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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 U.S.C. 21.43.9; CFR, Subchapter A, Part 2).

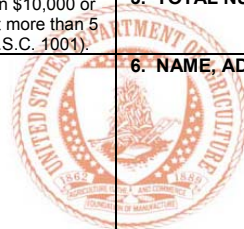
OMB APPROVED
0579-0020
0579-0036

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**UNITED STATES INTERSTATE AND INTERNATIONAL
CERTIFICATE OF HEALTH EXAMINATION
FOR SMALL ANIMALS**

WARNING: Anyone who makes a false, fictitious, or fraudulent statement on this document, or uses such document knowing it to be false, fictitious, or fraudulent may be subject to a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 1001).

1. TYPE OF ANIMAL SHIPPED (select one only)			2. CERTIFICATE NUMBER - OFFICIAL USE ONLY	
Dog	Cat	Other _____		
Nonhuman Primate	Ferret	Rodent		
3. TOTAL NUMBER OF ANIMALS			4. PAGE	



5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)

USDA License/or Registration Number (if applicable)

7. ANIMAL IDENTIFICATION					8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY				
NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION			OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
					1 YEAR	2 YEARS	3 YEARS	Date	Product Type and/or Results
(1)					Vaccination Date	Product	Date	Product Type and/or Results	
(2)									
(3)									
(4)									
(5)									
(6)									

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

VETERINARY CERTIFICATION: I certify that the animals described in box 7 have been examined by me this date, that the information provided in box 8 is true and accurate to the best of my knowledge, and that the following findings have been made ("X" applicable statements).

I have verified the presence of the microchip, if a microchip is listed in box 7.

I certify that the animal(s) described above and on continuation sheet(s), if applicable, have been inspected by me on this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animal or other animals or would endanger public health.

To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and has/have not been exposed to rabies.

ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)
PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN	LICENSE NUMBER AND STATE								
	<table border="0"> <tr> <td>Accredited</td> <td>Yes</td> <td>No</td> </tr> <tr> <td colspan="3">If yes, please complete below</td> </tr> <tr> <td colspan="3">----- NATIONAL ACCREDITATION NUMBER</td> </tr> </table>	Accredited	Yes	No	If yes, please complete below			----- NATIONAL ACCREDITATION NUMBER	
Accredited	Yes	No							
If yes, please complete below									
----- NATIONAL ACCREDITATION NUMBER									

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE