

**Request for US Interstate and International Certificate of Health
Examination for Small Animals (APHIS Form 7001)**

**This request form is for New Jersey accredited and licensed veterinarians only!
For all other states, contact your local VS Area Office to request APHIS Form 7001.**

Note: Your request will not be processed without complete shipping information.

Name of veterinarian requesting forms: _____

Signature of requesting veterinarian (*Required*): _____

License No: _____

Please provide your FedEx or UPS account number for payment of shipping costs for the APHIS Form 7001. If you do not have a FedEx or UPS account number, please call the New Jersey Area Office at 609-259-8387 extension 0 with your credit card number and expiration date. Please DO NOT fax credit card information to the NJ Area Office.

FedEx Account No.: _____ UPS Account No.: _____

Address: (*No P.O. Box address please*):

Company Name: _____

Street Address: _____

City, State, and Zip Code: _____

Telephone: _____

Fax: _____

Quantity (1 pack = 50) _____ pack(s)

Email request to: vsnj@aphis.usda.gov

Fax request to: (609) 259-2477

Mail Request to: USDA APHIS VS
320 Corporate Blvd.
Robbinsville, NJ 08691