

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

**OMB STATEMENT:**

**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 number of this information collection is 0579-0020. The time required to complete this information collection is estimated to average .50 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.**

**NOTE:** PART 2 VS RIVERDALE, MARYLAND - HAS A SEPARATE PAGE



**READ INSTRUCTIONS FROM VS FORM 17-140**

*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. 0579-0020*

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**UNITED STATES ORIGIN HEALTH CERTIFICATE**

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

2. CERTIFICATE NO.  
FROM VS FORM 17-140

3. PAGE NO.

16. CONSIGNEE'S NAME

NEGATIVE TUBERCULIN  
READING

48 HRS.  72 HRS.

BRUCELLOSIS BLOOD  
SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE

DISEASE

DISEASE

TYPE TEST

TYPE TEST

TYPE TEST

17. FARM ORIGIN

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

MODIFIED ACCREDITED AREA (TB) \_\_\_\_\_

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SFX C	BRFED D	U E
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DATE

CERTIFIED BRUCELLOSIS  
FREE AREA

DATE H	VAC I	1/25 J	1/50 K	1/100 L
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DATE  
M

DATE  
N

DATE  
O