According to the Paperwork Reduction Act of information unless it displays a valid OME -0486. The time required to complete this in instructions, searching existing data sources, s	B control number. The valid OMB formation collection is estimated t	umbers for .13 to .2	or this information co 25 hours per respons	llection are 0579-0020, -0se, including the time for	0036, and USDA regulations shall be deli reviewing in commerce unless accompai	vered to any intenied by a health	rmediate handler certificate execute	or carrier for transportation	<b>OMB APPROVED</b> 0579-0020, 0036, and 0486	
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE  UNITED STATES INTERSTATE AND INTERNATIONAL CERTIFICATE OF HEALTH EXAMINATION FOR SMALL ANIMALS			NING: A	nyone who makes	1. TYPE OF ANIMAL SHIPPED (select one only)  2. CERTIFICATE NUMBER - OFFICIAL USE ONLY					
				is, or fraudulent his document, or	Dog Cat Other					
			false, fict	ument knowing it itious, or	Nonhuman Primate Ferret Rodent					
				be subject to a than \$10,000 or	3. TOTAL NUMBER OF ANIMALS 4. PAGE					
				of not more than 5 18 U.S.C. 1001).	RTMENT					
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 1 YEAR 2 YEARS 3 YEARS		OTHER VACCINATIONS,			
							TREATMENT, AND/OR TESTS AND RESULTS			
					Vaccination Date	Product	Date		Product Type and/or Resu	ults
(1)										
(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)					NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN LICENSE NUMBE					ID STATE
PRINTED NAME OF USDA VETERINARIAN										
					Accredited Yes No If yes, please complete below NATIONAL ACCREDITATION NUM					below
					NOTE: International shipments may require certification by an accredited veterinarian.					
SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here DATE					SIGNATURE OF ISSUING VETERINARIAN DATE					