

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) _____						NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS <input type="checkbox"/> 72 HRS			BRUCELLOSIS BLOOD SAMPLE COLLECTED			NEGATIVE RESULTS OF OTHER TESTS			
16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)						DESTINATION COUNTRY			ENTER CODE			DISEASE			
												TYPE TEST			

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)						CERTIFIED BRUCELLOSIS FREE AREA							DISEASE		
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 DESCRIPTION A	AGE B	SEX C	BREED D	<input type="checkbox"/> E	DATE F	<input type="checkbox"/> 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	<b>CERTIFICATION BY ISSUING VETERINARIAN</b> 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)
23. Signature of Endorsing Federal Veterinarian	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 numbers for this information collection are 0579-0020 and 0579-0101. The time required to complete this information collection is estimated to average .75 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.