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0156, and 0278

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)

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 <i>(last name, first name, middle initial, or business name)</i>	2. CERTIFICATE NUMBER	3. PAGE NUMBER 1 OF	
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	
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>			16. CONSIGNEE'S NAME AND STREET ADDRESS <i>(Mailing Address)</i>		DESTINATION COUNTRY	
If more lines are needed below - use VS Form 17-140A.			NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS <input type="checkbox"/> 72 HRS		BRUCELLOSIS BLOOD SAMPLE COLLECTED	
			CERTIFIED BRUCELLOSIS FREE AREA		NEGATIVE RESULTS OF OTHER TESTS	
					DISEASE	DISEASE
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>			

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	DATE M	DATE N	DATE O

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

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"/> 1 State <input type="checkbox"/> 2 Federal <input type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS <i>(Certified for export or donated semen) (Include numbers. 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	