

## VS Form 1–27: Permit for Movement of Animals

---

1. Complete name and mailing address. If animals are being reconsigned from a market has purchased the animals and is, in fact, the owner/shipper.
2. Complete name and address of the owner at the time the physical condition was diagnosed. May be the same as item 1.
3. Self-explanatory.
4. This should be the complete name and address of a slaughter establishment or a quarantined feedlot. If the permit is for eggs, this will be the address of the breaking establishment.
5. Self-explanatory.
6. Self-explanatory.
7. Write in “other” if for eggs.
8. State disease suspected or diagnosed.
9. Exposed, suspect, infected.
10. Infected, exposed, suspect, etc. Use “N/A” if animals are a combined lot being reconsigned from a market.
11. Status of the geographic area as it applies to the disease involved (e.g., quarantine, free, etc.).
12. If poultry products, write in the number of cases, boxes, crates, etc.
13. Self-explanatory.
14. Self-explanatory.
15. Record the seal number used. Seals are not used on poultry trucks but are used on eggs whose movement is restricted because of *Salmonella enteritidis*.
16. Mark appropriate box. Check with your State Veterinarian or Area Veterinarian-in-Charge if in doubt.
17. a. Record all permanent identification present.
  - b. Use breed codes.
  - c. M = male, F = female, N = neutered.If the animal has a current permit number, list the identification number from the original permit that authorized movement to the current location. List any nonpermanent identification (e.g., sale tags, backtags, bangle tags, etc.). Identify poultry by strain. Identify poultry products by type, (e.g., eggs, manure, etc.).
18. This is a legal document; do not forget to sign it.
19. Self-explanatory.
20. Self-explanatory.
21. Allow a reasonable amount of time for the movement to take place.
22. Allow a reasonable amount of time for the movement to take place.
23. If the owner or shipper is not available, the trucker may sign. Never allow a member of the market organization to sign unless the market is the buyer or shipper.
24. Mark appropriate box. If the trucker signed, write in “trucker.”
25. Self-explanatory.
- 26–29. Self-explanatory. For slaughter animals and poultry, if the inspector cannot certify as to receipt and slaughter from his or her personal knowledge, and if plant management satisfies the inspector that the animals or poultry have, in fact, been handled properly, the inspector can insert above item 28 the phrase “Plant Records” or “Plant Management” and then sign item 33 and date item 34.

For animals shipped to a quarantined feedlot, whenever the inspector cannot verify arrival through direct inspection and count, he or she can insert above item 28 the phrase “animals on hand,” or “quarantined feedlot records,” etc., and then sign item 33 and date item 34.

For swine shipped from slaughter market to slaughter market, the inspector must verify arrival of all permitted swine by direct inspection and count.
30. Must be completed if the “yes” box in item 16 is marked.
31. Must be completed if the “yes” box in item 16 is marked.

After completion of the form, items 1–25, the white copy accompanies the shipment. If the shipment is for slaughter, the green copy is addressed to the USDA–Food Safety and Inspection Service (FSIS) or State inspector at the designated slaughtering establishment. The FSIS or the State inspector will then complete the form and return it to the State of origin. If the shipment is poultry products, the green copy goes to the USDA–Agricultural Marketing Service inspector located at the destination. The pink copy goes to the APHIS Veterinary Services area office in the State of destination. The yellow copy goes to the APHIS Veterinary Services area office in the State of origin. The issuing official keeps the goldenrod copy.





# General Information on Appendix D

All pre-numbered APHIS and VS forms are accountable documents and failure to provide security for the forms is a violation of your accredited status. These forms may be ordered from your APHIS-VS Area Office.

If you have any questions about completing these forms, you can contact your APHIS-VS Area Office at: [https://www.aphis.usda.gov/aphis/ourfocus/animalhealth/contact-us/sa\\_area\\_offices/ct\\_area\\_offices\\_avic](https://www.aphis.usda.gov/aphis/ourfocus/animalhealth/contact-us/sa_area_offices/ct_area_offices_avic)

The new VS Form 10-4 Specimen Submission form for NVSL is not pre-numbered and may be completed on line, printed out, and included with your specimens sent to NVSL. The electronic form is available at:

[http://www.aphis.usda.gov/aphis/ourfocus/animalhealth/lab-info-services/sa\\_forms\\_publications/ct\\_forms\\_publications](http://www.aphis.usda.gov/aphis/ourfocus/animalhealth/lab-info-services/sa_forms_publications/ct_forms_publications)

Veterinary Services is developing an electronic system where many of these forms as well as some of the international Official Health Certificates (OHC) of foreign destination countries will be available on line. The VS form 10-11, Equine Infectious Anemia Laboratory Test, is already available in the VSPS. The form can be completed on line in VSPS and transmitted electronically to the laboratories that have linked up with VSPS. The electronic EIA test record has the capability to upload digital photos of the horse.

## **VS Form 4 – 24: Brucellosis Vaccination Record**

---

### **STATE, COUNTY, AND CODE**

Enter the complete State and county name. If appropriate, use the county code assigned by your SAHO or AVIC.

### **HERD NUMBER, OWNER NUMBER**

Herd and owner numbers are assigned by the State. You may or may not have them when you complete the form.

### **KIND OF HERD**

Mark the appropriate box.

### **REMARKS, WBBS**

[Leave blank.]

### **HERD OWNER**

Enter the complete name and mailing address of the owner.

### **CV, AV**

Mark whether this is a calfhood vaccination or adult vaccination.

### **LOCATION**

Use the appropriate codes for these items. Check with your SAHO or AVIC.

### **VACCINE USED**

Enter the name of the biological supply company producing the vaccine used.

### **EXPIRATION DATE**

Enter the expiration date of the vaccine.

### **SERIAL NUMBER**

Enter the serial number of the vaccine.

### **DOSAGE**

Mark the appropriate box.

### **VACC. TATTOO**

Enter the vaccination tattoo used. See “Brucellosis Eradication: Uniform Methods and Rules” to determine the proper tattoo.

### **CERTIFICATION FOR PAYMENT**

Mark the appropriate box.

### **SIGNATURE**

This is a legal document; be sure to sign it.

### **DATE OF VACCINATION**

Enter the date that the vaccination was performed.

### **AGREE. CODE**

Enter your agreement code provided by the State.

### **CERTIFICATION OF OWNER OR WITNESS**

Have the owner or a witness sign and date the form.

### **CERTIFICATION FOR RE-ESTABLISHING**

### **VACCINATION STATUS**

Mark this block if calfhood vaccinates are being retagged. Sign and date. Retagging is always done at the owner's expense.

### **IDENTIFICATION NUMBER**

Enter the calfhood vaccination tag number from the eartag that you are applying. Note any other permanent identification numbers, if present.

**AGE (MO.)** List the age in months.

**BREED** Use the breed codes listed in table 3.

**SEX** Enter F.

**P/B-GRADE** Mark this block if the animals are purebred (registered) or grade calves.

**TATTOO** List the present tattoo if retagging.

**ALL VACCINATIONS MUST BE PROMPTLY REPORTED**  
**COOPERATIVE STATE-FEDERAL BRUCELLOSIS ERADICATION PROGRAM** **G**  
**BRUCELLOSIS VACCINATION RECORD**

U.S. DEPARTMENT OF AGRICULTURE  
 ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
 VETERINARY SERVICES

STATE															
COUNTY	CODE														
HERD NUMBER	HERD OWNER LAST	FIRST	INITIAL	VACCINE USED	EXPIRATION DATE										
OWNER NUMBER	ROUTE-STREET-ROAD			SERIAL NUMBER	DOSAGE <input type="checkbox"/> FULL <input type="checkbox"/> REDUCED	VACC. TATTOO									
KIND OF HERD <input type="checkbox"/> DAIRY <input type="checkbox"/> BEEF <input type="checkbox"/> MIXED	POST OFFICE		STATE	ZIP CODE	<b>CERTIFICATION FOR PAYMENT</b>										
REMARKS	WBBS	CV	AV	RGE	TWP	SEC	DIST	CT	FARM UNIT	<input type="checkbox"/> FEDERAL EMPLOYEE	<input type="checkbox"/> FEE BASIS (Federal)	<input type="checkbox"/> STATE COUNTY	<input type="checkbox"/> PRIVATE (Owner's Expense)		
I CERTIFY THAT: (1) I have vaccinated with Strain 19, tattooed and eartagged or otherwise properly identified all animals listed hereon as prescribed by the Brucellosis UM Act, and recorded all information as prescribed by State regulations; (2) when payment is claimed at program expense in accordance with agreement number below no payment has been or will be received from any other source.															
NO.	IDENTIFICATION NUMBER	AGE (MO./YR.)	BREED	SEX	P/B--GRADE	TATTOO	Signature							Date of Vaccination	Agree. Code
1															
2															
3															
4															
5															
6															
7															
8															
<b>CERTIFICATION OF OWNER OR WITNESS</b>															
I CERTIFY THAT the animals listed hereon were vaccinated and identified for the above named owner.															
Signature											Date				
<b>CERTIFICATION FOR RE-ESTABLISHING VACCINATION STATUS</b>															
* <input type="checkbox"/> indicate tattoo of animals previously vaccinated in appropriate column.															
I CERTIFY THAT I have personally examined the animal(s) noted hereon, and have read the official tattoo(s) and have retagged them as shown.															
Signature											Date				

VS FORM 4-24 (AUG 83)

Previous edition may be used.

PART 1 - OFFICE

## **VS Form 4 – 26: Brucellosis Vaccination Record**

---

### **STATE, COUNTY, AND CODE**

Enter the complete State and county name. If appropriate, use the county code assigned by your SAHO or AVIC.

### **HERD NUMBER, OWNER NUMBER**

Herd and owner numbers are assigned by the State. You may or may not have them when you complete the form.

### **KIND OF HERD**

Mark the appropriate box.

### **REMARKS, WBBS**

[Leave blank.]

### **HERD OWNER**

Enter the complete name and mailing address of the owner.

### **CV, AV**

Mark whether this is a calfhood vaccination or adult vaccination.

### **LOCATION**

Use the appropriate codes for these items. Check with your SAHO or AVIC.

### **VACCINE USED**

Enter the name of the biological supply company producing the vaccine used.

### **EXPIRATION DATE**

Enter the expiration date of the vaccine.

### **SERIAL NUMBER**

Enter the serial number of the vaccine.

### **DOSAGE**

Mark the appropriate box.

### **VACC. TATTOO**

Enter the vaccination tattoo used. See “Brucellosis Eradication: Uniform Methods and Rules” to determine the proper tattoo.

### **CERTIFICATION FOR PAYMENT**

Mark the appropriate box.

### **SIGNATURE**

This is a legal document; be sure to sign it.

### **DATE OF VACCINATION**

Enter the date that the vaccination was performed.

### **AGREE. CODE**

Enter your agreement code provided by the State.

### **CERTIFICATION OF OWNER OR WITNESS**

Have the owner or a witness sign and date the form.

### **CERTIFICATION FOR RE-ESTABLISHING**

### **VACCINATION STATUS**

Mark this block if calfhood vaccinates are being retagged. Sign and date. Retagging is always done at the owner's expense.

### **IDENTIFICATION NUMBER**

Enter the calfhood vaccination tag number from the eartag that you are applying. Note any other permanent identification numbers, if present.

**AGE (MO.)** List the age in months.

**BREED** Use the breed codes listed in table 3.

**SEX** Enter F.

**P/B-GRADE** Mark this block if the animals are purebred (registered) or grade calves.

**TATTOO** List the present tattoo if retagging.

**ALL VACCINATIONS MUST BE PROMPTLY REPORTED**  
**COOPERATIVE STATE-FEDERAL BRUCELLOSIS ERADICATION PROGRAM** **W**  
**BRUCELLOSIS VACCINATION RECORD**

STATE		
COUNTY	CODE	

HERD NUMBER	HERD OWNER LAST FIRST INITIAL	VACCINE USED	EXPIRATION DATE
OWNER NUMBER	ROUTE STREET ROAD	SERIAL NUMBER	DOSAGE <input type="checkbox"/> Full <input type="checkbox"/> Reduced
KIND OF HERD <input type="checkbox"/> DAIRY <input type="checkbox"/> BEEF <input type="checkbox"/> MIXED	POST OFFICE	STATE	ZIP CODE
REMARKS	WBBS	CV <input type="checkbox"/> AV <input type="checkbox"/>	RGE TWP SEC DISTRICT FARM UNIT

**CERTIFICATION FOR PAYMENT**  
 FEDERAL EMPLOYEE  FEE BASIS (Federal)  STATE COUNTY  PRIVATE (Owner's Expense)

Z	IDENTIFICATION NUMBER	AGE		BREED	SEX	P/B GRADE	* TATTOO	I CERTIFY THAT: (1) I have vaccinated with Strain 19, tattooed and eartagged or otherwise properly identified all animals listed hereon as prescribed by the Brucellosis UM & R, and recorded all information as prescribed by State regulations, (2) when payment is claimed at program expense in accordance with agreement number below no payment has been or will be received from any other source.		
		Yr.(s)	Mo.(s)					Signature	Date of Vaccination	Agree. Code
1										
2										

**CERTIFICATION OF OWNER OR WITNESS**  
I CERTIFY THAT the animals listed hereon were vaccinated and identified for the above named owner.  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION FOR RE-ESTABLISHING VACCINATION STATUS**  
\*  indicate tattoo of animals previously vaccinated in appropriate column.  
I CERTIFY THAT I have personally examined the animal(s) noted hereon, and have checked the official tattoo(s) and have retagged them as shown.  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Z	IDENTIFICATION NUMBER	AGE		BREED	SEX	P/B GRADE	* TATTOO
		Yr.(s)	Mo.(s)				
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							

SAMPLE



## **VS Form 4 – 33: Brucellosis Test Record**

---

### **STATE, COUNTY**

Enter the location of the herd; it may not be the same as the owner's residence.

### **CODE**

Enter the correct county code if instructed by your SAHO or AVIC. If you do not know the correct code, leave the block blank.

### **HERD OWNER**

Enter last name, first name, middle initial, and complete mailing address. Be consistent among tests for the same owner — for example, James Jones v. J. Jones v. Jones Bros.

### **LOCATION CODES**

Enter the location codes if appropriate and/or known. Check with the SAHO or AVIC for specific information.

### **REASON FOR TEST**

Indicate whether this is the initial test or a retest. If you check the retest block, enter that test date in the **PREVIOUS TEST DATE** block. The vet code is assigned by your State. This information may be preprinted on the form. Indicate the reason for the test (e.g., export). If none of the first 9 reasons apply, check item 10, Other, and briefly explain in the **REMARKS** block.

### **COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS**

Check either Yes or No to indicate whether this test is a complete herd test (all eligible animals are being tested). Enter the number of eligible animals in the herd.

### **KIND OF HERD**

Enter the type of herd-dairy, beef, or mixed, or swine, or other (e.g., caprine).

### **AGREE. CODE**

Certification for payment may be fee-basis or private, depending on the State. Your agreement code is assigned by your SAHO or AVIC.

### **SIGNATURE**

Sign the form and provide your address. Remember, this is a legal document; be sure to sign it. Provide the complete address, including ZIP Code. (The date should be the date the animal was bled.)

### **TUBE NO.**

Follow instructions from the laboratory you use on how to number the tubes.

### **SIGNATURE**

This is a legal document; be sure to sign it.

### **DATE OF VACCINATION**

Enter the date that the vaccination was performed.

### **AGREE. CODE**

Enter your agreement code provided by the State.

### **CERTIFICATION OF OWNER OR WITNESS**

Have the owner or a witness sign and date the form.

### **CERTIFICATION FOR RE-ESTABLISHING VACCINATION STATUS**

Mark this block if calfhood vaccinates are being retagged. Sign and date. Retagging is always done at the owner's expense.

### **IDENTIFICATION NUMBER**

Enter the vaccination tag number from the eartag that you are applying. Note any other permanent identification numbers, if present.

**AGE (MO.)** List the age in months.

**BREED** Use the breed codes listed in table 3.

**SEX** Enter F.

**P/B-GRADE** Mark this block if the animals are purebred (registered) or grade calves.

**TATTOO** List the present tattoo if retagging.

## Using VS Form 4–33 for Swine with Pseudorabies

---

*Check first with the State office in the State where the swine are located to be sure that the State does not have its own official pseudorabies test form. If there is an official State form, use it. Otherwise, alter VS Form 4–33 as follows:*

- 1.** At the top of the form, delete **BRUCELLOSIS** and print **PSEUDORABIES**. Also print **PSEUDORABIES** in the **REMARKS** block.
- 2.** When testing for the Cooperative State–Federal– Industry Pseudorabies Eradication Program, if you check block **6**, **8**, or **9**, you must also do the following:
  - If block **6** is checked, enter one of the following in the **REMARKS** block:
    - Feeder-pig monitoring
    - Qualified-negative (QN) herd test
    - QN-vaccinated herd test
    - Retest of infected herds
    - Retest of imported swine
    - Gene-altered vaccinated herd test
    - Other
  - If block **8** is checked, enter one of the following in the **REMARKS** block:
    - Breeding herd
    - Grower/finisher herd
    - Farrow to finish
  - If block **9** is checked, enter one of the following in the **REMARKS** block:
    - Tracing movements of infected herds
    - Tracing source of additions to infected herds
    - Circle-testing around infected herds
    - [Explanation for any other epidemiologic reason]
- 3.** Permanent identification includes official eartag, tattoo, and ear notching.
- 4.** If the herd that you are testing is vaccinated, use the **REMARKS** block to list the type and brand name of vaccine used.

ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION

COOPERATIVE STATE-FEDERAL BRUCellosis ERADICATION PROGRAM **L**  
**BRUCellosis TEST RECORD**

STATE		COUNTY		CODE						
HERD NUMBER	HERD OWNER		LAST	FIRST	INITIAL	PREVIOUS TEST DATE	VET CODE	TOTAL	REA	SUS
OWNER NUMBER	ROUTE-STREET-ROAD					CERTIFICATION FOR PAYMENT <input type="checkbox"/> FEDERAL EMPLOYEE <input type="checkbox"/> FEE BASIS (Federal) <input type="checkbox"/> STATE COUNTY <input type="checkbox"/> PRIVATE (Owner's Expense)				
TEST	PROG.	WBBS	POST OFFICE	STATE	ZIP CODE	I certify: That I have drawn blood samples from each animal identified below and have correctly listed each tube number with complete corresponding identification number, all numbers and letters of all eartags have been listed, cattle with existing official eartags have not been retagged, and when payment is claimed at program expense in accordance with agreement number below, no payment has been or will be received from any other source.				
REASON FOR TEST		<input type="checkbox"/> INITIAL	<input type="checkbox"/> RETEST	RGE	TWP	SEC	DISTRICT	FARM UNIT		
Slaughter Rea	1	Hd Cert./ Validation	6	COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS			SUMMARY			
Lvst. Mkt. Rea	2	Post Move Quar. & Test	7	<input type="checkbox"/> YES <input type="checkbox"/> NO			NEGATIVE		SIGNATURE	
Susp. Ring Test	3	Area Test	8	NO. IN HERD			SUSPECT		ROUTE, STREET, ROAD	
Diagnostic	4	Epidemiology	9	KIND OF HERD			REACTOR		POST OFFICE STATE ZIP CODE	
Pvt. Sale	5	Other (Specify below)	10	<input type="checkbox"/> DAIRY <input type="checkbox"/> BEEF <input type="checkbox"/> MIXED			TOTAL		FIELD TEST DONE BY	
REMARKS		LABORATORY			PLACE		DATE		REACTORS TAGGED AND BRANDED DATE: SIGNATURE	
DATE LISTED		BY			LABORATORY RESULTS		TEST In-It		REMARKS AND ADDITIONAL INFORMATION	

TUBE NO.	2	RECORD ALL IDENTIFICATION NUMBER(S)	VACC TATTOO	AGE	BREED	SEX	FLD T	BAPA RST	CARD	STT SPT	RIV	CF	REMARKS AND ADDITIONAL INFORMATION	REACTOR TAG NUMBER
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														

SAMPLE

RT - Retag AB - Aborter NA - Natural Addition PA - Purchased Addition	Record ALL Eartag(s) and Tattoo(s)	Record ALL Legible Characters	FIELD TEST CODE N - Negative P - Positive	TEST INTERPRETATION N - Negative Classified by: ..... S - Suspect ..... R - Reactor Date Classified: .....	TEST AUTHORIZATION EXPIRES
---	------------------------------------	-------------------------------	---	---	----------------------------



## VS Form 4-54: Brucellosis Test Record: Market Cattle Testing Program

---

### STATE

Enter the name of the State.

### SAMPLES DRAWN AT

Mark the appropriate box.

### ESTAB. NUMBER

Enter the unique number assigned to each establishment (slaughterhouse or livestock market). You may obtain these numbers from the Veterinary Services area office in your State.

### NAME AND ADDRESS OF PLACE WHERE SAMPLES WERE DRAWN

Enter the complete name and mailing address.

### CERTIFICATION

Sign the form and enter the date that the samples were drawn.

### TESTING LABORATORY

If the blood samples are being sent to a laboratory, leave this block blank; the laboratory will fill it in. If you are collecting the samples at a market and conducting the tests yourself, fill in the information. Enter the name of the laboratory and the address where you are actually conducting the tests.

### TEST RESULTS

If the samples are sent to a laboratory, leave this area blank. If you are conducting the tests, enter the results.

### TUBE NO.

Self-explanatory.

### SALES TAG OR BRAND

Self-explanatory.

### BACK TAG NUMBER

Self-explanatory.

### EARTAG NUMBER

Self-explanatory.

### VACC. TATTOO

List the vaccination tattoo, if present.

### AGE

Enter the age in years or months. Indicate which you are using by placing an M or Y after the number.

### BREED

Enter the proper breed code.

### SEX

Enter M or F.

### COUNTY

List the county of origin of the cattle. If unknown, leave blank.

### HERD OWNER'S NAME

Self-explanatory.

### ADDRESS

Enter the address of the herd owner.

U. S. DEPARTMENT OF AGRICULTURE  
ANIMAL & PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES

BRUCELLOSIS TEST RECORD  
MARKET CATTLE TESTING PROGRAM

STATE

SAMPLES DRAWN AT ("X" Or)

ESTAB. NUMBER

LIVESTOCK MARKETS  SLAUGHTER ESTAB.

NAME AND ADDRESS OF PLACE WHERE SAMPLES WERE DRAWN

CERTIFICATION

I CERTIFY THAT I HAVE COLLECTED AND  
CORRECTLY IDENTIFIED EACH BLOOD  
SAMPLE LISTED BELOW.

SIGNATURE

DATE

SIGNATURE

DATE

TUBE NO.	SALES TAG OR BRAND	BACK TAG NUMBER	EAR TAG NUMBER	VACC. TAT-TOO	AGE	BREED	SEX	TEST IN-TERP.	LABORATORY RESULTS				COUNTY	HERD OWNER'S NAME	ADDRESS	TEST RESULTS
									ST	TT	R	IV				
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
18																
19																
20																

SAMPLE

## VS Form 6–22: Tuberculosis Test Record

---

**STATE** Enter the State name.

### COUNTY

Use Federal Information Processing Standards county code. A list for your State can be obtained from the Veterinary Services area office. If you cannot obtain the county code, leave the box blank. Enter the township or section code if applicable.

### HERD OWNER

Enter the complete name and mailing address of the herd owner.

### HERD NUMBER

The herd number is assigned by your State. If this is a retest, you should know the number. If this is an initial test, you may not know the number.

**LESION, TEST, D-B, and U blocks** [Leave blank.]

### TOWNSHIP OR DISTRICT

Fill in names of county, township, or district, section, and farm number, as applicable. (Some States have official farm numbers. If this is true in your State, the numbers can be obtained from the Veterinary Services area office in your State.)

### REASON FOR TEST

Mark the appropriate box. If you mark OTHER, state the reason.

### PREVIOUS TEST DATE

Complete this block only if this is a retest. The Vet Code is assigned by your State.

### COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS

Mark yes or no. Provide the total number of animals in the herd.

**KIND OF HERD** Mark the appropriate box.

**METHOD OF TEST** Mark the appropriate box.

### SUMMARY

Complete this block after testing. Fill in the number of animals in each category.

### CERTIFICATION FOR PAYMENT

Mark the appropriate box.

### SIGNATURE, AGREE. CODE

This is a legal document; be sure to sign it. Your agreement code is assigned by your State.

### INJECTION, OBSERVATION

List the date and time that the injection was made and the date and time that the test was read (**OBSERVATION**).

### REACTORS TAGGED AND BRANDED, AGREE. CODE

Enter the signature and agreement code of the veterinarian tagging and branding any reactors. This person may be different from the one filling out the rest of the form. Include the date of tagging and branding.

### ANIMAL CODE

Enter one of the codes listed at the bottom of the column for all appropriate animals.

### IDENTIFICATION NUMBER

Record permanent identification, e.g., metal eartags and tattoos. If more than one is present, record them all. If none is present, apply metal eartag and record that number.

**AGE** Record the age in years.

### BREED

Use the two-digit breed codes listed in table 3.

**SEX** Enter M (male), F (female), or N (neuter).

### RESULTS

Record the diameter of the indurated area in millimeters in the first column. Record the result of the test in the second column: N (negative) or S (suspect).

### REACTOR TAG NUMBER

If reactors are present, record the reactor tag number applied.

### DATE, OWNER'S SIGNATURE

Have the owner sign and date the form. Leave part 3 (third sheet of the form) with the owner.

### THIS AUTHORIZATION TO TEST EXPIRES

Enter the date. It is determined by each State and may vary depending on the circumstances. Check with your State Veterinarian's office.

*After completing the form, send parts 1, 2, and 5 to the State or Veterinary Services area office (check with your State), give part 3 to the owner, and keep part 4 for your records.*

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0084. The time required to complete this information collection is estimated to average .3 hours per response, including the time for reviewing instructions, search existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

<b>STATE</b>	<b>ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION</b>	<b>FORM APPROVED</b> OMB NO. 0579-0084
<b>COOPERATIVE STATE - FEDERAL TUBERCULOSIS ERADICATION PROGRAM</b>		<b>F</b>
<b>TUBERCULOSIS TEST RECORD</b>		

COUNTY	TWP	SEC	HERD OWNER'S NAME - LAST	FIRST	MI	PREVIOUS TEST DATE	VET CODE	TOTAL	REA	SUS
HERD NUMBER			HERD OWNER'S COMPLETE ADDRESS			<b>CERTIFICATION FOR PAYMENT</b> <input type="checkbox"/> State/Federal Expense <input type="checkbox"/> Owner's Expense			DATE LISTED	
LESION	TEST	D-B	U		I certify: That this test was made and read by me on each of the cattle identified below on the dates and with the results as entered in appropriate spaces. That when payment is claimed at program expense in accordance with agreement number below, no payment has been or will be received from any other source.					

COUNTY	TOWNSHIP OR DISTRICT	SEC.	FARM NO.					
<b>REASON FOR TEST</b>		<b>COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS</b>		<b>SUMMARY</b>		<b>PRACTITIONER'S SIGNATURE</b>		<b>TELEPHONE NO</b>
AREA 1	RETEST 6	<input type="checkbox"/> YES <input type="checkbox"/> NO    NO. ELIGIBLE ANIMALS IN HERD		NEG-ATIVE		<b>PRACTITIONER'S NAME (Please print)</b>		<b>AGREE CODE</b>
HERD (RE) ACCREDIT 2	TRACING REG. KILL 7	<b>KIND OF HERD</b>		SUS-PECT		<b>INJECTION</b>	<b>DATE</b>	<b>HOUR</b>
MILK ORDINANCE 3	TRACING REACTORS 8	<input type="checkbox"/> DEER <input type="checkbox"/> ELK <input type="checkbox"/> CATTLE <input type="checkbox"/> BISON <input type="checkbox"/> OTHER		REAC-TOR		<b>OBSERVATION</b>	<b>DATE</b>	<b>HOUR</b>
SALE-SHOW 4	TRACING EXPOSED 9	<b>METHOD OF TEST</b>		TOTAL		<b>REACTORS TESTED AND BRANDED</b>		<b>AGREE CODE</b>
IMPORTED 5	OTHER 10	<input type="checkbox"/> CAUDAL FOLD (CFT) <input type="checkbox"/> SNG CERVICAL (CST) (Cervid) <input type="checkbox"/> CERVICAL (CT) (Bovine) <input type="checkbox"/> OTHER				<b>SIGNATURE</b>		

1	IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS		REACTOR TAG NO.	1	IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS		REACTOR TAG NO.
					SIZE	NRS							SIZE	NRS	
	1								16						
	2								17						
	3														
	4								19						
	5								20						
	6								21						
	7								22						
	8								23						
	9								24						
	10								25						
	11								26						
	12								27						
	13								28						
	14								29						
	15								30						

SAMPLE

RT - Retag NA - Natural Addition PA - Purchased Addition	N - Negative S - Suspect R - Reactor	I hereby acknowledge receiving a copy of this record which I have examined and find correct. DATE _____ OWNER'S SIGNATURE _____	THIS AUTHORIZATION TO TEST EXPIRES: _____
--	--	--	---



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0084. The time required to complete this information collection is estimated to average 1.5 hours per response, including the time for reviewing instructions, search existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**FORM APPROVED - OMB NO. 0579-0084**

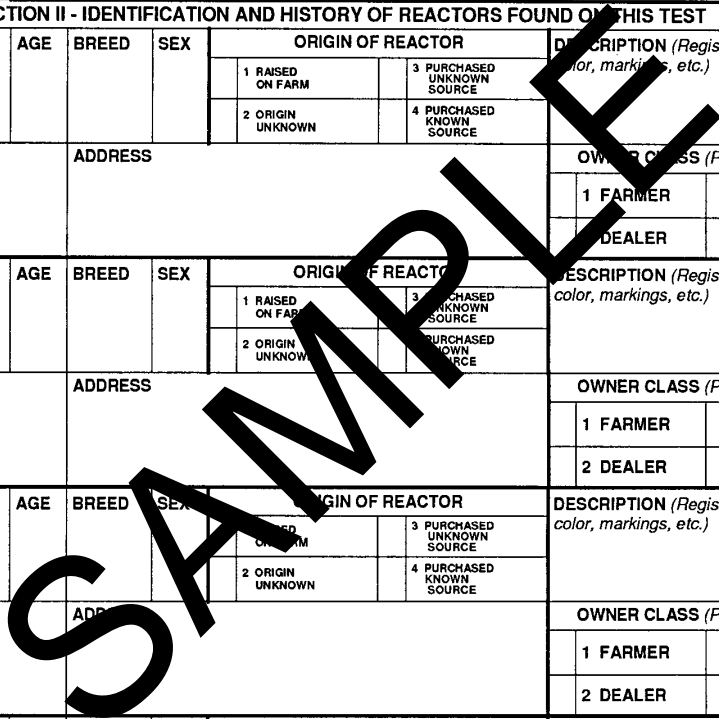
<b>U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES</b>		<b>TUBERCULOSIS INFECTED HERD</b>		INSTRUCTIONS: Prepare at the time of identification of reactors, and attach to VS Form 6-22, Tuberculosis Test Record.			
		<input type="checkbox"/> BOVINE <input type="checkbox"/> CERVINE <input type="checkbox"/> OTHER _____					
NAME OF OWNER OF INFECTED HERD		FARM NO.	ADDRESS OF OWNER		OFFICE USE		
					HERD LESION CODE		
					LAB RESULTS		
COUNTY	OWNER CLASS (Check one)			DATE TEST READ (Month, day, year)			
	1 FARMER		3 STOCKYARD				
	2 DEALER		4 SALES RING				

**SECTION 1 - OTHER ANIMALS ON FARM (Inventory; use continuation sheet if needed)**

LIST SPECIES <i>(Specify e.g. swine, poultry, cervid, llama, antelope, etc.)</i>	CONTACT WITH REACTOR		NUMBER			NECOPSIED	
	YES	NO	ON THE FARM	TESTED	REACTED	NUMBER	NO. WITH TB

**SECTION II - IDENTIFICATION AND HISTORY OF REACTORS FOUND ON THIS TEST**

IDENTIFICATION TAG OR TATTOO	REACTOR TAG	AGE	BREED	SEX	ORIGIN OF REACTOR				DESCRIPTION (Registration No., color, markings, etc.)	LESION CODE	LAB RESULTS
					1 RAISED ON FARM	2 ORIGIN UNKNOWN	3 PURCHASED UNKNOWN SOURCE	4 PURCHASED KNOWN SOURCE			
1 PURCHASE FROM					ADDRESS				OWNER CLASS (Purchased from)	DATE PURCHASED	
					1 FARMER		3 STOCK-YARD			MONTH	YEAR
					2 DEALER		4. SALES RING				
2 PURCHASE FROM					ADDRESS				OWNER CLASS (Purchased from)	DATE PURCHASED	
					1 FARMER		3 STOCK-YARD			MONTH	YEAR
					2 DEALER		4. SALES RING				
3 PURCHASE FROM					ADDRESS				OWNER CLASS (Purchased from)	DATE PURCHASED	
					1 FARMER		3 STOCK-YARD			MONTH	YEAR
					2 DEALER		4. SALES RING				
4 PURCHASE FROM					ADDRESS				OWNER CLASS (Purchased from)	DATE PURCHASED	
					1 FARMER		3 STOCK-YARD			MONTH	YEAR
					2 DEALER		4. SALES RING				
5 PURCHASE FROM					ADDRESS				OWNER CLASS (Purchased from)	DATE PURCHASED	
					1 FARMER		3 STOCK-YARD			MONTH	YEAR
					2 DEALER		4. SALES RING				



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0084. The time required to complete this information collection is estimated to average .3 hours per response, including the time for reviewing instructions, search existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES	<b>TUBERCULOSIS TEST RECORD - CONTINUATION SHEET</b> Complete all entries on VS Form 6-22 before using this form.	HERD NUMBER	PAGE NO.	FORM APPROVED OMB NO. 0579-0084
---	--	-------------	----------	---------------------------------------

HERD OWNER'S NAME - LAST	FIRST	INITIAL	DATE READ	VETERINARIAN
--------------------------	-------	---------	-----------	--------------

1	IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS		REACTOR TAG NO.	1	IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS		REACTOR TAG NO.	
					SIZE	NRS							SIZE	NRS		
	1								26							
	2								27							
	3								28							
	4								29							
	5								30							
	6								31							
	7								32							
	8								33							
	9								34							
	10								35							
	11								36							
	12								37							
	13								38							
	14								39							
	15								40							
	16								41							
	17								42							
	18								43							
	19								44							
	20								45							
	21								46							
	22								47							
	23								48							
	24								49							
	25								50							

SAMPLE

# VS FORM 10-4 INSTRUCTIONS

ALL information must be printed legibly or typed. Use a separate form for each species and owner. At the minimum, complete all fields designated in these instructions as required. Contact the Receiving Department of the laboratory to which you are sending specimens with specific documentation or shipping questions. If including more than one page, include the page number of total pages submitted (*e.g., 1 of 3*).

## **1. SUBMITTER CONTACT INFORMATION “REQUIRED”**

Enter the submitter’s business name/affiliation; the name of the individual submitter is optional if test results are returned to a general business fax, email, or mailing address. Enter a fax number or email address to which we can return test results. Multiple email addresses are permissible. Specify if there is a preferred method of report delivery; email will be used if no preference is stated. Provide a complete mailing address. If fax or email is not available, test reports can be mailed, but this will delay delivery of your results. Repeat submitters are encouraged to be consistent with the submitter contact information that they provide, as the NVSL keeps a master record. If the test report for an individual submission needs to be routed to a non-standard destination, include special instructions in Block 22, Additional Data.

## **2. NVSL SUBMITTER ID**

For more efficient service, repeat submitters are encouraged to include their NVSL Submitter ID. If you do not know your ID, contact the NVSL at (515) 337-7514.

## **3. OWNER INFORMATION “REQUIRED”**

Enter the complete name of the animal owner, the city and the two-letter abbreviation of the State in which the owner resides. Ensure the animal owner is identified here and not the property manager or veterinarian. For wildlife, check the box to indicate there is no owner.

## **4. LOCATION OF THE ANIMALS “REQUIRED”**

Include National Animal Identification System (NAIS) premises ID if available. Also, specify the county, parish or other designated location of the animals and the two-letter State abbreviation.

## **5. PAYMENT METHOD “REQUIRED FOR BILLABLE CASES”**

Check the appropriate payment method. If payment is by user account or credit card, enter the account number. Enter the expiration month and year when using a credit card. Refer to the User Fees/Payment Options and the Catalog of Services/Fees, both located at [www.aphis.usda.gov/animal\\_health/lab\\_info\\_services/diagnos\\_tests.shtml](http://www.aphis.usda.gov/animal_health/lab_info_services/diagnos_tests.shtml), for specific test fees and a list of accepted credit cards. **DO NOT SEND CASH.**

## **6. HERD/FLOCK SIZE**

Enter the total number of animals in the herd/flock.

## **7. NO. IN HERD/FLOCK AFFECTED**

Enter the total number of animals in direct contact with suspect animal or showing clinical signs.

### **8. NO. IN HERD/FLOCK DEAD**

Enter the total number of animals from this herd/flock that are dead.

### **9. EXAMINATIONS REQUESTED “REQUIRED”**

For disease programs, it is necessary only to enter the program name (*e.g., CWD, Scrapie, or BSE*). If the test is not for a disease program, specify the disease and the desired test.

### **10. COLLECTED BY**

Enter the complete name of the person collecting the specimen(s).

### **11. DATE COLLECTED**

Enter the date on which specimens were collected. Use the format DD/MM/YYYY.

### **12. AUTHORIZED BY**

Enter the name of the person authorizing the submission of this sample. Normally, this is the Area Veterinarian in Charge (AVIC) in your State. Authorization is assumed for regulatory veterinarians making routine program specimen submissions. See [http://www.aphis.usda.gov/animal\\_health/area\\_offices/](http://www.aphis.usda.gov/animal_health/area_offices/) to locate the AVIC in your local area. If an exotic (*foreign*) disease is suspected, contact the AVIC and the Emergency Programs staff to obtain authorization to submit samples for FAD testing and an investigation control number that must be included with the submission. DO NOT ship any such specimens until approval is received and a control number is assigned. The receipt of an unauthorized shipment of specimens containing exotic disease agents can cause substantial disruption of work at the laboratory and result in possible fines for the submitter.

### **13. PURPOSE OF SUBMISSION “REQUIRED”**

Definitions of Diagnostic Case Categories are as follows:

- Interstate Movement – Tests conducted for the purpose of qualifying live animals or poultry for interstate movement.
- Export – Tests conducted for the purpose of qualifying animals or poultry, including wild animals and birds, or animal or poultry products for export from the U.S. to a foreign country.
- Pre-Import – Tests conducted for the purpose of qualifying animals or poultry, including wild animals and birds, or animal or poultry products for import into the U.S. Select this purpose when the animals or products have not yet been moved into the U.S.
- Import – Tests conducted for the same purpose as pre-import except that the animals or products are currently located at a U.S. import center.
- FAD/EP Diagnostic – Tests conducted for the purpose of diagnosing or confirming a foreign disease, or for the eradication of a foreign disease that has gained entrance into the U.S. If a foreign animal disease is suspected, follow instructions in Block 12 for authorization to submit a FAD specimen.

- Surveillance – Tests conducted for monitoring for a specific disease, for a specific insect or insect vector, or for analyzing specific products that are used in treating animals or poultry or for decontamination of animal poultry facilities.
- TB – Tests conducted for diagnosing Tuberculosis.
- General Diagnostic Case – Tests conducted for the purpose of diagnosing or confirming a domestic disease, and/or the analysis of environmental products that may be contributing to an existing disease condition. Use this purpose when the purposes listed above do not apply.
- Developmental/Research – Tests conducted for the purpose of supporting a developmental or research project conducted by staff or field personnel of VS or by other laboratories, institutions, or agencies.
- Reagent Evaluation – Tests conducted for the purpose of evaluating a reagent produced by other laboratories, institutions, or agencies.
- NVSL Intralab – Tests conducted for another laboratory of the NVSL.

#### **14. COUNTRY OF ORIGIN/DESTINATION**

For import or pre-import cases, enter the country in which the animals last resided. For export cases, enter the country to which the animals will be shipped.

#### **15. REFERRAL NUMBER**

This number is typically assigned by the submitter and is used for the submitter's own reference. In FAD cases, enter the investigation control number described in the instructions for Block 12.

#### **16. PRESERVATION**

Check all blocks that apply.

#### **17. SPECIMENS SUBMITTED "REQUIRED"**

Check all blocks that apply.

#### **18. TOTAL NUMBER OF SPECIMENS SUBMITTED**

Enter the total number of specimens submitted. Specimens in one container are counted as one sample. Please limit to <250 samples per submission.

#### **19. SPECIES OR SOURCE "REQUIRED"**

Check only one block. If specimens are from different species or sources, use a separate VS Form 10-4 for each source. Reminder: Enter the animal BREED in Block 21.

#### **20. NUMBER OF ANIMALS SAMPLED**

Enter the total number of animals sampled.

## 21. IDENTIFICATION “REQUIRED”

- Sample ID – Identify samples with consecutive numbers. **Ensure the sample identification number on this form matches the sample identification number placed on the specimen container.**
- Animal ID – Record the animal’s national identification tag number adjacent to the appropriate sample number. If there is no national animal ID, record the most appropriate identification number (*or name*). NOTE: Laboratory results will be reported by animal identification number.
- Breed – Enter the animal breed (*e.g., Holstein, Angus*).
- Age – Indicate the approximate age in years (*y*), months (*m*), weeks (*w*), or days (*d*).
- Sex – Indicate the sex, male (*M*), or female (*F*), for each animal.

## 22. ADDITIONAL DATA

Enter all pertinent information about the animals and premises that can assist the lab in making a diagnosis.

- Provide detail on tissue specimens you are including (*e.g., lymph nodes, obex, brain*)
- Specify clinical signs (*e.g., weight loss, hair missing*)
- If meat is being retained pending specimen results, enter **RETAINED**
- Add related case submission numbers to assist in trace activities
- Include any information that did not fit into its designated space elsewhere on the form
- Include any special (*non-standard*) instructions for test report delivery

## 23. SIGNATURE OF SUBMITTER AND DATE

The individual submitting the specimen(s) must sign and date the form.

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 number for this information collection is 0579-0090, 0101, and 0212. The time required to complete this information collection is estimated to average .5 hours per response for 0579-0090, 1 hour per response for 0579-0101, and .333 hours per response for 0579-0212, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved  
0579-0090, 0579-0101,  
and 0579-0212

**UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
NATIONAL VETERINARY SERVICES LABORATORIES  
P.O. BOX 844, 1920 DAYTON AVENUE, AMES, IA 50010  
(515) 337-7514**

**SPECIMEN SUBMISSION**

PAGE  
OF

INSTRUCTIONS: Use a separate form for each species and each owner/broker. See "Instructions for Completing VS Form 10-4" for definitions.

1. SUBMITTER NAME (including Business Name)		2. NVSL SUBMITTER ID	3. NAME OF OWNER <input type="checkbox"/> Check if wildlife (no owner)
EMAIL ADDRESS		OWNER CITY	STATE/COUNTRY
PHONE NO.	FAX NO.	<b>4. LOCATION OF ANIMALS</b>	
MAILING ADDRESS (Street, City, State, ZIP Code)		PREMISES ID	
		COUNTY	STATE/COUNTRY

**5. PAYMENT METHOD**

<input type="checkbox"/> USER FEE ACCOUNT NO.	<input type="checkbox"/> CHECK/MONEY ORDER (Enclosed, payable to USDA in US dollars)	<input type="checkbox"/> CREDIT CARD	Number: Exp. Date:
6. HERD/FLOCK SIZE	9. EXAMINATIONS REQUESTED	10. COLLECTED BY	
7. NO. IN HERD/FLOCK AFFECTED		11. DATE COLLECTED	
8. NO. IN HERD/FLOCK DEAD		12. AUTHORIZED BY	
13. PURPOSE OF SUBMISSION (See instructions for definitions)		14. COUNTRY OF ORIGIN/DESTINATION	
<input type="checkbox"/> Interstate Movement <input type="checkbox"/> Import <input type="checkbox"/> TB <input type="checkbox"/> Reagent Evaluation <input type="checkbox"/> Export <input type="checkbox"/> FAD/EP Diagnostic <input type="checkbox"/> General Diagnosis <input type="checkbox"/> NVSL Intralab <input type="checkbox"/> Pre-Import <input type="checkbox"/> Surveillance <input type="checkbox"/> Developmental Research		15. REFERRAL NUMBER	

16. PRESERVATION  
 None    Ice Pack    Dry Ice    Formalin    Borax    Alcohol    Other (specify)

17. SPECIMENS SUBMITTED ("X" applicable item(s))	18. TOTAL NUMBER OF SPECIMENS SUBMITTED
<input type="checkbox"/> Blood <input type="checkbox"/> Feces <input type="checkbox"/> Parasite <input type="checkbox"/> Serum <input type="checkbox"/> Tissue (specify) <input type="checkbox"/> Whole Animal <input type="checkbox"/> Other (specify) <input type="checkbox"/> Culture <input type="checkbox"/> Feed <input type="checkbox"/> Plant <input type="checkbox"/> Soil <input type="checkbox"/> Urine <input type="checkbox"/> Fetus <input type="checkbox"/> Extract <input type="checkbox"/> Milk <input type="checkbox"/> Semen <input type="checkbox"/> Swab (specify) <input type="checkbox"/> Sputum <input type="checkbox"/> DNA/RNA	

19. SPECIES OR SOURCE ("X" ONLY one)	20. NUMBER OF ANIMALS SAMPLED
<input type="checkbox"/> Cattle <input type="checkbox"/> Goat <input type="checkbox"/> Chicken <input type="checkbox"/> Bison <input type="checkbox"/> Fish <input type="checkbox"/> Other (specify) <input type="checkbox"/> Swine <input type="checkbox"/> Horse <input type="checkbox"/> Pig <input type="checkbox"/> Deer (specify) <input type="checkbox"/> Environment <input type="checkbox"/> Sheep <input type="checkbox"/> Donkey <input type="checkbox"/> Other bird (specify) <input type="checkbox"/> Elk <input type="checkbox"/> Reagent	

**21. IDENTIFICATION (See instructions <250 samples per form)**

IDENTIFICATION					IDENTIFICATION				
Sample ID	Animal ID	Breed	Age	Sex	Sample ID	Animal ID	Breed	Age	Sex

22. ADDITIONAL DATA (History, clinical signs, post mortem findings, remarks, tentative diagnosis, special instructions. Use additional sheets if necessary).

23. SIGNATURE OF SUBMITTER AND DATE				<b>NVSL USE ONLY</b>			
X							
<b>NVSL USE ONLY</b>							
CONDITION	PRIORITY	DISTRIBUTION	RECEIVED BY				

## **VS Form 10-4 and 10-4A - Item 21 - Identification**

**Identify Samples with Consecutive Numbers** - Record animal identification (number or name) adjacent to appropriate sample number. Laboratory results will be reported by sample identification number. You should therefore keep a copy of your submission so you will know the results for the appropriate animal.

Indicate approximate age in years (Y), months (M), weeks (W), or days (D), and indicate sex of each animal (M/F). When more than 10 samples are submitted, use VS Form 10-4A for samples # 11 on.

See example sample below.

<b>Sample</b>	<b>Animal</b>	<b>Age</b>	<b>Sex</b>	<b>Sample</b>	<b>Animal</b>	<b>Age</b>	<b>Sex</b>
1	12ABC0001	5Y	F	6	12ABC0006	10D	F
2	12ABC0002	2Y	M	7	12ABC0007	12M	F
3	12ABC0003	1Y	F	8	12ABC0008	8M	M
4	12ABC0004	6M	F	9	12ABC0009	2Y	F
5	12ABC0005	5W	M	10	12ABC0010	15M	M





According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0127. The time required to complete this information collection is estimated to average .416 hours per response, including the time for reviewing instructions, search existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

USE TYPEWRITER OR PRINT CLEARLY				FORM APPROVED - OMB NO. 0579-0127	
<b>U.S. DEPARTMENT OF AGRICULTURE</b> <b>ANIMAL AND PLANT HEALTH INSPECTION SERVICE</b>  <b>EQUINE INFECTIOUS ANEMIA SUPPLEMENTAL INVESTIGATION</b>  (VS Memorandum 555.8)			1. CASE ID		2. LAB ACCESSION NO.
3. INVESTIGATOR'S NAME <i>(last, first, &amp; middle initial)</i>			4. INVESTIGATOR'S AFFILIATION		5. INVESTIGATION DATE
Area Code & Telephone No.					
6. OWNER'S LOCATION			7. NAME OF CONTACT PERSON <i>(e.g. stable manager)</i>		
Name			Contact Name		
Street Address			Street Address		
City			City		
State			State		
Zip Code			Zip Code		
County			County		
Area Code & Telephone No.			Area Code & Telephone No.		
8. FARM OR RANCH OPERATION					
Type of Operation	Specialty	Acreage	No. of Buildings	Are There Other Adjacent Equine Operations	
				<input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, Give Number _____	
9. ANIMAL POPULATIONS					
No. of Equids on Premises		No. of Equids having Possible Contact with Positive Case Animals		No. of Equids Sharing Pasture with Case Animal	
Other Livestock Animals on Premises <i>(list total number by species)</i>		Are There Other Equids Present within 200 yards of this Premises			
Cattle	Pigs	Sheep	Goats	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, Give Number _____
10. HISTORY OF THE ANIMAL					
Name		Color		Registration Number	
Breed		Age <i>(in months only)</i>		Sex <i>(male, female, gelding, neuter)</i>	
Primary Use of animal <i>(Please check one box.)</i>					
<input type="checkbox"/> Pleasure		<input type="checkbox"/> Show		<input type="checkbox"/> Work	
Other <i>(Please describe)</i>					
11. SOURCE OF ANIMAL					
Was the Animal Born on Owner's Premises					
<input type="checkbox"/> Yes		<input type="checkbox"/> No    If No, Please Give Location Where Born _____			
Was the Animal Purchased					
<input type="checkbox"/> Yes		<input type="checkbox"/> No    If Yes, Please Give the Seller's Name and the Address Where the Animal Resided Prior to Purchase by Current Owner _____			
How Long Has the Case Animal Been at the Current Premises Prior to the EIA Positive Test <i>(in months only)</i>					
12. ANIMAL HOUSING					
Proportion of Time Case Animal Spent			Type of Stable		Maintenance
In stable (%) <input type="checkbox"/> 0 <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 75 <input type="checkbox"/> 100			<input type="checkbox"/> Open		<input type="checkbox"/> Poor <input type="checkbox"/> Good
On pasture (%) <input type="checkbox"/> 0 <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 75 <input type="checkbox"/> 100			<input type="checkbox"/> Closed		<input type="checkbox"/> Moderate
Is there Water Runoff in Vicinity of Stable			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Size of Pasture Area Where Case Animal was Kept <i>(acres)</i>		Condition of Pasture Grasses		Water Sources on Pasture	
<input type="checkbox"/> .24" <input type="checkbox"/> 12-24"		<input type="checkbox"/> 6-12" <input type="checkbox"/> <6"		<input type="checkbox"/> None <input type="checkbox"/> Well <input type="checkbox"/> Irrigation <input type="checkbox"/> Stock Pond <input type="checkbox"/> Natural Pond <input type="checkbox"/> Lake <input type="checkbox"/> Stream <input type="checkbox"/> Other	
13. TRAVEL HISTORY					
Dates of Off-premises Gathering of Equids Attended by Case Animal within Six Months of the EIA Positive Test		Types of Off-premises Gatherings of Equids Attended by the Case Animal within Six Months of the EIA Positive Test		Was the Case Animal within 200 Yards of Another Animal Known to be EIA-positive within Six Months of the EIA Positive Test	
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Certain <b>IF YES, IDENTIFY PREMISE(S) AND ALL EXPOSED EQUIDS IN COMMENTS SECTION, PAGE 3.</b>	

**14. PREMISES INFECTION HISTORY**

Date of the First Test Yielding a Positive Response	Date of the Last Negative EIA Test	Are Other Animals with EIA Positive Tests Present on the Premises <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Other Animals with EIA Positive Tests Present on Neighboring Premises <input type="checkbox"/> Yes <input type="checkbox"/> No
---	------------------------------------	---	---

List Other Infections Diagnosed on Premises for All Animals within the Past Three Years

**15. VACCINATION HISTORY**

List Vaccines and Dates Administered to EIA Test-Positive Animal	List Vaccines and Dates Administered to Equids on Premises Other than Those Given to the EIA Test Positive Animal	Who Administered the Vaccines (check all that apply) <input type="checkbox"/> Owner <input type="checkbox"/> Neighbor <input type="checkbox"/> Farm Worker <input type="checkbox"/> Veterinarian <input type="checkbox"/> Other
--	---	---

**16. INJECTABLE MEDICATION HISTORY**

List Injectable Medication and Dates Administered to EIA Test Positive Animal	Who Injected the Medication <input type="checkbox"/> Owner <input type="checkbox"/> Farm Worker <input type="checkbox"/> Neighbor <input type="checkbox"/> Veterinarian <input type="checkbox"/> Other
---	---

**17. VETERINARY MEDICAL ACTIVITIES**

Other than EIA Testing, were the Services of a Veterinarian Used within the Past Six Months  
 Yes  No If Yes, Please Indicate the Dates and the Nature of the Services Performed \_\_\_\_\_

Were Any of These Services Performed on the EIA-positive Animal  Yes  No If yes, specify \_\_\_\_\_

**18. FLY CONTROL**

Have Fly Control Measures Been Applied within the Past Six Months  Yes  No

If yes, Were the Treatments

Repellents applied to animals <input type="checkbox"/> Yes <input type="checkbox"/> No	Repellents applied on or near animal housing <input type="checkbox"/> Yes <input type="checkbox"/> No
Insecticides applied generally to the pasture areas <input type="checkbox"/> Yes <input type="checkbox"/> No	Insecticides applied in or near animal housing areas <input type="checkbox"/> Yes <input type="checkbox"/> No

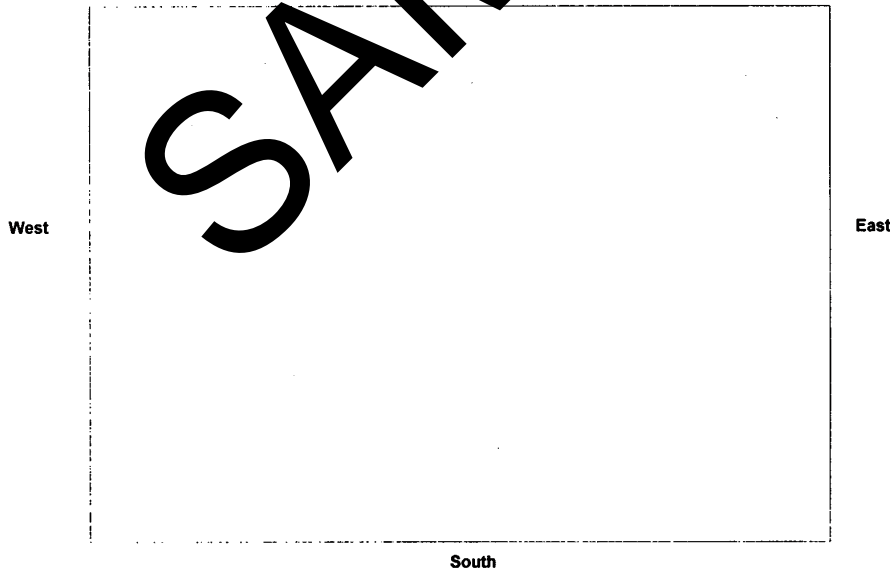
**19. ENVIRONMENT SURROUNDING PREMISES**

Describe the Area Surrounding the Premises in Ecological Terms

Marsh	Shrubland	Grassland
Swamp	Desert	Coniferous Forest
Upland Deciduous Forest	Flood Plain Deciduous Forest	Other

**20. SKETCH OF THE PREMISES RELATIVE TO ROADS, WATER SOURCES, AND LANDMARKS**

Site sketch



(Show in sketch with an X mark where the coordinates were obtained.)

Latitude (ddmmss)	Longitude (ddmmss)	Datum Used, if Known
-------------------	--------------------	----------------------

This Location is  Front gate  Stable  Pasture  Other (please identify) \_\_\_\_\_

## **VS Form 10 – 12: Equine Infectious Anemia Supplemental Investigation**

**CASE ID:** Self-explanatory.

**LAB ACCESSION NO.:** Self-explanatory.

**INVESTIGATOR'S NAME:** Investigator's name and telephone number.

**INVESTIGATOR'S AFFILIATION:** Self-explanatory.

**INVESTIGATION DATE:** Self-explanatory.

**OWNER'S LOCATION:** Enter complete name, address, and telephone number of the owner's location.

**NAME OF CONTACT PERSON:** Enter the complete name, address, and telephone number of the local contact person (e.g., the stable manager).

**All remaining blocks on this form are self-explanatory.**

## VS Form 10–13: Owner/Shipper Certificate: Fitness to Travel to a Slaughter Facility

---

### TIME HORSES LOADED ON CONVEYANCE

Enter the exact time horse(s) was/were loaded onto a truck, tractor, trailer, or semitrailers or any combination of these, propelled or drawn by mechanical power. Indicate time as AM, PM, or Military time.

### DATE

The date you are completing this form (day, month, year).

### VEHICLE LICENSE NO. AND DRIVER'S NAME

The vehicle license number is the tag number of the conveyance. Enter the name of the person who is actually driving the conveyance.

### CONSIGNOR (OWNER/SHIPPER) NAME

Enter the name of any individual, partnership, corporation, or cooperative association that engages in commercial transportation of more than 20 equines per year to slaughtering facilities.

The three blocks immediately below refer to the street address, city/State/ZIP code, and phone number of the owner/shipper.

### CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Enter the complete city and State where the horse(s) were loaded onto a truck, tractor, trailer, or semitrailer or any combination of these, propelled or drawn by mechanical power.

### NAME OF AUCTION/MARKET

If the owner/shipper purchased any horse(s) from an auction or livestock market, provide the name of the facility.

### CONSIGNOR (RECEIVER/DESTINATION) NAME

Enter the name of the person and/or slaughter plant that is taking receipt of the Horse(s) at its/their final destination.

The three blocks immediately below refer to the street address, city/State/ZIP code, and phone number of the person and/or slaughter plant receiving the animal(s).

### CHECK THE BOX THAT INDICATES . . .

Check all the boxes beside statements that are true for *all* the horses traveling on this certificate.

### Identification Section

Fill out as completely as possible. The description **MUST** match each horse exactly; therefore, be precise when recording information.

### TAG PREFIX

This information is located on the top of the green equine backtag. The alpha prefix is USAA through ZZ. This prefix **MUST** be recorded as it is part of the backtag number.

### Tag NO.

This information is located on the green equine backtag and is a 3- or 4-digit number. This number **MUST** be recorded.

### COLOR DESCRIPTION

Of the six possible boxes, check the one that best describes each individual horse.

### BREED/TYPE

Check the appropriate box. TB = thoroughbred; QT = quarter horse.

### SEX

Check the appropriate box.

### BRANDS Tattoos, etc.

Indicate any brands, tattoos, markings, or stars that would aid in identifying the individual horse(s).

### REMARKS Include existing conditions

Fill in this section as completely as possible for each animal.

### SIGNATURE

The driver of the conveyance signs here, certifying that the horses have been offered food and water and been allowed to rest as required under all applicable Federal laws.

### SIGNATURE OF OWNER/SHIPPER

The owner/shipper signs here, certifying that all information on the form is true and correct.

### CANADIAN FOOD INSPECTION AGENCY (CFIA)

Leave blank.

**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**  
*(Please type or print in ink)*

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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.

FORM  
APPROVED  
OMB NO.  
0579-0160

TIME HORSES LOADED ON CONVEYANCE	DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME		CONSIGNEE (RECEIVER/DESTINATION) NAME
STREET ADDRESS		STREET ADDRESS
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE
AREA CODE & TELEPHONE NO.		AREA CODE & TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- Pregnant mares are not likely to foal (give birth) during the trip.
  Horses are able to bear weight on all 4 limbs.
  Foals are older than 6 months of age.
  Horses are not blind in both eyes.
  Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX		BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Stallion	Mare		
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	

SAMPLE

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE \_\_\_\_\_

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.) \_\_\_\_\_

**CANADIAN FOOD INSPECTION AGENCY (CFIA)**

EST. \_\_\_\_\_

DATE \_\_\_\_\_

TIME \_\_\_\_\_

**DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)**

EST. \_\_\_\_\_

DATE \_\_\_\_\_

TIME \_\_\_\_\_

**VS Form 10–13A: Owner/Shipper Certificate: Fitness to Travel to a Slaughter Facility (Continuation Sheet)**

---

This form furnishes additional lines to be filled in only when the number of animals being shipped exceeds 15. Note that the owner/shipper must also sign and date this sheet at the bottom and indicate that it is page 2

of 2. If there are more than 45 horses in this shipment, additional Forms 10–13A may be used, but be sure to renumber the left-hand column, beginning with 46 to account for every animal individually.

**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY  
(CONTINUATION SHEET)**  
*(Please type or print in Ink)*

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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.

FORM  
APPROVED  
OMB NO.  
0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION					BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal			Geld
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

SAMPLE

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)



## VS Form 17-6: Certificate for Poultry or Hatching Eggs for Export

---

*Note: This form must be typed.*

### DATE OF SHIPMENT

Self-explanatory.

### NAME AND ADDRESS OF EXPORTER

Use the complete name and mailing address of the exporter. The Federal Information Processing Standards (FIPS) State codes may be found on the reverse side of the bottom sheet of the carbon-pack form.

### NAME AND ADDRESS OF IMPORTER

Use the complete name and mailing address of the importer. Contact your Veterinary Services area office for information regarding the FIPS country codes.

### QUANTITY/UNIT

List eggs by the dozen or hatched poultry by the individual bird.

### VARIETY, STRAIN OR TRADE NAME

This information may be obtained from the exporter.

### PRODUCT

Use a checkmark or "X" in the block that describes the item or animal.

### SEX

Use a checkmark or "X" in the block that describes the animals in each of the Variety/Strain/Trade name groups. "Straight run" means that the sex is unknown (the birds have not been sexed).

### TYPE (Intended use)

Determine whether the group of birds on a particular line are commercial production stock, multiplier breeding stock, or primary breeding stock. Then use a checkmark or "X" under the appropriate header to label the group as egg-type, meat-type, or "other."

### NPIP APPROVAL

Fill in the appropriate number.

### NPIP CLASSIFICATION – U.S.

Use a checkmark or "X" to describe the entire group of birds on a particular line.

### TOTAL NUMBER OF UNITS CERTIFIED FOR EXPORT

Add either in dozens for eggs or individual numbers for hatched poultry.

### CHECK APPROPRIATE CERTIFICATION BELOW

Check A or B.

### REMARKS OR ADDITIONAL INFORMATION

Make additional remarks here if necessary.

### TYPED NAME OF ISSUING VETERINARIAN

Self-explanatory.

### SIGNATURE OF ISSUING VETERINARIAN

Sign the form only after it is completed.

### STATUS

Check the block that best describes your status. This certificate is official only if it is signed by an accredited, State, or Federal veterinarian.

### DATE ISSUED

Self-explanatory.

### SIGNATURE OF ENDORSING FEDERAL VETERINARIAN

Check with the Federal Area Veterinarian-in-Charge to fulfill this requirement.

### DATE ENDORSED

This block is completed only if the Federal Area Veterinarian-in-Charge signed in the preceding block.



## **VS Form 17 – 140: United States Origin Health Certificate General Information and Navigation Hints**

Begin by filling out the Consignor [shipper] and Consignee [receiver] information in blocks **1, 7, 8, 12, 13, 14, and 16** (including **DESTINATION COUNTRY** and **ENTER CODE** blocks, which are not numbered themselves). Block-specific instructions follow where appropriate. Block **2** is not filled in by you; the form comes with a preprinted unique number on it, and we have erased that on purpose here. Block **3** cannot be filled in until you know if you will need to use Form 17–140A, the continuation sheet for Form 17–140.

Next, fill in general information about this health certificate: insert the date on which you are issuing the certificate (block **4**), the location where the shipment is leaving the United States (blocks **5** and **6**), and the shipping method being employed (block **11**). Indicate whether or not this shipment is of semen (block **9**) and if so, how many doses are being shipped (block **10**).

Determine which non poultry **SPECIES** is being shipped (block **15**). Check only ONE species and describe all such animals on this Form 17–140. If the shipment includes animals of other species, fill out a separate Form 17–140 for each species and check the appropriate species in block **15** on each form. [If the shipment includes poultry, do not use Form 17–140 for the poultry, use Form 17–6 instead.]

Fill in the **FARM ORIGIN** information (block **17**) as specified on the form itself. Then determine which types of tests you are certifying and complete the blocks on the central and right-hand parts of the form accordingly.

In the **CERTIFICATION BY ISSUING VETERINARIAN** section at the bottom of Form 17–140, you will give information about yourself in blocks **20** and **21**, fill in the total number of animals on all sheets describing this shipment in block **22**, and sign your name in block **25**. Leave blocks **23** and **24** blank. The endorsing Federal veterinarian will complete blocks **23** and **24**.

### **Block-by-Block Instructions**

#### **PAGE NO. [block 3]**

If all animals in this shipment can be described in the space on this form, enter “1 of 1” in block **3**. If not, use Form 17–140A (Continuation Sheet for the United States Origin Health Certificate) to account for all animals being shipped and enter “1 of X” with “X” standing for the total number of forms involved.

#### **DATE ISSUED [block 4]**

Enter the date the veterinary inspection is completed.

#### **U.S. PORT OF EMBARKATION [block 5]**

For an export by land to Canada or Mexico, enter the city and state of the US POE across from the Canadian or Mexican POE. For an export by air or sea, enter the city and state of the loading point for transportation to the airport or seaport, which would usually be the location where the animals were prepared for export.

#### **STATE CODE [block 6]**

The two letter USPS code of the State for the port of embarkation listed in block **5**.

#### **STATE CODE [block 13]**

The two letter USPS code of the consignor’s State listed in block **12**.

The certificate is authorized by law 21 U.S.C 112. While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020  
 1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) 2. CERTIFICATE NO 3. PAGE NO.

U.S. DEPARTMENT OF AGRICULTURE  
 ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
 VETERINARY SERVICES

**UNITED STATES ORIGIN HEALTH CERTIFICATE**  
 (This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

4. DATE ISSUED 5. U.S. PORT OF EMBARKATION (City and State) 6. STATE CODE 8. CONSIGNOR'S CITY (or Town) 13. STATE CODE 14. ZIP CODE

9. SEMEN (Check if yes) 10. NO. DOSES OF SEMEN 11. TRANSPORTATION CLASS  
 1 - Rail 3 - Air  
 2 - Truck 4 - Ocean

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)  
 01 BOVINE  02 PORCINE  03 OVINE  04 CAPRINE  
 05 EQUINE  08 OTHER WILDLIFE - MAMMAL  
 09 OTHER (Specify)

17. FARM ORIGIN  
 Owner's name (Last name, two initials, or business name)  
 Owner's street address  
 Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION  
 (Instructions for columns A, B, C & D on reverse)  
 ID NO. OR DESCRIPTION AGE SEX BREED  
 A B C D

19. DATE ENDORSED 20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)  
 21. STATUS  1 State  2 Federal  3 Accredited

22. TOTAL NO OF ANIMALS  
 (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)

23. Signature of endorsing federal veterinarian  
 VS FORM 17-140 (MAR 98)

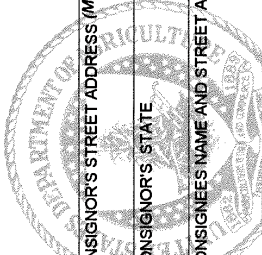
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)  
 25. SIGNATURE OF ISSUING VETERINARIAN

26. PREVIOUS EDITION MAY BE USED

27. PART 1 - TO ACCOMPANY SHIPMENT

**VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE**

**CERTIFICATION BY ISSUING VETERINARIAN**  
 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 determined exposure 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. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for lives/lock and for movement to the port of embarkation 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.



SAMPLE

NEGATIVE TUBERCULIN READING  
 48 HRS.  72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED  
 DISEASE NEGATIVE RESULTS OF OTHER TESTS

CERTIFIED BRUCELLOSIS FREE AREA  
 DISEASE TYPE TEST DISEASE TYPE TEST  
 DATE DATE DATE DATE DATE DATE DATE DATE  
 1/1000 VAC I J M N O

## **VS Form 17–140A: Continuation Sheet for United States Origin Health Certificate**

---

Use this form only when the number of individually identified animals in a shipment exceeds 18, thus overflowing the space available in blocks **17** and **18** of VS Form 17–140.

The name in block **1** of this form is the same as the Consignor's Name in block **1** of the corresponding Form 17–140. Likewise, the Consignee's Name in block **16** of this form is the same as that name in block **16** on the corresponding Form 17–140.

In block **2**, insert the preprinted certificate number from block **2** of the corresponding Form 17–140. Fill in the final page count in block **3** ("2 of X" or "3 of X" with X standing for the total number of forms including all continuation sheets).

The directions for blocks **17** and **18** are the same as for those blocks on the Form 17–140. No signatures are required on these continuation sheets.

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB NO. 0579-0020

**U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES**

**CONTINUATION SHEET FOR  
UNITED STATES ORIGIN HEALTH CERTIFICATE**

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name) \_\_\_\_\_

16. CONSIGNEE'S NAME \_\_\_\_\_

2. CERTIFICATE NO. FROM VS FORM 17-140 \_\_\_\_\_

3. PAGE NO. \_\_\_\_\_

OF \_\_\_\_\_

17. FARM ORIGIN Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, state code & zip code		18. INDIVIDUAL IDENTIFICATION				NEGATIVE TUBERCULIN READING				BRUCELLOSIS BLOOD SAMPLE COLLECTED				NEGATIVE RESULTS OF OTHER TESTS					
		ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E	DATE F	48 HRS. G	72 HRS. H	DATE I	DATE J	DATE K	DATE L	DISEASE M	TYPE TEST N	DISEASE O	TYPE TEST P		
<b>SAMPLES</b>																			

## **APHIS Form 7001: United States Interstate and International Certificate of Health Examination for Small Animals**

### **DATE OF THE FORM (Bottom left corner)**

This form was revised in November 2010, so there are two versions in circulation, the August 1994 version and the November 2010 version. The two major changes to the November 2010 version are that there is no owner certification/signature block and the veterinarian certification block has been modified. There are other changes to the information required. You may use either version of this form until the supply of the August 1994 version is used up or withdrawn. The 7001A continuation form is dated September 1983 and it should be used when needed with either the August 1994 or November 2010, 7001 certificates.

### **TYPE OF ANIMAL SHIPPED**

On this form, you may mix animals of different species. Check all species that apply to the current shipment.

### **CERTIFICATE NUMBER**

Again, this number is preprinted on the official APHIS Form 7001. We have erased the form number in this example for security reasons.

### **TOTAL NUMBER OF ANIMALS**

Self-explanatory. The PAGE block directly to the right of the total number of animals block refers to "Page 1 of X" where X indicates the continuation sheets (APHIS Form 7001A) that are attached with this Form 7001. If there are no continuation sheets just write 'Page 1'.

### **NAME, ADDRESS AND TELEPHONE NUMBER OF OWNER/CONSIGNOR**

Self-explanatory. If the consignor is licensed or registered under the Animal Welfare Act, include his or her official USDA number. Insert his or her telephone number regardless of registration status.

### **NAME, ADDRESS AND TELEPHONE NUMBER OF CONSIGNEE**

Insert the shipper's information here, including USDA license or registration number (if applicable) and phone number.

### **ANIMAL IDENTIFICATION**

The owner or consignor (shipper) fills in this information. The owner or consignor also checks with an X both certification in the unnumbered block below line 10 of block 5 and signs and dates the form below those check-marked blocks.

### **VACCINATION HISTORY**

You fill in this section. If rabies certificates are involved, attach them (showing your original signature, not a photocopy) at the black arrow on the right-hand side of the form.

### **VETERINARY CERTIFICATION**

Check the block(s) that apply. Print your name, address and telephone number in the block provided and insert your license number and the name of the State where you received it (or your NAN if appropriate). Finally, sign at the bottom right and insert the date you examined the animals on this certificate.

### **ENDORSEMENT FOR INTERNATIONAL EXPORT [unnumbered block at the lower left corner of the form]**

If the animals on this shipment are being sent out of the United States, a USDA veterinarian must apply the USDA seal or stamp and sign and date this form 7001.

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
UNITED STATES INTERSTATE AND INTERNATIONAL  
CERTIFICATE OF HEALTH EXAMINATION  
FOR SMALL ANIMALS

(See reverse for additional OMB statement.)  
CERTIFICATE NUMBER \_\_\_\_\_  
PAGE \_\_\_\_\_

3. NAME, ADDRESS AND TELEPHONE NUMBER OF OWNER/CONSIGNOR \_\_\_\_\_ Telephone \_\_\_\_\_  
 4. NAME, ADDRESS AND TELEPHONE NUMBER OF CONSIGNEE \_\_\_\_\_ Telephone \_\_\_\_\_

USDA License or Registration No. if applicable \_\_\_\_\_ Telephone \_\_\_\_\_  
 USDA License or Registration No. if applicable \_\_\_\_\_ Telephone \_\_\_\_\_

5. ANIMAL IDENTIFICATION (To be completed by owner/consignor) attach original signature rabies certificate here →

COMPLETE USDA TAG, COLLAR AND/OR TATTOO NUMBER	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS	RABIES		OTHER VACCINATIONS, TESTS OR TREATMENT	
					<input type="checkbox"/> Killed Virus	<input type="checkbox"/> Live Virus	Date	Type/Result
(1)					<input type="checkbox"/>	<input type="checkbox"/>		
(2)					<input type="checkbox"/>	<input type="checkbox"/>		
(3)					<input type="checkbox"/>	<input type="checkbox"/>		
(4)					<input type="checkbox"/>	<input type="checkbox"/>		
(5)					<input type="checkbox"/>	<input type="checkbox"/>		
(6)					<input type="checkbox"/>	<input type="checkbox"/>		
(7)					<input type="checkbox"/>	<input type="checkbox"/>		
(8)					<input type="checkbox"/>	<input type="checkbox"/>		
(9)					<input type="checkbox"/>	<input type="checkbox"/>		
(10)					<input type="checkbox"/>	<input type="checkbox"/>		

6. VACCINATION HISTORY (To be completed by veterinarian)

**VETERINARY CERTIFICATION:** I certify that the animals described in Item 5 have been examined by me this date, that the information provided in Item 6 is true and accurate to the best of my knowledge, and that the following findings have been made. "X" applicable statements.

I certify that the animals described above, and on continuation sheet(s) if applicable, have been inspected by me 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.

I certify that the animals described above, and on continuation sheet(s) if applicable, have been inspected by me this date and appear to be free of physical abnormalities which would endanger the animal.

To my knowledge, the animals described above, and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and have not been exposed to rabies.

**OWNER/CONSIGNOR CERTIFICATION:** I certify that the information concerning the animals described above in Item 5 is true and correct, and that I am the owner/consignor of such described animals and that I have physical and legal custody of such animals.

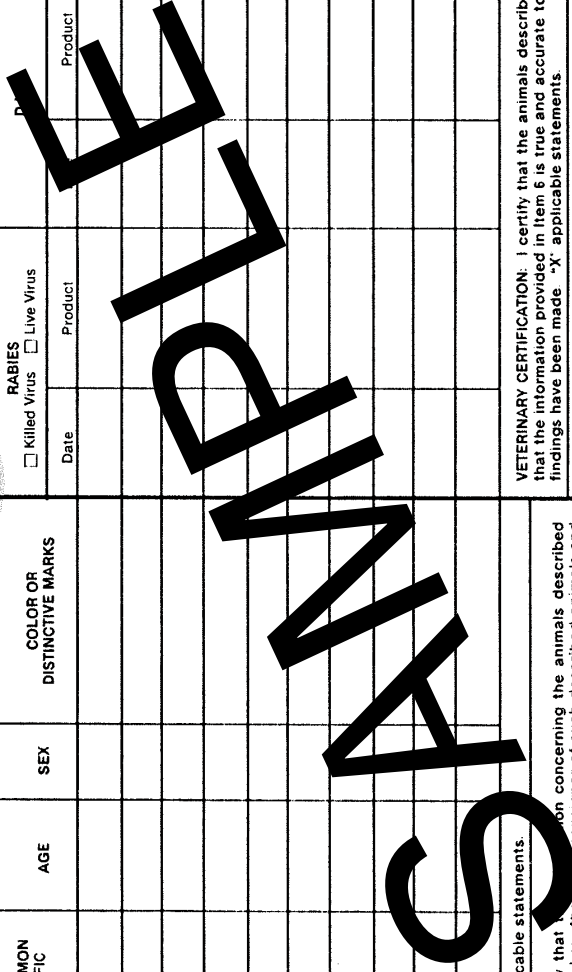
I hereby certify that the animal(s) in this shipment is (are), to the best of my knowledge, acclimated to air temperatures lower than 7.2° C. (45° F).

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ENDORSEMENT FOR INTERNATIONAL EXPORT (WARNING: International shipments require certification by an accredited veterinarian. States may also require such certification)**

Apply USDA Seal or stamp here

NAME, ADDRESS AND TELEPHONE NUMBER \_\_\_\_\_ LICENSE NO. \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Accrued  Yes  No  
 LICENSING STATE \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Telephone \_\_\_\_\_





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.

**1. TYPE OF ANIMAL SHIPPED (select one only)**  
 Dog  Cat  Other  
 Nonhuman Primate  Ferret  Rodent

**2. CERTIFICATE NUMBER - OFFICIAL USE ONLY**

**3. TOTAL NUMBER OF ANIMALS**

**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		8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY	
NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND 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

**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

**SIGNATURE OF USDA VETERINARIAN** Apply USDA Seal or Stamp here

**DATE**

**DATE**

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

APHS Form 7001 (NOV 2010)

This certificate is valid for 30 days after issuance

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 USC 2143; 9 CFR, Subchapter A, Part 2).

FORM APPROVED  
OMB NO. 0579-0036

(See reverse for additional OMB statement.)

1. CERTIFICATE NUMBER  
(Insert certificate no. from page 1)

2. PAGE ..... OF .....

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

UNITED STATES INTERSTATE AND INTERNATIONAL CERTIFICATE  
OF HEALTH EXAMINATION FOR SMALL ANIMALS  
(Continuation Sheet)

4. NAME, ADDRESS AND TELEPHONE NUMBER OF CONSIGNEE

3. NAME, ADDRESS AND TELEPHONE NUMBER OF OWNER/CONSIGNOR

5. ANIMAL IDENTIFICATION (To be completed by owner/consignor)		6. VACCINATION HISTORY (To be completed by veterinarian)		attach original signature rabies certificate here →		
COMPLETE USDA TAG, COLLAR AND/OR TATTOO NUMBER	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS	RABIES <input type="checkbox"/> Killed Virus <input type="checkbox"/> Live Virus Date Product Date Product	OTHER VACCINATIONS TESTS OR TREATMENT Date Type/Result
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
(18)						
(19)						
(20)						
(21)						
(22)						
(23)						
(24)						
(25)						
(26)						
(27)						
(28)						
(29)						
(30)						
(31)						

SAMPLE

APHIS FORM 7001A (SEP 93)

(Replaces VS Form 18-1A, which may be used)

PART 1 - TO ACCOMPANY SHIPMENT

## **APHIS Form 7001A: United States Interstate and International Certificate of Health Examination for Small Animals (Continuation Sheet)**

Please note, the APHIS Form 7001 was revised in November 2010, so there are two versions in circulation, the August 1994 version and the November 2010 version. You may use either version of the APHIS FORM 7001 until the supply of the August 1994 version is used up or withdrawn. The 7001A continuation form is dated September 1983 and it should be used when needed with either the August 1994 or November 2010, 7001 certificates.

### **CERTIFICATE NUMBER [block 1]**

Insert by hand the preprinted certificate number from block 1 of the Form 7001 for which this 7001A is a continuation sheet.

### **PAGE [block 2]**

Insert page 2 (or 3, etc.) of X, with X standing for the total number of sheets of Form 7001 and all 7001A forms for this entire shipment.

### **NAME, ADDRESS AND TELEPHONE NUMBER OF OWNER/CONSIGNOR [block 3]**

Transfer this information from block 3 of the Form 7001. You do not need to repeat the USDA license or registration number. Do repeat the shipper's telephone number, however.

### **NAME, ADDRESS AND TELEPHONE NUMBER OF CONSIGNEE [block 4]**

Transfer this information from block 4 of the Form 7001. You do not need to repeat the USDA license or registration number. Do repeat the recipient's telephone number, however.

### **ANIMAL IDENTIFICATION [block 5, lines 11–31 as needed]**

The owner or consignor (shipper) fills in this information.

### **VACCINATION HISTORY [block 6]**

You fill in this section. If rabies certificates are involved for the animals on this continuation sheet, attach them (showing your original signature, not a photocopy) at the black

## **VS Form 17-145: U. S. Origin Health Certificate for the Export of Horses from the United States to Canada**

### **General Information and Navigation Hints**

This Origin Health Certificate may be used for the permanent or temporary export of horses from the United States to Canada except for horses for immediate slaughter. VS Form 17-140 must be used for the export of immediate slaughter horses from the United States to Canada.

The markings on the legs are as viewed from the rear of the horse. Therefore the two legs on the left side of the form (marked Fore) are for marking the front legs as viewed from the rear of the horse. The two legs on the right side of the form (Marked Hind) are for marking the back legs as viewed from the rear of the horse.

The age of the horse may be listed in days, weeks, months, or years and the letters "d, w, m, y" should be added to the age number to clarify.

The endorsing Federal Veterinarian will add the Health Certificate Number when endorsed.

**U.S. ORIGIN HEALTH CERTIFICATE FOR THE EXPORT OF HORSES FROM THE UNITED STATES TO CANADA**

**PERMANENT EXPORT**       **TEMPORARY EXPORT (\*NOTE BELOW)**

FORM APPROVED OMB NO. 0579-0032

NAME AND ADDRESS OF CONSIGNOR	NAME AND ADDRESS OF PLACE OF ORIGIN	NAME AND ADDRESS OF CONSIGNEE

**CERTIFICATION STATEMENTS**

1. The animal identified below was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable diseases and exposure thereto;

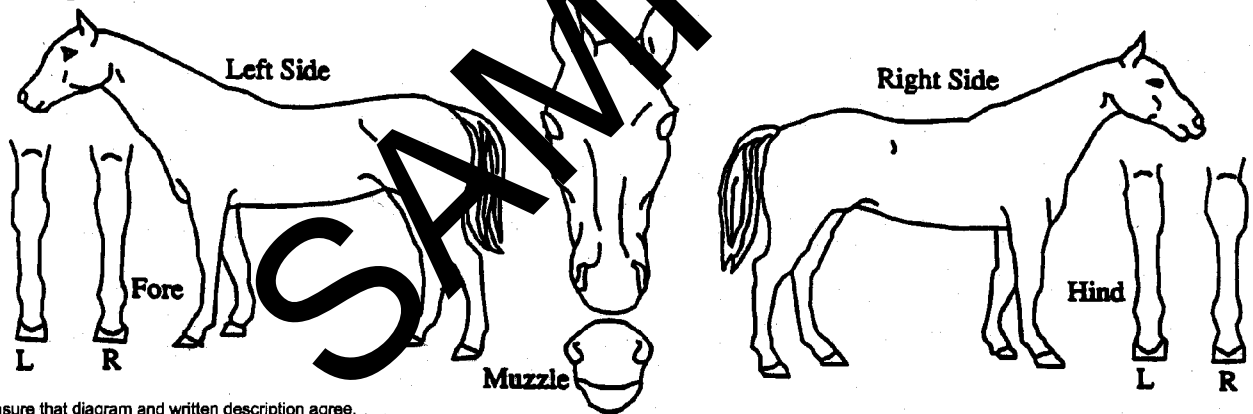
Either (Check Appropriate Box)

- 2. The animal has resided in the United States or Canada since birth;
- 3. The animal has met all of the import requirements of the United States and has resided in the United States for the past 60 days;
- 4. The animal was authorized for importation by the Animal Health Division, Agriculture Canada (required for horses from countries other than Canada that have resided in the United States less than 60 days);
- 5. The animal was tested negative for equine infectious anemia using the agar gel immunodiffusion (Coggins) test at:

Name of Laboratory	Date blood sample drawn	Sample Drawn by me or (Enter name of accredited veterinarian)	State
Laboratory Accession No.	HEALTH CERTIFICATE NUMBER		
<b>Issuing Veterinarian</b>		<b>Endorsing Federal Veterinarian</b>	
Signature		Signature and Seal	
Name (Type or Print)	Date	Name	Date

\*\*Health Certificate valid for 30 days from the date of issuance (note below)      Valid only if the USDA Veterinary Seal appears over the signature of the endorsing Federal Veterinarian and health certificate number)

**White Markings and Whorls Must be Shown!**



Please ensure that diagram and written description agree.

Name	Breed	Age	Color	Sex

**Written Description:**

HEAD	LIMBS	
BODY	LF	RF
ACQUIRED MARKS (scars, tattoos, etc.)	LH	RH

Instructions: Mark the diagram with the exact position of any distinguishing marks, scars or brands. Brands to be drawn in position. Scars to be marked and indicated with an arrow (->). Stars or blazes on the face and any other markings to be drawn in on the diagrams showing position and shape as accurately as possible. Whorls should be marked with a cross (X). If no markings - this fact should be stated.

**NOTE: The original copy of the health certificate must remain with the horse if the horse is being temporarily exported. Any clearance by Customs, such as a stamp, must be affixed on the reverse side of the original health certificate.**

**\*\*NOTE: The date of issuance must be the date of veterinary inspection.**

Exporter must furnish four (4) copies for USDA endorsement. The original and two (2) copies accompany the shipment, the fourth copy is for the AVIC's office.