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**OMB Approved**  
0579-0020  
**Exp.: XX/XXXX**

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

This certificate is authorized by law (21 U.S.C. 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided.

UNITED STATES DEPARTMENT OF AGRICULTURE MARKETING AND REGULATORY PROGRAMS ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES  CONTINUATION SHEET FOR UNITED STATES ORIGIN HEALTH CERTIFICATE STATEMENTS/CERTIFICATIONS	1. FIRST CONSIGNOR'S NAME ( <i>last name, first name, middle initial, or business name</i> )	2. CERTIFICATE NUMBER FROM VS FORM 17-140	3. PAGE NUMBER  OF
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