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.													nber.	OMB Approved 0579-0020, 0101,						
,		red to respond, no health certificate can be validated unless the data requested is provided.													and 0432					
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES							1. CONSIGNOR'S NAME (Last Name, First Name, Middle Initial, or Business Name) 2. CERTIFICATE												ER	3. PAGE NUMBER
UNITED STATES ORIGIN HEALTH CERTIFICATE (This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)																				1 OF
4. DATE ISSUED		F 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 SE	. NUMBER DOSES OF SEMEN 11. TRANSPORTATION CLASS						SNOR'	S STATE					•	13. STATE CODE			14.	ZIP CODE	
	☐ 1 - Rail ☐ 3 - Air ☐ 2 - Truck ☐ 4 - Ocean					16	16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)										DESTINATION COUNTRY E			ER CODE
15. SPECIES ("X" one - use VS Form 17-6 for Poultry)							(1 3 11 11)													
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☐ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL						N	NEGATIVE TUBERCULIN READING				BRUCELLOSIS BLOOD SAMPLE COLLECTED						NEGATIVI	S OF 01	HER TESTS	
☐ 09 OTHER (Specify)						[☐ 48 HRS ☐ 72 HRS										DISEASE DISE		ASE DISEASE	
If more lines are needed below - use VS Form 17-140A. MODIFIED ACCREDITED					ED AR	AREA (TB)				CERTIFIED BRUCELLOSIS FREE AREA						TYPE TEST TYPE		TEST TYPE TEST		
17. FARM ORIGIN Owner's Name (Last Name, Two Initials, or Business Name) 18. INDIVIDUAL IDENTIFICAT (Instructions for Columns A, B, C & D or Columns A, B, C &																				
Owner's Street Address City/Town, State Code (FIPS Code on Reverse) and ZIP Code				R DESCRIPTION AGE A B		SEX C			DATE F	√ G	DATE H	VAC I			1/100 L		DATE DAT			DATE O
																				
																				
																				
VALID ONLY IF USDA VETERINARY SEAL								CERTIF	ICAT	ION BY IS	SUING	I VETERI	I INARIAN]					
VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE 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 determine 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. Are 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 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.												ted. Arrangements ort of embarkation								
		19. DATE E	NG VE	VETERINARIAN (Last Name,				First Name, Middle Initial - Type or Print)					TUS	2 Federal 3 Accredited		(Certified semen)	NUMBER OF ANIMALS for export or donated (Include numbers from			
		24. NAME (OF ENDORSI	INARIA	ARIAN (Type, Print, or Stamp)				25. SIGNATURE OF ISSUING VETERINARIAN								all alläC			
23. Signature of Endorsing Federal Veterinarian																				