

**Veterinary Health Certificate for the Export of *Columbiform Species (Pigeons and Doves)*  
to the United States of America**

<b>Veterinary Authority</b>	<b>Date of Issue</b>	<b>Certificate Number</b>
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**CERTIFICATION**

This is to certify that the animals described herein conform to the current veterinary import requirements of the United States. Health certificates are valid for 30 days from the date of issue by the examining veterinarian of the exporting country.

<b>1. Consignor/Shipper/Owner:</b>	<b>2. Consignee/Broker/Owner:</b>
<b>3. Country of Origin:</b>	<b>4. Date of Shipment:</b>
<b>5. Country of Destination:</b> United States of America	<b>6. State of Destination:</b>
<b>7. Home Quarantine Address:</b>	<b>8. Port of Embarkation / Border Crossing:</b>
<b>9. Date of Veterinary Inspection:</b>	<b>10. Means of Transport:</b>
<b>11. Description of Commodity (Type of Poultry):</b>	
<b>13. Total Quantity:</b>	<b>14. Total Number of Shipping Containers:</b>

**BIRD IDENTIFICATION**

<b>Row</b>	<b>Species/Breed</b>	<b>Wing Band/ID</b>	<b>Quantity</b>

*Blank space can be used for adding identification of Columbiformes.*

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**HEALTH INFORMATION**

**The official veterinarian certifies for export that Columbiformes covered under this health certificate were inspected by the examining veterinarian issuing the health certificate and:**

1. During the 90 days prior to export, the Columbiformes to be exported have continuously been under my supervision.
2. The Columbiformes for export:
  - a. Were inspected on the premises of origin prior to movement of the shipment for export and were found to be clinically free of signs of communicable diseases of poultry,
  - b. Were not vaccinated for any H5 or H7 subtype of avian influenza,
  - c. Were kept in the region of export until offered for import.
3. The Columbiformes for export either:
  - Were not vaccinated against Newcastle disease.
  - OR
  - Were vaccinated against Newcastle disease (avian paramyxovirus 1) at least 21 days prior to export, using vaccines that do not contain velogenic strains of Newcastle disease. *Date Vaccinated:* \_\_\_\_\_  
*Name/Manufacturer of Vaccine:* \_\_\_\_\_
4. If Columbiformes originated from or moved through regions where HPAI is considered to exist, the shipment was handled without commingling the shipment with any other avian after leaving the premise of origin.
5. Columbiformes were placed in new or appropriately sanitized packaging materials for shipping.
6. The birds did not come into contact with any wild birds or poultry within the 30 days prior to exporting from the premise of origin.

\*\*\*\*\*Certificate shall be valid for 30 days from date of issue\*\*\*\*\*

*The official veterinarian must endorse the examining veterinarian's signature OR the official veterinarian's signature and government seal may be used alone if the official veterinarian conducted the inspection.*

*Examining Veterinarian:*

<b>Name of Examining Veterinarian (Printed)</b>	<b>Signature of Examining Veterinarian</b>	<b>Date</b>
_____	_____	_____

*Official Veterinarian:*

<b>Name of Official Veterinarian (Printed)</b>	<b>Signature and Seal of Official Veterinarian</b>	<b>Date</b>
_____	_____	_____