

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



Veterinary Authority

UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue

Certificate Number

1. Consignor:

2. Consignee:

3. Country Of Origin:

USA

4. State Of Origin:

5. Country Of Destination:

United States

6. Zone Of Destination:

7. Place Of Origin:

8. Port Of Embarkation / Border Crossing:

9. Estimated Date Of Shipment:

10. Means Of Transport:

11. *****

12. CITES Permit Number:

13. Description Of Commodity:

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 Admission:

21. Identification Of Commodities:

(See next page)

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21. Identification Of Commodities: Continued

Name	ISO Microchip Number	Microchip Implant Date	Breed	Date of Birth (mm/dd/yyyy)	Sex	Color

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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.

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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