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 for this information collection is 0579-0036. The time required to complete this information collection is estimated to average .25 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.

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 USC 21.43.9 CFR, Subchapter A, Part 2).

OMB APPROVED 0579-0036 Exp. XX/XXXX

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

## UNITED STATES INTERSTATE AND INTERNATIONAL CERTIFICATE OF HEALTH EXAMINATIONFOR SMALL ANIMALS

(Continuation Sheet)

CERTIFICATION NUMBER     (Insert certificate number from page 1)
2. PAGE

USDA License or Registration Number If Applicable    Telephone	3. NAME, ADDRESS AND TELEP	4. NAME, ADDRESS AND TELEPHONE NUMBER OF CONSIGNEE										
S. ANIMAL IDENTRICATION (To be completes by owner/consignory   S. ANIMAL IDENTRICATION (To be complete by veter/cital bare facility contribute)   S. ANIMAL IDENTRICATION (To be complete)   S. VACCINATIONS (T. VACCINATIONS (TO be complete)   S. VACCINATIONS (T												
COMPLETE USDATAGO COLOR NUMBER         BREED - COMMON OR SCIENTIFIC NAME         4 Per DISTINCTIVE MARKS         RABIES   Live Virus         Live Virus         J-H.         DISTINCTIONS TEST REATMENT           (1)         6         7         7         Date         Product         Date         Product         Date         Treatment           (2)         6         7         6         1         1         1         1         1	USDA License or Registration Number If Applicable  Telephone						USDA License or Registration Number If Applicable				Telephone	
COLDA PATE USDA TAGE COLDA NAME   PATE   P	5. ANIMAL IDENTIFICATION (To be completes by owner/consignor)					6. VACCINATION HISTORY (To be completed by Veterinarian)				attach original signature Rabies certificate here		
NUMBER NAME	COLLAR AND/OR TATTOO	OR SCIENTIFIC	AGE	SEX	COLOR OR DISTINCTIVE MARKS		Live Virus	D-H-L		OTHER VACCINATIONS		
(2)         (3)         (4)         (4)         (4)         (4)         (4)         (4)         (5)         (4)         (4)         (5)         (4)         (5)         (4)         (5)         (6)         (7)         (8) <td>NUMBER</td> <td>Date</td> <td>Product</td> <td>Date</td> <td>Product</td> <td>Date</td> <td>Type/Result</td>	NUMBER					Date	Product	Date	Product	Date	Type/Result	
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