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 are 0579-0020, 0101 and 0432. The time required to complete this information collection is estimated to average between .5 to 1 hour 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.

This certificate is authorized by law (*21 U.S.C. 112*), while you are not required to respond, no health certificate can be validated unless the data requested is provided.

OMB Approved
0579-0020, 0101, and 0432

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (*Last Name, First Name, Middle Initial, or Business Name*)

2. CERTIFICATE NUMBER

3. PAGE NUMBER 1 OF

4. DATE ISSUED

5. U.S. PORT OF EMBARKATION *(City and State)*

6. STATE CODE

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*

8. CONSIGNOR'S CITY *(or Town)*

9. SEMEN *("X" if yes)* ☐

10. NUMBER DOSES OF SEMEN

11. TRANSPORTATION CLASS
☐ 1 - Rail ☐ 3 - Air
☐ 2 - Truck ☐ 4 - Ocean

12. CONSIGNOR'S STATE

13. STATE CODE

14. ZIP CODE

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☐ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing Address)*

DESTINATION COUNTRY

ENTER CODE

NEGATIVE TUBERCULIN READING
☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN Owner's Name *(Last Name, Two Initials, or Business Name)* Owner's Street Address City/Town, State Code *(FIPS Code on Reverse)* and ZIP Code	MODIFIED ACCREDITED AREA (TB) 18. INDIVIDUAL IDENTIFICATION *(Instructions for Columns A, B, C & D on Reverse)* ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	CERTIFIED BRUCELLOSIS FREE AREA √ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED

20. NAME OF ISSUING VETERINARIAN *(Last Name, First Name, Middle Initial - Type or Print)*

21. STATUS ☐ 1 State ☐ 2 Federal ☐ 3 Accredited

22. TOTAL NUMBER OF ANIMALS *(Certified for export or donated semen) (Include numbers from all attached VS Forms 17-140A)*

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VETERINARIAN *(Type, Print, or Stamp)*

25. SIGNATURE OF ISSUING VETERINARIAN