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OMB APPROVED
0579-0036
EXP: XX/XXXX

**UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
ANIMAL CARE**

**LIVE DOG IMPORT
HEALTH AND RABIES CERTIFICATE**
(ONLY REQUIRED TO IMPORT A DOG FOR RESALE OR ADOPTION)

NAME OF THE PERSON INTENDING TO IMPORT THE DOG INTO THE CONTINENTAL UNITED STATES OR HAWAII:

ADDRESS:	CITY:	STATE:	ZIP CODE:
PHONE NUMBER <i>(including country code)</i> :	EMAIL ADDRESS <i>(if applicable)</i> :		

IDENTIFICATION OF DOG

BREED	SEX	AGE <i>(Year/Month)</i>	COLOR	OTHER IDENTIFYING INFORMATION <i>(e.g., markings, microchip number, tattoo, tag number, name)</i>	IS THIS DOG AT LEAST 6 MONTHS OF AGE? <i>(Yes or No)</i>

VACCINATION INFORMATION - GENERAL

PRODUCT NAME	MANUFACTURER	LOT NUMBER AND LOT EXPIRATION DATE	DATE OF VACCINATION	DATE OF EXPIRATION OF VACCINATION

VACCINATION INFORMATION - RABIES

PRODUCT NAME	MANUFACTURER	LOT NUMBER	DATE OF VACCINATION <i>(if initial vaccine, must be given 30 days prior to entry in the U.S.)</i>	DATE OF EXPIRATION OF VACCINATION

Veterinary Certificate

1. I certify that the dog identified above was examined by me on this date and that the information on this form is true and correct.
2. I certify that I hold a valid license to practice veterinary medicine in the country of export
3. The dog was vaccinated, not more than 12 months before the date of arrival at the United States port, for rabies, distemper, hepatitis, leptospirosis, parvovirus, and parainfluenza viruses at a frequency that provides continuous protection of the dog from those diseases and is in accordance with currently accepted practices as cited in veterinary medicine reference guides.
4. The dog listed above appears to be healthy upon examination and free of infectious disease or internal or external parasites *(i.e., free of any infectious disease or physical abnormality which would endanger the dog or other animals or endanger public health)*.

I certify that all information provided on this form is true and accurate.

VETERINARIAN'S SIGNATURE:	PRINTED NAME:
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ADDRESS OF VETERINARIAN:

LICENSE NUMBER OF THE VETERINARIAN ISSUING THE CERTIFICATE:	DATE:
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