according to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respon formation unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0036 me required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing in xisting data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.						6 and 0579-0278. The instructions, searching 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).  O579-0036  0579-0278  EXP XX/XXXX				
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE  UNITED STATES INTERSTATE AND INTERNATIONAL CERTIFICATE OF HEALTH EXAMINATION			us, or fra nent, or u false, fict ct to a fin	nyone who makes a false, udulent statement on this ises such document knowing it itious, or fraudulent may be e of not more than \$10,000 or of not more than 5 years or both	1. TYPE OF ANIMAL SHIPPED  Dog Cat Other  Nonhuman Primate Birds Rodents  3. TOTAL NUMBER OF ANIMALS  4. PAGE					
			S.C. 100		4. 176E					
5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)					6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)					
USDA License/or Registration Number if applicable			Telep	hone	USDA License/or Registration Number if applicable Telephone					
7. ANIMAL IDENTIFICATION					8. VACCINATION HISTORY (Coverage of vaccine)					
NAME, MICROCHIP, AND/OR TATTOO NUMBER OR OTHER	BREED – COMMON OR SCIENTIFIC	AGE	E SEX	COLOR OR DISTINCTIVE MARKS	1 YEAR 2 YEARS 3 YEARS TREATMENT AND/OR TESTS		OTHER VACCINATIO EATMENT AND/OR TESTS A			
IDENTIFICATION	NAME				Vaccination Date	Product	Date	Product Type and	or Results	
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
REMARKS OR ADDITIONAL CERTIFICATION STATEMENS (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.					
					I certify that I have verified the identity of the animals listed in box 8.					
					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.					
SIGNATURE DATE					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.					
ENDORSEMENT FOR INTERNATIONAL EXPORT (NOTE: International shipments may require					NAME, ADDRESS, AND TELEPHONE NUMBER OF VETERINARIAN LICENSE NUMBER					
certification by an accredited veterinarian. States may also require such certification.)  Apply USDA Seal or Stamp here										
PP 7									edited Yes No	
OLONATURE OF HODA VETERINARIAN										
SIGNATURE OF USDA VETERINARIAN			DATE	SIGNATURE			DAT	E		