

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

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			
					Killed Virus	Live Virus	Date	Product	Date	Product	Date	Type/Result
					Date	Product	Date	Product	Date	Product	Date	Type/Result
(11)												
(12)												
(13)												
(14)												
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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 numbers for this information collection are 0579-0036, and 0579-0247. The time required to complete these information collections are estimated to average .25 hours per response and 5 hours per recordkeeper for 0579-0036; .25 hours per response and 20 hours per recordkeeper for 0579- 0247. These times include time for reviewing instructions, seraching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.