

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 <i>(Last name, first name, middle initial or business name)</i>	2. CERTIFICATE NO.	3. PAGE NO. 1 OF
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4. DATE ISSUED	5. U.S. PORT OF EMBARKATION <i>(City and State)</i>	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS <i>(Mailing Address)</i>	8. CONSIGNOR'S CITY <i>(or Town)</i>
9. SEMEN <i>("X" if yes)</i> <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
			16. CONSIGNEE'S NAME AND STREET ADDRESS <i>(Mailing Address)</i>	DESTINATION COUNTRY
			ENTER CODE	

15. SPECIES <i>("X" one - use VS Form 17-6 for Poultry)</i> <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 <i>(Specify)</i>			NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS <input type="checkbox"/> 72 HRS	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
			CERTIFIED BRUCELLOSIS FREE AREA	DISEASE	DISEASE	DISEASE	
				TYPE TEST	TYPE TEST	TYPE TEST	

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

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 <i>(Instructions for columns A, B, C & D on reverse)</i>						DATE F	DATE G	CERTIFIED BRUCELLOSIS FREE AREA						DATE M	DATE N	DATE O
	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E	H			VAC I	1/25 J	1/50 K	1/100 L					

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE	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 <i>(Last name, first name, middle initial, - please print)</i>	21. STATUS <input type="checkbox"/> 2 Federal <input type="checkbox"/> 1 State <input type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS <i>(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)</i>		
	24. NAME OF ENDORSING FEDERAL VET <i>(Type, print, or stamp)</i>		25. SIGNATURE OF ISSUING VETERINARIAN			
23. Signature of Endorsing Federal Veterinarian						

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 .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.