

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 1615-0040

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

CONTINUATION SHEET FOR
UNITED STATES ORIGIN HEALTH CERTIFICATE

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code & zip code

18. INDIVIDUAL IDENTIFICATION
ID NO. OR DESCRIPTION
A

AGE
B

SEX
C

BREED
D

DATE
E

NEGATIVE TUBERCULIN READING
48 HRS. 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

DATE
G

VAC.
H

1/25
I

1/50
J

1/100
K

DATE
L

NEGATIVE RESULTS OF OTHER TESTS
DISEASE

TYPE TEST

DATE
M

DISEASE

TYPE TEST

DATE
N

DATE
O

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name)
16. CONSIGNEE'S NAME

2. CERTIFICATE NO. FROM VS FORM 17-140

3. PAGE NO. OF

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.