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No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 21.43.9; CFR, Subchapter A, Part 2).

**OMB APPROVED**  
0579-0036  
0579-0333  
EXP.: X/XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE  <b>UNITED STATES INTERSTATE AND INTERNATIONAL CERTIFICATE OF HEALTH EXAMINATION FOR SMALL ANIMALS</b>	<b>WARNING:</b> 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 <input type="checkbox"/> Birds <input type="checkbox"/> Rodents	2. CERTIFICATE NUMBER    4. PAGE
5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)		3. TOTAL NUMBER OF ANIMALS	

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)  USDA License/or Registration Number if applicable _____ Telephone _____	6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)  USDA License/or Registration Number if applicable _____ Telephone _____
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7. ANIMAL IDENTIFICATION					8. VACCINATION HISTORY (Coverage of vaccine)				
NAME, MICROCHIP, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS	RABIES			OTHER VACCINATIONS TREATMENT AND/OR TESTS AND RESULTS	
					<input type="checkbox"/> 1 YEAR	<input type="checkbox"/> 2 YEARS	<input type="checkbox"/> 3 YEARS	Date	Product Type and/or Results
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									

REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)	VETERINARY CERTIFICATION: I certify that the animals 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 I have verified the identity of the animals listed in box 8.  <input type="checkbox"/> I certify that the animal(s) described and on continuation sheet(s), if applicable, have been inspected by me on this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animal or other animals or would endanger public health.  <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.
SIGNATURE _____ DATE _____	

ENDORSEMENT FOR INTERNATIONAL EXPORT (NOTE: International shipments may require certification by an accredited veterinarian. States may also require such certification.) <i>Apply USDA Seal or Stamp here</i>	NAME, ADDRESS, AND TELEPHONE NUMBER OF VETERINARIAN _____  LICENSE NUMBER _____ Accredited <input type="checkbox"/> Yes <input type="checkbox"/> No LICENSING STATE _____
SIGNATURE OF USDA VETERINARIAN _____ DATE _____	SIGNATURE _____ DATE _____