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| 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 these information are 0579-0020, 0101, and 0156. The time required to complete this information collection is estimated to average .75 to 1 hour 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. | | | | | | | | | | | | | | | | | | | | | | | | | | **OMB Approved**  0579-0020, 0101 and 0156 | |
| This certificate is authorized by law (*21 U.S.C. 112*), while you are not required to respond, no health certificate can be validated unless the data requested is provided. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| United States 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 Number | | | | 3. Page Number  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)* | | | | | | | |
| 12. CONSIGNOR'S STATE | | | | | | | | | | | | | | 13. STATE 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 Address)* | | | | | | | | | | | | | DESTINATION COUNTRY | | | | ENTER CODE | | |
| 15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*  01 BOVINE  02 PORCINE 03 OVINE 04 CAPRINE  05 EQUINE  08 OTHER WILDLIFE – MAMMAL | | | | | | | |
| NEGATIVE TUBERCULIN  READING  48 HRS  72 HRS | | | | | BRUCELLOSIS BLOOD SAMPLE  COLLECTED | | | | | | | | NEGATIVE RESULTS OF OTHER TESTS | | | | | | |
| 09 OTHER *(Specify)* | | | | | | | |  | CERTIFIED BRUCELLOSIS  FREE AREA | | | | | | | DISEASE | | DISEASE | | | | DISEASE |
| *If more lines are needed below - use VS Form 17-140A.* | | | MODIFIED ACCREDITED AREA (TB) | | | | | | |  | DATE  F | | TYPE TEST | | TYPE TEST | | | | TYPE TEST |
| 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  *(Instructions for columns A, B, C & D on reverse)* | | | | | | | √  E |
| ID NO. OR DESCRIPTION  A | | | AGE  B | SEX  C | | BREED  D | √  G | DATE  H | VAC  I | 1/25  J | 1/50  K | | 1/100  L | | DATE  M | | DATE  N | | | | DATE  O |
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| 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 *(Last name, first name, middle initial,-*  *please print)* | | | | | | | | | | | | | 21. STATUS  2 Federal  1 State  3 Accredited | | | | | | 22. TOTAL NO. OF ANIMALS  (Certified for export or donated  semen) (Include numbers. From  all attached VS Forms 17-140A) | | | |
| 24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)* | | | | | | | | | | 25. SIGNATURE OF ISSUING VETERINARIAN | | | | | | | | | | | |
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| 23. Signature of Endorsing Federal Veterinarian | |

VS Form 17-140

SEP 2010