U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES UNITED STATES ORIGIN HEALTH CERTIFICATE								CONSIGNOR'S NAME (Last name, first name, middle initial or business name) CERTIF												3. PAGE NO.
(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)																				1 01
4. DATE ISSUED 5. U.S. PORT OF EMBARKATION (City and State) 6. STATE CODE							E 7. CONSIGNOR'S STREET ADDRESS (Mailing Address) 8. CONSIGNOR'S CITY (or Town)													
								12. CONSIGNOR'S STATE										E CODE	14. ZIP CODE	
9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS 1 - Rail 3 - Air 2 - Truck 4 - Ocean					16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Ad								dress)	DESTINA	TION COU	NTRY	ENTER CODE	
15. SPECIES ("X" one - us	e VS Form 17-6 for Poultry)																			
□ 01 BOVINE □ 02 PORCINE □ 03 OVINE □ 04 CAPRINE □ 05 EQUINE □ 08 OTHER WILDLIFE - MAMMAL							NEGATIVE TUBERCULIN READING BRUCELLOSIS BLOOD SAI COLLECTED								LE	NE	GATIVE R	ESULTS OF OTHER TESTS		
09 OTHER (Specify)							48 HRS		72 HRS							DISEASE		ISEASE	DI	SEASE
If more lines are needed below - use VS Form 17-140A. MODIFIED ACCREDITED.						D ARE	A (TB) -	_		 -	CERTIFIED BRUCELLOSIS FREE AREA					TYPE TEST T		YPE TEST	TV	TYPE TEST
17. FARM ORIGIN Owner's name (Last name, two initials, or business name) 18. INDIVIDUAL IDENTIFICA (Instructions for columns A, B, C & D of							-									1111 E 120	,			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DAT M		DATE N		DATE O
VALID ONLY IF USE APPEA	determ on the livesto	nined exposure dates indicate	thereto; the d. Arrange ement to th	s of orion ve been embarka	CERTIFICATION BY ISSUING VETERINARIAN Inve were inspected by me on this date and found to be free from evidence of communicable diseases origin are not under Federal or State quarantine because of animal disease; the animals were all negate en made for the animals to be handled in a transporting vehicle that has been cleaned and disinfect intration without exposure to other animals en route, except those meeting these health requirements.												to the t	ests shown ast used for		
		19. DATE			AME OF ISSUING VETERIN please print)			INAR	RIAN (Last name, first name, middle init				le initia		21. ST	ATUS ;	2 Federal 3 Accredited	(Certified for export		oort or donated e nos. from all
		24. NAME	ype, prir	print, or stamp) 25. SIGNATURE OF ISSUING VETERINARIAN									attache	u və F0r	ms 17-14UA)					
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 revewing the collection of information.