   	DATE	G	DATE H	VAC	1/25 J	1/50 K	1/100	DAT	E	DATE		DATE
Owner's city/town, state o	ode (i ii o code oii ieveise) d i	Lip code	^				╁	+ '	+	- ''	<u> </u>	-	K		IVI		IN		
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VALID ONLY IF US	DA VETERINARY SEAL	<u> </u>					CEF	 RTIFICAT	ION	BY ISSU	ING V	L ETER	INARI	AN					
	ARS HERE	detern on the livesto	nined exposure ther dates indicated. A	ses of or have be of embar	CERTIFICATION BY ISSUING VETERINARIAN below were inspected by me on this date and found to be free from evidence of communicable of origin are not under Federal or State quarantine because of animal disease; the animals were been made for the animals to be handled in a transporting vehicle that has been cleaned and parkation without exposure to other animals en route, except those meeting these health require tifficate.									all negative disinfected	to the test since last	s shown used for			
	19. DATE ENDORSED 20. NAME OF ISS please print)				SUING VETERINARIAN (Last name, first name, middle initial,-					al,-	21. STATUS 2 Federal			22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)					
									1 5	1 State 3 Accredited									
		24. NAME	(Type, pr	p, print, or stamp) 25. SIGNATURE OF ISSUING VETERINARIAN															
23. Signature of endorsing	g federal veterinarian	1																	

According to the Paperwork Reduction Act of 1995 control number for this information collection is 057 time forreviewing instructions, searching existing d	790020. The time required to complet	te this information collection is estimat	ed to average .5 hours per response.	including the