

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**UNITED STATES INTERSTATE AND INTERNATIONAL
CERTIFICATE OF HEALTH EXAMINATION
FOR SMALL ANIMALS**

WARNING: Anyone who makes a false, fictitious, or fraudulent statement on this document, or uses such document knowing it to be false, fictitious, or fraudulent may be subject to a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 1001).

1. TYPE OF ANIMAL SHIPPED (select one only)

☐ Dog ☐ Cat ☐ Other _____
☐ Nonhuman Primate ☐ Ferret ☐ Rodent

3. TOTAL NUMBER OF ANIMALS

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

4. PAGE

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

| NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION | BREED – COMMON OR SCIENTIFIC NAME | AGE | SEX | COLOR OR DISTINCTIVE MARKS OR MICROCHIP |
|--|-----------------------------------|-----|-----|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

| RABIES VACCINATION | | OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS | |
|---------------------------------|---|---|-----------------------------|
| <input type="checkbox"/> 1 YEAR | <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS | | |
| Vaccination Date | Product | Date | Product Type and/or Results |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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)

PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

LICENSE NUMBER AND STATE

Accredited ☐ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER

NOTE: International shipments may require certification by an accredited veterinarian.

SIGNATURE OF ISSUING VETERINARIAN

DATE

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here

DATE