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 this information collection are 0579-0036 and 0579-0333. The time required to complete this information collection is estimated to average .25 hours 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.

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation 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 veterinarian (7 U.S.C. 2143; 9 CFR, Subchapter A, Part 2).

OMB APPROVED
0579-0036
0579-0333

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)

[X] Dog [ ] Cat [ ] Other_____

[ ] Nonhuman Primate [ ] Ferret [ ] Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

20150112 - POA -01- 1234 / 5254
20150112 - POA - 02- 9876

3. TOTAL NUMBER OF ANIMALS

2 (Two)

4. PAGE

1/1

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)

Joe Owner
123 Elm St
Barksdale, TX, 23456
(123) 456-7890

USDA License/or Registration Number (if applicable)

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)

Joe Owner
Unit Address in Korea
Bldg XXXX
Camp Humphreys, Korea
DSN 315-XXX-XXXX
031-XXX-XXXX

7. ANIMAL IDENTIFICATION / 8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION [ ] 1 YEAR [ ] 2 YEARS [X] 3 YEARS: Vaccination Date	Product	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS: Date	Product Type and/or Results
(1) Tom M/C# 987 654 321 951 234	Poodle	5y	M/N	Black	14 Jul 14	Merial - Imrab 3	14 Jul 14	DA2PPL
(2) M/C# 0A65418254								
(3)								
(4) Jerry M/C# 654 123 789 876	GSD	7y	M	Blk/tan	10 Jun 14	Merial - Imrab 3	10 Jun 14	DA2PPL
(5)								
(6)								

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)

FAVN Specimen drawn: 1 AUG 14
FAVN Results: 4.16 IU/ml
Lab: Kansas State University

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).

[X] I have verified the presence of the microchip, if a microchip is listed in box 7.

[X] 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.

[X] 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

Steve Merica, DVM
CPT, VC
Official Veterinarian, Accreditation# 003456

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

Joe Johnson, DVM
Any Base VTF
4321 Name St
City, ST XXXXX
(654) 987-3210

LICENSE NUMBER AND STATE

ST - XXXXXXX

Accredited [X] Yes [ ] No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER

654321

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

SIGNATURE OF USDA VETERINARIAN | Apply USDA Seal or Stamp here | DATE

Steve Merica | 15 Jan 15

SIGNATURE OF ISSUING VETERINARIAN | DATE

Joe Johnson | 15 Jan 15

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance