According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for these information collections are 0579-0020, 0036, 0048, 0101, 0156, 0278, and 0432. The times required to complete these information collections is estimated to average .25 to 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved 0579- 0020, 0036, 0048, 0101, 0156, 0278, and 0432

# Certification of U. S.-issued rabies vaccination (for live dog re-entry into the United States)

Veterinary Authority UNITED STATES DEPARTMENT OF AC	GRICULTURE	Date Of Issue	Certificate Number				
1. Consignor:			2. Consigned	):			
3. Country Of Origin: USA		4. State Of O	rigin:				
5. Country Of Destination: United States		6. Zone Of Do	estination: **********************	*****	*****		
7. Place Of Origin:			8. Port Of En	nbarkation / Border Crossing:			
9. Estimated Date Of Shipment:			10. Means Of Transport:				
11. ***********************************	*****	******	12. CITES Permit Number:  ***********************************				
<b>13. Description Of Commodity:</b> Dogs			14. Date Of Inspection:				
15. Total Quantity:		16. Additional Information:					
17. Total Number Of Packages/Containers:							
18. Identification / Seal Numbers:							
19. Commodities Intended Use:			20. Type Of A	Admission:			
21. Identification Of Commodities:  (See next page)							
**************************************							
*********	*****	*******	******	**********	*****	*****	

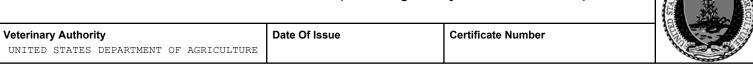
# Certification of U. S.-issued rabies vaccination (for live dog re-entry into the

United States)	
Number	

			IS CONTRACTOR OF THE PARTY OF T
Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE	Date Of Issue	Certificate Number	
			ame

	THIES DEFINITION OF HORIEGO				300	255
Identif	fication Of Commodities: Conf	tinued				
Name	ISO Microchip Number	Microchip Implant Date	Breed	Date of Birth (mm/dd/yyyy)	Sex	Colo
				* * * * * * * * * * * * * * * * * * * *	* * * * * * * * *	****
	* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * *	****
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## Certification of U. S.-issued rabies vaccination (for live dog re-entry into the United States)



### **Certification Statements:**

I certify that I have verified the presence of an ISO-compliant microchip and the microchip listed on this form is true and correct, and matches the information in the official medical records. The microchip must be administered on or before the date of the most recent rabies vaccine or the rabies vaccine is considered invalid and revaccination is required.

I certify for the animal listed above and that age, breed, sex, and description of the animal is true and correct, and matches the information documented on the rabies vaccination certificate and in the official medical records.

I certify based on either having personally administered or supervised the administration of the vaccine or booster, or upon review of medical records maintained within the veterinary clinic in which I practice medicine, that the animal identified above was vaccinated against rabies within the United States, using a USDA-licensed rabies vaccine on the date listed above.

I certify based on either having personally administered or supervised the administration of the vaccine or booster, or upon review of medical records maintained within the veterinary clinic in which I practice medicine, that: (1) the initial rabies vaccine was administered on or after 12 weeks (84 days) of age; or (2) the rabies booster vaccine was administered on or after 60 weeks (15 months) of age and the owner had proof of previous rabies vaccination that was administered on or after 12 weeks (84 days) of age.

I certify that I have accurately recorded the animal's complete rabies vaccination history for the past 3 years on this form to the best of my knowledge and belief and based on official medical records.

I certify that I am licensed to practice veterinary medicine in at least one U.S. state and maintain a valid USDA Category I or II National Veterinary Accreditation.

I certify the animal listed above is expected to travel to these foreign country(ies),  $\_\_\_$  , and then re-enter the United States

I hereby certify to the best of my knowledge and belief that the information submitted herein is complete and accurate and that any false statement made in connection with this certification may subject me to criminal penalties under 18 U.S.C. 1001.

# Certification of U. S.-issued rabies vaccination (for live dog re-entry into the United States)

Certification of 0. 3issued rables vaccination (for five dog re-entry into the officed states)				
Veterinary Authority	Date Of Issue	Certificate Number		
UNITED STATES DEPARTMENT OF AGRICULTURE			100	

# \_\_\_\_\_\_ RABIES VACCINE INFORMATION Product Name | Manufacturer | Lot Number | Product Expiration Date | Date of Vaccination | Date Next Vaccination is Due

Name of Accredited Veterinarian	Name of USDA Veterinarian
Signature of Accredited Veterinarian	Signature of USDA Veterinarian
Date	Date