According to the Paperwork Reduction Act of information unless it displays a valid OMB co The time required to complete this informatio searching existing data sources, gathering an	ion are 0579-0020 and 0579-0036. USDA regulations shall be delivered to any intermediate handler or carrier for transportation in commerce unless accompanied by a health certificate executed and issued by a licensed										
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE		WAR	NING: A	nyone who makes is, or fraudulent						ATE NUMBER - OFFICIA	L USE ONLY
		stater	nent on t	his document, or	Dog Cat Other						
UNITED STATES INTERSTATE AND INTERNATIONAL			false, fict	ument knowing it itious, or	Nonhuman Pri	mate	Ferret Rodent				
CERTIFICATE OF HEALTH EXAMINATION				be subject to a than \$10,000 or	3. TOTAL NUMBER OF ANIMALS 4. PAG				4. PAGE		
FOR SMALL ANIMALS			onment	of not more than 5	STMENT						
5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)					6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)						
The factor of th											
USDA License/or Registration Number (if applicable)											
7. ANIMAL IDENTIFICATION					8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY						
NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE		COLOR OR DISTINCTIVE MARKS OR	RABIES VACCINATION		CINATION				
			SEX		1 YEAR 2 YEARS 3 YEARS		TREATMENT, AND/OR TESTS AND RESULTS				
				MICROCHIP	Vaccination Date		Product	Date		Product Type and/or Res	ults
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
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 (" <b>X</b> " 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)					NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN LICENSE NUMBER AN						ND STATE
PRINTED NAME OF USDA VETERINARIAN											
					Accredited Yes No If yes, please complete below NATIONAL ACCREDITATION NUMBER						
SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here DATE					SIGNATURE OF IS	SUING VE	ELEKINARIAN				DATE
ADI 110 E					I						1