

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE UNITED STATES INTERSTATE AND INTERNATIONAL CERTIFICATE OF HEALTH EXAMINATION FOR SMALL ANIMALS	WARNING: 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 <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/> Nonhuman Primate
		CERTIFICATE NUMBER <h1 style="text-align: center;">N100015</h1>
		2. TOTAL NUMBER OF ANIMALS PAGE

3. NAME, ADDRESS AND TELEPHONE NUMBER OF OWNER/CONSIGNOR USDA License/or Registration No. if applicable: _____ Telephone: _____	4. NAME, ADDRESS AND TELEPHONE NUMBER OF CONSIGNEE USDA License/or Registration No. if applicable: _____ Telephone: _____
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5. ANIMAL IDENTIFICATION (To be completed by owner/consignor)					6. VACCINATION HISTORY (To be completed by veterinarian) <small>attach original signature rabies certificate here</small>					
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	
					<input type="checkbox"/> Killed Virus	<input type="checkbox"/> Live Virus	Date	Product	Date	Product
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										

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

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The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average .1 hour 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 and 1 hour for recordkeeping