| OMB control numbers   | work Reduction Act of 1995, ar<br>for these information collections<br>nstructions, searching existing  | s are 0579-<br>data source | 0020, 0101, 0<br>es, gathering a  | 156, 0278, and nd maintaining | 0432. T  | The tim   | es require<br>ed, and co  | ed to co<br>impletin | mplete these      | e inforn<br>wing th             | nation co<br>e collect   | ollection<br>ion of in | ns is estir<br>nformatio                                 | nated to a<br>n.  | verage . | 5 to 1 h                        | our per respon | se, including    | 0579      | OMB Approved<br>0-0020, 0101, 0156,<br>0278, and 0432 |
|---|---|----------------------------|---|-------------------------------|----------|---|---|----------------------|-------------------|---------------------------------|--------------------------|------------------------|--|-------------------|----------|---------------------------------|----------------|------------------|-----------|---|
|   | This certificate is   |                            |   |                               | nile you |   |   |                      |                   |                                 |                          |                        |  |                   |          |                                 |                |                  |           |   |
| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES  |   |                            |   |                               |          | 1   | CONSIGNOR'S NAME (Last name, First name, Middle initial, or Business name)     CERTIFICAT |                      |                   |                                 |                          |                        |  |                   |          |                                 | TE NUMBER      | NUMBER 3. PAGE N |           |   |
|   | NITED STATES ORIGIN   | I HEALTI                   | H CERTIFI   |                               | 17-27)   |   |   |                      |                   |                                 |                          |                        |  |                   |          |                                 |                |                  |           | <b>1</b> OF   |
| 4. DATE ISSUED  |   |                            |   |                               |          |   | 7. CONSIGNOR'S STREET ADDRESS (Mailing Address)  8. CONSIGNOR'S CITY (c                   |                      |                   |                                 |                          |                        |  |                   |          | OR'S CITY (or 1                 | · Town)        |                  |           |   |
| O SEMEN ("V" if year)   | 40 NO DOOES OF SEMEN  | 1                          | T44 TDANE   | DODTATION C                   | 1 4 6 6  |   | 2. CONS   | IGNOR                | 'S STATE          |                                 |                          |                        |  |                   | 1        |                                 | 13. STATE CO   | DE               | 14. ZI    | P CODE  |
|   | 9. SEMEN ("X" if yes) 10. NO. DOSES OF SEMEN 11. TRANSPORTATION CLASS 1 1 - Rail 3 - Air 2 - Truck 4 - Ocean 15. SPECIES ("X" one - use VS Form 17-6 for Poultry) |                            |   |                               |          | 16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)  DESTIN |   |                      |                   |                                 |                          |                        |  | NATION COUNTRY EN |          | ENTE                            | R CODE         |                  |           |   |
| 01 BOVINE   | •   | )<br>∏03 OVINI             | E 🔲 04  | CAPRINE                       |          |   | NEGATIVE TUBERCULIN<br>READING  |                      |                   |                                 | BRUCELLOSIS BLOOD SAMPLE |                        |  |                   | E        | NEGATIVE RESULTS OF OTHER TESTS |                |                  | ER TESTS  |   |
|   | 05 EQUINE 0   | 8 OTHER V                  | WILDLIFE – M  | AMMAL                         |          |   |   |                      |                   |                                 | COLLECTED                |                        |  |                   |          |                                 |                |                  |           |   |
| 09 OTHER (S   | pecify)   |                            |   |                               |          |   | │   |                      |                   |                                 |                          |                        |  |                   | DISE     | SEASE DISEAS                    |                |                  | DISEASE   |   |
| 17. FARM ORIGIN   | ed below - use VS Form 17-140   |                            | 18. IN  | MODIFIED AC                   | NTIFICA  | TION  |   |                      |                   | CERTIFIED BRUCELLOSIS FREE AREA |                          |                        |  | SIS               | TYPE     | E TEST TYPE TE                  |                |                  | TYPE TEST |   |
| Owner's Name (Last Name, Two Initials, or Business Name) Owner's Street Address, Owner's City/Town, State Code. (FIPS Code on reverse) and ZIP Code   |   |                            |   |                               |          | SEX   |   |                      | DATE              | <br>√                           | DATE VAC 1/25 1/50 1/1   |                        |  |                   | 1/100    |                                 | DATE DAT       |                  |           |   |
| (The Gode of Teverse  | of and 211 Gode   |                            | A   |                               | В        | С   | D   | E                    | F                 | G                               | Н                        | ı                      | J  | K                 | L        |                                 | M              | N                |           | 0   |
|   |   |                            |   |                               |          |   |   |                      |                   |                                 |                          |                        |  |                   |          |                                 |                |                  |           |   |
|   |   |                            |   |                               |          |   |   |                      |                   |                                 |                          |                        |  |                   |          |                                 |                |                  |           |   |
|   |   |                            |   |                               |          |   |   |                      |                   |                                 |                          |                        |  |                   |          |                                 |                |                  |           |   |
|   |   |                            |   |                               |          |   |   |                      |                   |                                 |                          |                        |  |                   |          |                                 |                |                  |           |   |
|   |   |                            |   |                               |          |   |   |                      |                   |                                 |                          |                        |  |                   |          |                                 |                |                  |           |   |
|   |   |                            |   |                               |          |   |   |                      |                   |                                 |                          |                        |  |                   |          |                                 |                |                  |           |   |
|   |   |                            |   |                               |          |   |   |                      |                   |                                 |                          |                        |  |                   |          |                                 |                |                  |           |   |
|   |   |                            |   |                               |          |   |   |                      |                   |                                 |                          |                        |  |                   |          |                                 |                |                  |           |   |
|   |   |                            |   |                               |          |   |   |                      |                   |                                 |                          |                        |  |                   |          |                                 |                |                  |           |   |
|   |   |                            |   |                               |          |   |   |                      |                   |                                 |                          |                        |  |                   |          |                                 |                |                  |           | _   |
|   |   |                            |   |                               |          |   |   |                      |                   |                                 |                          |                        |  |                   |          |                                 |                |                  |           |   |
|   |   |                            |   |                               |          |   |   |                      |                   |                                 |                          |                        |  |                   |          |                                 |                |                  |           |   |
| VALID ONLY IF LIS   | DA VETERINARY SEAL  | <u> </u>                   |   |                               |          |   |   | CF                   | RTIFICA           | TION                            | RV IS                    | SHING                  | : VETE   | RINARI            | IΔN      |                                 |                |                  |           |   |
| VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as continuous theoretic, the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates in have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate. |   |                            |   |                               |          |   |   | ndicate              | d. Arrangements   |                                 |                          |                        |  |                   |          |                                 |                |                  |           |   |
|   |   |                            | 9. DATE ENDORSED 20. NAME OF ISSUING VETERINARIAN (Last Name, First Name, Middle Initial, please print) 21. STATUS 2 Federal 1 State 3 Accredited |                               |          |   |   |                      |                   |                                 | 22. TOTA<br>(Certif      | fied for e             | BERS OF ANIMALS<br>export or donated<br>ude numbers from |                   |          |                                 |                |                  |           |   |
| 23. Signature of End  | orsing Federal Veterinarian   | - II etter her d.          |   |                               |          |   |   |                      | VS Forms 17-140A) |                                 |                          |                        |  |                   |          |                                 |                |                  |           |   |

## INSTRUCTIONS FOR COMPLETING VS FORM 17-140, UNITED STATES ORIGIN HEALTH CERTIFICATE AND

## VS FORM 17-140A, CONTINUATION SHEET FOR UNITED STATES ORIGIN HEALTH CERTIFICATE

Use a separate form for each Species. If additional lines are needed, use as many VS Forms 17-140A and B, Continuation Sheet for United States Origin Health Certificate, as needed If more copies of this certificate are needed, duplicated copies may be made after endorsement, using any copy except the original. No additions, changes or deletions will be made on this certificate unless initialed by the issuing, endorsing, or port veterinarian. (*A double ruled line will be used to delete animals not being shipped.*)

- 1. Self-explanatory.
- CERTIFICATE NO. The Imprinted certificate no. on the Certificate shall not be altered or crossed out, and all copies covering the same Species shall carry the same unaltered certificate no. Insert this no. on all VS Forms 17-140A used.
- 3. **PAGE NO.** Show total number pages In the shipment on each sheet, (I.e., a shipment which would use one VS Form 17-140 and two VS Form 17-140A would be numbered: "Page 1 of 3; Page 2 of 3; and Page 3 or 3).
- 4. **DATE ISSUED** The date the veterinary Inspection is completed.
- U.S. PORT OF EMBARKATION The point of loading for export

- 6. STATE CODE See FIPS state codes below.
- Self-explanatory.
- Self-explanatory.
- SEMEN Check If Semen, but be certain to give the Species in Item 15.
- 10. Self-explanatory.
- 11. Self-explanatory.
- 12. Self-explanatory
- 13. STATE CODE See FIPS state codes below
- 14. Self-explanatory

- 15. **SPECIES** (Check or Specify) A separate certificate must be used for each species.
- Enter name and address of consignee and FIPS country code.
- 17. Self-explanatory. (FIPS State Codes Below)
- 18. A ID NO. OR DESCRIPTION Show the complete ear tag or tattoo no.
  - **B AGE** Age measured In months.
  - C SEX M-Male F-Female N-Neuter

|  | 18D - BREEDS  |  |   |  |  |  |   |  |  |  |  |  |  |
|--|---|--|---|--|--|--|---|--|--|--|--|--|--|
| BOVINE  AN - Aberdeen Angus  | CN - Canadienne   | GA - Galloway (beef)   | LR - Lincoln Red  | RN - Romagnola   | LA - Landrace  | PC - Poland China<br>BK - Birkshire                              | TM - Tamworth<br>WS - Wessex Saddleback   | CAPRINE<br>AL - Alpine<br>AG - Angora  |  |  |  |  |  |
| AB - Abondance<br>AF - Alfokander<br>AY - Ayahlre<br>BA - Barzona  | CH - Charolais<br>CA - Chianina<br>DB - Danish Black<br>and White   | GD - Galloway (dairy)<br>GS - Gascone<br>GV - Gelbvieh<br>GR - Groninger   | MR - Marchigiána ME - Maremmana MI - Meuse-Rhine-Ijessel MO - Montbellard MG - Murray Gray MF - Normandle NR - Norwegian Red PA - Parthenais PI - Pinzgauer RA - Ranger AR - Red Angus RB - Red Brangus RD - Red Dane (Red Danish, Danish Red) MF | RO - Rotbunte AS - Salers SG - Santa Gertrudis MS - Shorthorn (milking) SS - Shorthorn (beef-Scotch) SP - MS - Shorthorn (polled) IS - Shorthorn (lliawarra) SM - Simmental DS - South Devon SX - Sussex |  | SO - Spotted<br>CW - Chester White<br>PE - Pietrain              | LW - Large White (British)<br>LB - Large Black (British)  | LN - La Mancha<br>NU - Nubian<br>TO - Toggenburg   |  |  |  |  |  |
| BE - Beefalo<br>BF - Beef Friesian<br>BM - Beef Master<br>BB - Belgium Blue<br>BG - Belter Galloway<br>BD - Blonde D'Aquitaine                   | DJ - Danish Jersey<br>RW - Danish Red<br>and White<br>DE - Devon<br>DR - Dexter<br>FP - East Flemish          | GU - Guernsey<br>HC - Hays Converter<br>HH - Hereford (horned)<br>HP - Hereford (polled)<br>SH - Highland (Scotch<br>Highland) |   |  | BC - Border Cheviot LE - Leicester CO - Columbia L1 - Lincoln CR - Corriedale MT - Montada                                     |  | n RM tadale SB Country Cheviot SR ord ST  | A - Rambouillet  I - Romnelet  S - Scottish Blackface C - Shropshire - Southdown J - Suffolk |  |  |  |  |  |
| BO - Bradford<br>BR - Brahman<br>BH - Brahmental<br>BN - Brangus<br>SB - Brown Swiss (beef)<br>BS - Brown Swiss (dairy)<br>CP - Campine Red Pied | Red Pied ER - Eringer FA - Flamand FL - Fleckvieh FR - Fribourg FB - Friesian (Belgium) DF - Friesian (Dutch) | HO - Holstein<br>HY - Hybrid (Alberta<br>Hybrid)<br>JE - Jersey<br>KB - Kobe (Wagyu)<br>LU - Luing<br>LM - Limousin            |   | TA - Tarentaise TG - Tasmanian Grey TL - Texas Longhorn WB - Welsh Black WF - West Flemish Red XX -Crossbreds  | EQUINE  AS - American Sado  AP - Appalosa  AB - Arabian  BL - Belgian  CL - Clydesdale  HA - Hackney (Hors  HK - Hackney (pon) | MN - Mor<br>APL - Pal<br>PE - Perc<br>PN - Pinto<br>Se) OH - Qua | gan         SN           omino         SF           heron         TW           o         TH           rter Horse         WE | Shire - Standardbred - Suffolk Punch - Tennessee Walking - Thoroughbred - Welsh              |  |  |  |  |  |

**COLUMNS E-O** 

40D DDEEDO

I - VAC - Use "OV" official vaccinates, or vaccination date when required by country or destination.

J, K. L - Show Negative In highest Titer required.

M, N, O, - Self-Explanatory

## E, F, G, H, - Self-Explanatory FIPS STATE CODES (Items 6, 13, and 17)

| 01 - Alabama<br>02 - Alaska | 08 - Colorado<br>09 - Connecticut | 13 - Georgia<br>15 - Hawaii | 19 - Iowa<br>20 - Kansas | 24 - Maryland<br>25 - Massachusetts | 29 - Missouri<br>30 - Montana | 34 – New Jersey<br>35 – New Mexico | 39 - Ohio<br>40 - Oklahoma | 44 - Rhode Island<br>45 - South Carolina | 49 - Utah<br>50 - Vermont | 54 - West Virginia<br>55 - Wisconsin |
|-----------------------------|-----------------------------------|-----------------------------|--------------------------|-------------------------------------|-------------------------------|------------------------------------|----------------------------|--|---------------------------|--------------------------------------|
| 03 - Arizona                | 10 - Delaware                     | 16 - Idaho                  | 21 - Kentucky            | 26 - Michigan                       | 31 - Nebraska                 | 36 – New York                      | 41 - Oregon                | 46 - South Dakota                        | 51 - Virginia             | 56 - Wyoming                         |
| 04 - Arkansas               | 11 – Dist. of Columbia            | 17 - Illinois               | 22 - Louisiana           | 27 - Minnesota                      | 32 - Nevada                   | 37 – North Carolina                | 42 - Pennsylvania          | 47 - Tennessee                           | 52 - Virgin Island        |                                      |
| 06 - California             | 12 - Florida                      | 18 - Indiana                | 23 - Maine               | 28 - Mississippi                    | 33 - New Hampshire            | 38 – North Dakota                  | 43 - Puerto Rico           | 48 - Texas                               | 53 - Washington           |                                      |