

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)			2. CERTIFICATE NO		3. PAGE NO. 1 OF				
			4. DATE ISSUED			5. U.S. PORT OF EMBARKATION (City and State)		6. STATE CODE	
7. CONSIGNOR'S STREET ADDRESS (Mailing Address)			8. CONSIGNOR'S CITY (or Town)						
9. SEMEN ("X" if yes) <input type="checkbox"/>			10. NO. DOSES OF SEMEN		11. TRANSPORTATION CLASS <input type="checkbox"/> 1 - Rail <input type="checkbox"/> 3 - Air <input type="checkbox"/> 2 - Truck <input type="checkbox"/> 4 - Ocean				
12. CONSIGNOR'S STATE			13. STATE CODE		14. ZIP CODE				
15. SPECIES ("X" one - use VS Form 17-6 for Poultry) <input type="checkbox"/> 01 BOVINE <input type="checkbox"/> 02 PORCINE <input type="checkbox"/> 03 OVINE <input type="checkbox"/> 04 CAPRINE <input type="checkbox"/> 05 EQUINE <input type="checkbox"/> 08 OTHER WILDLIFE - MAMMAL <input type="checkbox"/> 09 OTHER (Specify) _____			16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)		DESTINATION COUNTRY				
NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 72 HRS.			BRUCELLOSIS BLOOD SAMPLE COLLECTED		NEGATIVE RESULTS OF OTHER TESTS				
If more lines are needed below - use VS Form 17-140A.			MODIFIED ACCREDITED AREA (TB)		CERTIFIED BRUCELLOSIS FREE AREA		DISEASE	DISEASE	DISEASE
							TYPE TEST	TYPE TEST	TYPE TEST
17. FARM ORIGIN 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			18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)		DATE		DATE	DATE	DATE
			ID NO. OR DESCRIPTION A		AGE B	SEX C	BREED D	E	DATE F
			G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M
									DATE N
									DATE O

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED		20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)		21. STATUS <input type="checkbox"/> 2 Federal <input type="checkbox"/> 1 State <input type="checkbox"/> 3 Accredited		22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)	
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)			25. SIGNATURE OF ISSUING VETERINARIAN				

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 control number. The valid OMB control number for this information collection is 05790020. The time required to complete this information collection is estimated to average .5 hours 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.