According to the Paperwork Reduction Act of information unless it displays a valid OMB con 0579-0392. The time required to complete the	trol number. The valid OMB contr s information collection is estima	s for this rage .25	information collection hours per response	are 0579-0036, 0579-0333, and including the time for reviewing unless accompanied by a health certificate executed and use of the control of							
instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the warning existing data sources, gathering and maintaining the data needed, and completing and reviewing the warning existing data sources, gathering and maintaining the data needed, and completing and reviewing the data needed, and completing and review needed, and completing and review needed, and complete the data needed and						AL SHIPPED (select one only)	n (7 U.S.C. 21.4		ATE NUMBER	0579-0392	
UNITED STATES DEPARTMENT OF AGRICULTURE				s, or fraudulent		(**************************************		Z. CLIVIII-IO	ATE NOMBER		
ANIMAL AND PLANT HEALTH INSPECTION SERVICE				nis document, or	Dog Cat	tOther					
UNITED STATES INTERSTATE AND INTERNATIONAL		uses such document knowing it to be false, fictitious, or fraudulent may be subject to a			Nonhuman Primate Ferret Rodents						
CERTIFICATE OF HEALTH EXAMINATION		fine of not more than \$10,000 or			3. TOTAL NUMBER OF ANIMALS			4. PAGE			
FOR SMALL ANIMALS		imprisonment of 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 applicable) 7. ANIMAL IDENTIFICATION					8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY						
NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE		COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION			OTHER VACCINATIONS,			
			SEX		1 YEAR 2 YEARS 3 YEARS		TREATMENT, AND/OR TEST		AND/OR TESTS AND RE	AND RESULTS	
							<u> </u>		Bud at Taxas at the Book to		
(1)					Vaccination Date	Product	Date		Product Type and/or Res	Sults	
(1)											
(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.						
					I 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						
ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)					for rabies and has/have not been exposed to rabies. NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN				LICENSE NUMBER AND STATE		
PRINTED NAME OF USDA VETERINARIAN					NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN				LICENSE NOWIDER AND STATE		
				NATIONAL ACCREDI					ATION NUMBER		
									ATION NOMBER		
					NOTE: International shipments may require certification by an accredited veterinarian.						
SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here DATE						SUING VETERINARIAN			•	DATE	