According to the Paperwork Reduction Act or information unless it displays a valid OMB co 0579-XXXX. The time required to complete the	ntrol number. The valid OMB cont	rol numbers	for this i	information collection	are 0579-0036, 0579-03	33, and USDA regulation shall I	be delivered to ar	y intermediate I	nandler or carrier for	OMB APPROVED 0579-0036 0579-0333
instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the					e collection of information	 issued by a licensed veteri 	narian (7 U.S.C. 21.4	13.9; CFR, Subcha	apter A, Part 2).	0579-XXXX
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WARNING: Anyone who mal a false, fictitious, or fraudulent statement on this document, or				1. TYPE OF ANIMA	AL SHIPPED (select one only)		2. CERTIFIC	ATE NUMBER		
			atement on this document, or		Dog Cat Other					
UNITED STATES INTERSTATE AND INTERNATIONAL			lse, fictit		Nonhuman Primate Ferret Rodents					
CEDITIES ATE OF LIEAL THEY AND ATION frauduler			ent may	be subject to a than \$10,000 or	3. TOTAL NUMBER OF ANIMALS 4. PAGE					
FOR SMALL ANIMALS				f not more than 5						
years or both (18 U.S.C. 1001).										
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 annlicable)									
7. ANIMAL IDENTIFICATION					8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY					
NAME. AND/OR TATTOO NUMBER	BREED – COMMON			COLOR OR DISTINCTIVE MARKS OR	RABIES VACCINATION			OTHER VACCINATIONS,		
OR OTHER IDENTIFICATION	OR SCIENTIFIC NAME	AGE S	SEX		1 YEAR 2 YEARS 3 YEARS			TREATMENT, AND/OR TESTS AND RESULTS		ESULTS
- 1.2				MICROCHIP	Vaccination Date	Product	Date	1	Product Type and/or Re	eculto
(1)					vaccination Date	Product	Date		Product Type and/or Re	Suits
(2)										
(3)										
(4)										
(5)										
(6)										
9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)					VETERINARY CERTIFICATION: I certify that the animals described in box 7 have been examined by me this date, that the information provided in box 8 is true and accurate to the best of my knowledge, and that the following findings have been made ("X" applicable statements).					
					I have verified the presence of the microchip, if a microchip is listed in box 7.					
					Locatify that the enimal(s) described above and an continuation about(s) if applicable, have been inspected by the said and and					
					L certify that the animal(s) described above 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.					
					To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and has/have not been exposed to rabies.					
ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)									LICENSE NUMBER AND STATE	
PRINTED NAME OF USDA VETERINARIAN					TO AMIL, ADDITION,	AND TELEF HOME NOMBER OF	10001110 12121		LIGENOE NOMBER	
					NATIONAL ACCREE					TATION NUMBER
SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here DATE						shipments may require certification b SUING VETERINARIAN	y an accredited vet	erınarıan.		DATE
COMPLETE OF CODA VETERINARIA	Apply Joba Jeal Of S	amp ner	~	D.111E	SIGNATURE OF IS	SOME VETERMANIAN				DAIL
			- 1							1