

VETERINARY HEALTH CERTIFICATE

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - See Reverse)

TYPE OR PRINT NAME OF OWNER *(Last, First, MI)*

COMPLETE ADDRESS *(Include Zip Code)*

SPECIES

DOG

CAT

SEX

MALE

FEMALE

AGE

3 MO. TO 12 MO.

12 MO. OR OLDER

SIZE

UNDER 20 LBS.

20 - 50 LBS.

OVER 50 LBS.

PREDOMINANT BREED

TAG NUMBER

COLOR(S)

NAME OF ANIMAL

PRODUCER *(First 3 letters)*

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RABIES IMMUNIZATION DATA

1 YR. LIC./VACC.

3 YR. LIC./VACC.

OTHER

MODIFIED

CEO

TCO

CLO

KILLED

MURINE

CAPRINE

This is to certify that the above described animal has been examined by me on the date below and was found free of any communicable disease. To the best of my knowledge this animal has not been exposed to rabies and did not originate from a rabies quarantine area.

NAME, GRADE AND ORGANIZATION OF VETERINARIAN

SIGNATURE

DATE

AUTHORITY: 10 U.S.C. Sections 133 and 8012.

PRINCIPAL PURPOSE(S): To indicate general health examination of the animal to permit interstate or international movement.

ROUTINE USE(S): Used as health certificate to permit interstate or international movement of animal.

DISCLOSURE IS VOLUNTARY: Providing personal information is voluntary. However, if information is not disclosed by the owner, interstate or international movement may not be allowed.