## U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES

CONTINUATION SHEET FOR

### UNITED STATES ORIGIN HEALTH CERTIFICATE

#### OMB STATEMENT:

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 number of this information collection is 0579-0020. The time required to complete this information collection is estimated to average .50 hours 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.

NOTE: PART 2 VS RIVERDALE, MARYLAND - HAS A SEPARATE PAGE

## **READ INSTRUCTIONS FROM VS FORM 17-140**

This certificate is authorized by law (21 USC 112), while you are not requ	ired to respond, no	health cer	tificate	can be va	alidated	d unless the d	lata red	quested is p	rovided.	. See r	everse	side for a	dditional information.	Form Approved OMB No. 05	79-0020
U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE		1.	FIRST	CONSIGN	IOR'S N	2. CERTIFICATE NO. FROM VS FORM 17-140	3. PAGE NO.								
VETERINARY SERVICES			CONS	SIGNEE'S	NAME	1									
CONTINUATION SHEET FOR  UNITED STATES ORIGIN HEALTH CERTIFICATE															
			NEGATIVE TUBERCULIN BRUCELLOSIS BLOOD READING SAMPLE COLLECTED NE											GATIVE RESULTS OF OTHER TESTS	
			4	8 HRS.		HRS.							DISEASE	DISEASE	DISEASE
17. FARM ORIGIN Owner's name (Last name, two initials, & business name) Owner's street address Owner's city/town, state code & zip code			REDITED AREA (TB)					CEF	RTIFIED			IS	TYPE TEST	TYPE TEST	TYPE TEST
	18. INDIVIDUAL II		IFICAT	ION	N	DATE	h	-	FRE	E ARE	A			<u> </u>	
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VS FORM 17-140a Previous edition may be used. (APR 2003)	<u> </u>	□₽	art 1 -	ACCOMP. ENT	ANY	Part :	2 - VS F on sep	RIVERDALE, erate page)		Part 3 VETEI	- POR'	Γ AN	Part 4 -FIEL	D STATION Part 5 - IS	SSUING ARIAN

# **READ INSTRUCTIONS FROM VS FORM 17-140**

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE				CONSIGN		2. CERTIFICATE NO. FROM VS FORM 17-140	3. PAGE NO.								
VETERINARY SERVICES  CONTINUATION SHEET FOR			CONS	SIGNEE'S	NAME										
UNITED STATES ORIGIN HEALTH CERTIFICATE			NEGATIVE TUBERCULIN BRUCELLOSIS BLOOD READING SAMPLE COLLECTED									NEGA	EGATIVE RESULTS OF OTHER TESTS		
				8 HRS.	72	HRS.							DISEASE	DISEASE	DISEASE
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