|  |                                     |                       | <u> </u>           |   | ONE CONTROL IN |                          | 7, Expires 70070000 |  |
|--|-------------------------------------|-----------------------|--------------------|---|----------------|--------------------------|---------------------|--|
| UNITED STATES DEPARTMENT OF AGRICULTURE<br>ANIMAL AND PLANT HEALTH INSPECTION SERVICE<br>VETERINARY SERVICES   |                                     |                       |                    | CERTIFICATION OF INSPECTION OF EXPORT ANIMALS |                |                          | 1. EXPORT NO.       |  |
| STATES (FIPS Codes)  | - ENTER IN ITEMS 5 AND              | 14                    | 25 - Massachusetts | 33 – New Hampshire                            | 41 – Oregon    | 4                        | 9 – Utah            |  |
| 01 – Alabama   | 10 – Delaware                       | 18 – Indiana          | 26 - Michigan      | 34 – New Jersey                               | 42 – Pennsyl   | vania 5                  | 0 – Vermont         |  |
| 02 – Alaska  | 11 - District of Columbia           | 19 – Iowa             | 27 – Minnesota     | 35 – New Mexico                               | 43 – Puerto F  | Rico 5                   | 1 – Virginia        |  |
| 04 – Arizona   | 12 – Florida                        | 20 – Kansas           | 28 – Mississippi   | 36 – New York                                 | 44 – Rhode I   |                          | 2 – Virgin Island   |  |
| 05 – Arkansas  | 13 – Georgia                        | 21 – Kentucky         | 29 – Missouri      | 37 – North Carolina                           | 45 – South C   |                          | 3 – Washington      |  |
| 06 – California  | 15 – Hawaii                         | 22 – Louisiana        | 30 – Montana       | 38 – North Dakota                             | 46 – South D   |                          | 4 – West Virginia   |  |
| 08 – Colorado  | 16 – Idaho                          | 23 – Maine            | 31 – Nebraska      | 39 – Ohio                                     | 47 – Tenness   |                          | 5 – Wisconsin       |  |
| 09 – Connecticut   | 17 – Illinois                       | 24 – Maryland         | 32 – Nevada        | 40 – Oklahoma                                 | 48 – Texas     |                          | 6 - Wyoming         |  |
| 2. CONSIGNOR'S NAME (Last name, first name, middle initial or business name  |                                     |                       |                    |   |                |                          |                     |  |
| 3. CONSIGNOR'S STR   | EET ADDRESS (Mailing add            | dress)                |                    |   |                |                          |                     |  |
| 4. CONSIGNOR'S CITY  | //TOWN                              |                       |                    | 5. STATE CODE                                 |                | 6 710                    | CODE                |  |
| 4. CONSIGNOR'S CIT   | TIOWN                               |                       |                    | STATE CODE                                    |                | 0. ZIF                   | CODE                |  |
| 7. CONSIGNEE'S NAME (Last name, first name, middle initial or business name – must be identical to name on accompanying U.S. Origin Health Certificate)  |                                     |                       |                    |   |                |                          |                     |  |
| 8. CONSIGNEE'S STRE  | EET ADDRESS                         |                       |                    |   |                |                          |                     |  |
| 9. CONSIGNEE'S CITY/TOWN   |                                     |                       |                    |   |                |                          |                     |  |
| 10. NAME OF COUNTRY (Print or type)  |                                     |                       |                    |   |                | 11. ENTER CODE           |                     |  |
| SPECIES CODES (Enter codes in item 12A)  |                                     |                       |                    |   |                | 12. ANIMALS CERTIFED FOR |                     |  |
| 01 Bovine 03 Ovine 05 Equine 09 Other  |                                     |                       |                    |   |                | EXPORT                   |                     |  |
| 01 Bovine  | 03 Ovine 05                         | Equine                | 09 Other           |   |                | SPECIES                  | NO. OF ANIMALS      |  |
| 02 Porcine   | 04 Caprine 08                       | Other Wildlife - Mamm | nals               |   |                | Α                        | В                   |  |
| 13. PORT OF EMBARK   | ΔΤΙΟΝ ( <i>Cit</i> ιλ)              |                       |                    |   |                |                          |                     |  |
| 10. 1 01.1 01 2.1.27.11.11   | a trioit (ony)                      |                       |                    |   |                |                          |                     |  |
|  |                                     |                       |                    |   |                |                          |                     |  |
| 14. STATE OF EMBAR   | KATION (Name)                       |                       |                    | 15. S   | TATE CODE      |                          |                     |  |
|  | ,                                   |                       |                    |   |                |                          |                     |  |
| 16. Transportation Class   | s 17. CARRIER AT P<br>Company or Ve | ORT OF EMBARKATI      | ON (Name of        | 18. DATE OF EXPO<br>(Mo. Da. Yr.)             | ORT            |                          |                     |  |
| 1-Rail 3-Air<br>2-Truck 4-Ocean  | Company or ve                       | 33 <i>01)</i>         |                    | (WO. Da. 11.)                                 |                |                          |                     |  |
| 19. NAME OF PORT USDA, APHIS, VETERINARY MEDICAL OFFICER (Last name, first name, middle initial, please print)   |                                     |                       |                    |   |                |                          |                     |  |
|  |                                     |                       |                    |   |                |                          |                     |  |
|  |                                     |                       |                    |   |                |                          |                     |  |
| The animals described on this form have been given a careful veterinary inspection at the port of embarkation and found to be free from evidence of communicable disease and exposure thereto, and otherwise to have met all other applicable provisions of 9 CFR 93, as |                                     |                       |                    |   |                |                          |                     |  |
| amended.   |                                     |                       |                    |   |                |                          |                     |  |
| 20. SIGNATURE OF USDA, ADMIS VETERINARY MEDICAL OFFICER AT RORT OF FARRADIZATION (Alexandra colors of  |                                     |                       |                    |   |                |                          | SCHED               |  |
| 20. SIGNATURE OF USDA, APHIS VETERINARY MEDICAL OFFICER AT PORT OF EMBARKATION (Not valid unless signed)   |                                     |                       |                    |   |                | 21. DATE IS<br>(Mo. Da   |                     |  |

VS FORM 17-37 AUGUST 2011 Previous editions are obsolete