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.


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.


7. Write in “other” if for eggs.

8. State disease suspected or diagnosed.


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.


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.

18. This is a legal document; do not forget to sign it.


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.”


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.
This permit identifies restricted animals moved for quarantine/diagram purposes. The information is needed to identify disease infected/exposed animals that are moved to specific locations in order to control and prevent spread of the disease (9 CFR 71 through 85). See reverse side for additional information.

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

**PERMIT FOR MOVEMENT OF RESTRICTED ANIMALS**

**USE A SEPARATE FORM FOR EACH SPECIES**

1. **NAME AND ADDRESS OF SHIPPER OR CONSIGNOR (Include Zip Code)**

2. **CONSIGNEE (Destination Name and Address, Include Zip Code)**

3. **MOVED FROM (Name and Location of Premises if other than Item 1 above)**

4. **NAME AND ADDRESS OF OWNER AT TIME CONDITION DIAGNOSED**

**VALID ONLY FOR ABOVE DESTINATION**

<table>
<thead>
<tr>
<th>17. ANIMALS TO BE MOVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPLETE EAR TAG NO.</td>
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<td>COMPLETE EAR TAG NO.</td>
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</table>

I certify that I have inspected the animals described on this permit and find them eligible to move in accordance with the requirements of State and Federal regulations.

18. **SIGNATURE OF INSPECTOR**

19. **DATE ISSUED**

20. **TIME ISSUED**

21. **DATE**

22. **TIME**

23. **SIGNATURE OF OWNER OF SHIPPER**

24. **TITLE**

25. **DATE SIGNED**

26. **PLACE ANIMALS RECEIVED**

27. **DATE ANIMALS ARRIVED**

28. **NO. ANIMALS RECEIVED**

29. **DATE SLAUGHTERED/QUARANTINED**

30. **DATE AND TIME SEALS BROKE**

31. **AUTHORIZED SIGNATURE**

32. **DATE CLEANED AND DISINFECTED (if required)**

33. **SIGNATURE OF INSPECTOR**

34. **DATE SIGNED**

**VS FORM 1-27**

Previous edition may be used.

**PART 1 - TO ACCOMPANY SHIPMENT**

16-3
<table>
<thead>
<tr>
<th>EAR TAG NO.</th>
<th>BREED</th>
<th>SEX</th>
<th>DISEASE BRAND</th>
<th>OTHER IDENTIFICATION (Complete No.)</th>
<th>EAR TAG NO.</th>
<th>BREED</th>
<th>SEX</th>
<th>DISEASE BRAND</th>
<th>OTHER IDENTIFICATION (Complete No.)</th>
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VS FORM 1-27A (SEP 91) TO ACCOMPANY SHIPMENT

Attach to VS Form 1-27
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

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


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 online. The VS form 10-11, Equine Infectious Anemia Laboratory Test, is already available in the VSPS. The form can be completed online 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.
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 ear tag 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.
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**

**Brucellosis Vaccination Record**

**State: [ ]**  
**County: [ ]**

**Herd Number**  
**Herd Owner**  
**Last**  
**First**  
**Initial**  
**Vaccine Used**  
**Expiration Date**

<table>
<thead>
<tr>
<th>Owner Number</th>
<th>Route Street Road</th>
<th>Serial Number</th>
<th>Disease (Full)</th>
<th>Vacc Tattoo</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Kind of Herd**  
- [ ] Dairy  
- [ ] Beef  
- [ ] Mixed

**Remarks**

<table>
<thead>
<tr>
<th>Remarks</th>
<th>Wb#25</th>
<th>CV</th>
<th>AV</th>
<th>Age</th>
<th>Twp</th>
<th>Sec</th>
<th>District</th>
<th>Farm Unit</th>
</tr>
</thead>
</table>

**Certification for Payment**

I certify that: (1) I have vaccinated with Strain 19, tattooed and ear-tagged, 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.

**Signature**  
**Date of Vaccination**  
**Agree. Code**

**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 read the official tattoo(s) and have retagged them as shown.

**Signature**  
**Date**

**Identification Number**  
**Age**  
**Breed**  
**Sex**  
**P/B Grade**  
**Tattoo**

**VS Form 4-28**  
Previous edition may be used.

**Part 1 - Office**

16-9
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

BRUCELLOSIS TEST RECORD

OWNER NUMBER ROUTE-STREET-ROAD

TEST PROG WOBS POST OFFICE STATE ZIP CODE

REASON FOR TEST INITIAL RETEST RGE TWP SEC DISTRICT FARM UNIT

Slaughter Rea 1 Mid Cert/ 6 Validation

Live Nat: Rea 2 Post Move Qua & Test

Swab Ring Test 3 Area Test

Diagnostic 4 Epidemiology

Pvt. Sale 5 Other 10 (Specify below)

REMARKS

COMPLETE HERD TEST OF 

ALL ELIGIBLE ANIMALS

SUMMARY

YES NO

NO IN HERD

NEGATIVE

SIGNATURE

AGREE CODE

REACTORS TAGGED

BRANDED

PLACE DATE TOTAL

LITERIAL RESULTS

REMARKS

AND ADDITIONAL INFORMATION

REACTOR

TAG NUMBER

TUBE NO 2 RECORD ALL IDENTIFICATION NUMBER(S)

VACC TATTOO AGE BREED SEX FLDATE SATT

FDB DATE

RVT

N - Negative S - Suspect R - Reactor Date Classified

TEST AUTHORIZATION EXPIRES

RT - Relag 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

PART 1 - OFFICE

VS FORM 433 (FEB 02) Replaces edition date of (4/81), which may be used.

SAMPLE

16-12
<table>
<thead>
<tr>
<th>TUBE NO.</th>
<th>RECORD ALL IDENTIFICATION NUMBERS</th>
<th>VACC TATTOO</th>
<th>AGE</th>
<th>BREED</th>
<th>SEX</th>
<th>FLOT</th>
<th>LABORATORY RESULTS</th>
<th>TEST INTERP</th>
<th>REMARKS AND ADDITIONAL INFORMATION</th>
<th>REACTOR TAG NUMBER</th>
</tr>
</thead>
</table>

 VS FORM 4-33A (FEB 92)  
Replaces edition date of (4/81) which may be used

PART 1-OFFICE
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.
<table>
<thead>
<tr>
<th>TUBE NO.</th>
<th>SALE TAG OR BRAND</th>
<th>BACK TAG NUMBER</th>
<th>EAR TAG NUMBER</th>
<th>VACC TATOO</th>
<th>AGE</th>
<th>BREED</th>
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<th>RIV</th>
<th>CF</th>
<th>TEST INTERP.</th>
<th>COUNTY</th>
<th>HERD OWNER'S NAME</th>
<th>ADDRESS</th>
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</table>
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 ear tags and tattoos. If more than one is present, record them all. If none is present, apply metal ear tag 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.
<table>
<thead>
<tr>
<th>COUNTY</th>
<th>TOWNSHIP OR DISTRICT</th>
<th>SEC.</th>
<th>FARM NO.</th>
</tr>
</thead>
</table>

**REASON FOR TEST**

1. AREA
   - RETEST

2. HERD (RE) ACCREDIT
   - TRACING REG. KLL

3. MILK ORDINANCE
   - TRACING REACTORS

4. SALE-SHOWN
   - TRACING EXPOSED

5. IMPORTED
   - OTHER

<table>
<thead>
<tr>
<th>IDENTIFICATION NUMBER</th>
<th>AGE</th>
<th>BREED</th>
<th>SEX</th>
<th>RESULTS</th>
<th>REACTOR TAG NO.</th>
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**COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS**

- YES
- NO

**NO ELIGIBLE ANIMALS IN HERD**

**SUMMARY**

- NEGATIVE

**PRACTIONER'S SIGNATURE**

**TELEPHONE NO**

**CERTIFICATION FOR PAYMENT**

- State
- Federal
- Owners
- Expense

I certify that this test was made and read by me on each of the cattle identified below on the date and with the results as entered in appropriate spaces.

If 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.

**DATE LISTED**

**DATE**

**HOUR**

**INJECTION DATE**

**OPERATION DATE**

**ACCORDING TO TEST EXPIRES**

*I hereby acknowledge receiving a copy of this record which I have examined and find correct.*

**DATE**

**OWNER'S SIGNATURE**

VS FORM 6-22 (FEB 99)

Previous editions are obsolete.

PART 1 – OFFICE

16-17
### TUBERCULOSIS INFECTED HERD

<table>
<thead>
<tr>
<th>OFFICE USE</th>
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<td>RESULTS</td>
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**U.S. DEPARTMENT OF AGRICULTURE**

**ANIMAL AND PLANT HEALTH INSPECTION SERVICE**

**VETERINARY SERVICES**

**NAME OF OWNER OF INFECTED HERD**

<table>
<thead>
<tr>
<th>FARM NO.</th>
<th>ADDRESS OF OWNER</th>
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**SECTION I - OTHER ANIMALS ON FARM (Inventory; use continuation sheet if needed)**

<table>
<thead>
<tr>
<th>LIST SPECIES</th>
<th>CONTACT WITH REACTOR</th>
<th>NUMBER</th>
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<tbody>
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**SECTION II - IDENTIFICATION AND HISTORY OF REACTORS FOUND ON THIS TEST**

<table>
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<tr>
<th>#</th>
<th>PURCHASE FROM</th>
<th>REACTOR TAG</th>
<th>AGE</th>
<th>BREED</th>
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<th>ORIGIN OF REACTOR</th>
<th>DESCRIPTION (Registration No., color, markings, etc.)</th>
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**VS FORM 6-22A (FEB 99)**

(Previous editions are obsolete.)

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<th>FORM APPROVED OMB NO.</th>
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| SAMPLE | SAMPLE | SAMPLE |

| TUBERCULOSIS TEST RECORD - CONTINUATION SHEET |
| Complete all entries on VS Form 6-22 before using this form. |

### Identification Number

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VS FORM 6-22B (FEB 99)  
(Previous editions are obsolete.)

PART 2 - OFFICE
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, 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/ 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.
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
4. LOCATION OF ANIMALS
5. PAYMENT METHOD
6. HERD/FLOCK SIZE
7. NO. IN HERD/FLOCK AFFECTED
8. NO. IN HERD/FLOCK DEAD
9. EXAMINATIONS REQUESTED
10. COLLECTED BY
11. DATE COLLECTED
12. AUTHORIZED BY
13. PURPOSE OF SUBMISSION (See instructions for definitions)
14. COUNTRY OF ORIGIN/DESTINATION
15. REFERRAL NUMBER
16. PRESERVATION
17. SPECIMENS SUBMITTED ('X' applicable item(s))
18. TOTAL NUMBER OF SPECIMENS SUBMITTED
19. SPECIES OR SOURCE ('X' ONLY one)
20. NUMBER OF ANIMALS SAMPLED
21. IDENTIFICATION (See instructions <250 samples per form)
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
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.

<table>
<thead>
<tr>
<th>Sample</th>
<th>Animal</th>
<th>Age</th>
<th>Sex</th>
<th>Sample</th>
<th>Animal</th>
<th>Age</th>
<th>Sex</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>12ABC0001</td>
<td>5Y</td>
<td>F</td>
<td>6</td>
<td>12ABC0006</td>
<td>10D</td>
<td>F</td>
</tr>
<tr>
<td>2</td>
<td>12ABC0002</td>
<td>2Y</td>
<td>M</td>
<td>7</td>
<td>12ABC0007</td>
<td>12M</td>
<td>F</td>
</tr>
<tr>
<td>3</td>
<td>12ABC0003</td>
<td>1Y</td>
<td>F</td>
<td>8</td>
<td>12ABC0008</td>
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<td>4</td>
<td>12ABC0004</td>
<td>6M</td>
<td>F</td>
<td>9</td>
<td>12ABC0009</td>
<td>2Y</td>
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<td>5</td>
<td>12ABC0005</td>
<td>5W</td>
<td>M</td>
<td>10</td>
<td>12ABC0010</td>
<td>15M</td>
<td>M</td>
</tr>
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</table>
### IDENTIFICATION

<table>
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<tr>
<th>Sample ID</th>
<th>Animal ID</th>
<th>Breed</th>
<th>Age</th>
<th>Sex</th>
<th>Sample ID</th>
<th>Animal ID</th>
<th>Breed</th>
<th>Age</th>
<th>Sex</th>
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</tr>
</tbody>
</table>

**INSTRUCTIONS:** Use this form only as a continuation of information on VS Form 10-4 see "Instructions for completing VS Form 10-4."
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, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

<table>
<thead>
<tr>
<th>USE TYPEWRITER OR PRINT CLEARLY</th>
<th>FORM APPROVED - OMB NO. 0579-0127</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EQUINE INFECTION ANIMAL SUPPLEMENTAL INVESTIGATION</strong> (VS Memorandum 555-8)</td>
<td></td>
</tr>
<tr>
<td>3. INVESTIGATOR’S NAME (last, first, &amp; middle initial)</td>
<td></td>
</tr>
<tr>
<td>Area Code &amp; Telephone No.</td>
<td></td>
</tr>
<tr>
<td>5. INVESTIGATION DATE</td>
<td></td>
</tr>
<tr>
<td>6. OWNER’S LOCATION</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Contact Name</td>
</tr>
<tr>
<td>Street Address</td>
<td>Street Address</td>
</tr>
<tr>
<td>City</td>
<td>City</td>
</tr>
<tr>
<td>State</td>
<td>State</td>
</tr>
<tr>
<td>Zip Code</td>
<td>Zip Code</td>
</tr>
<tr>
<td>County</td>
<td>County</td>
</tr>
<tr>
<td>Area Code &amp; Telephone No.</td>
<td>Area Code &amp; Telephone No.</td>
</tr>
<tr>
<td>8. FARM OR RANCH OPERATION</td>
<td></td>
</tr>
<tr>
<td>Type of Operation</td>
<td>Specialty</td>
</tr>
<tr>
<td>No. of Equids on Premises</td>
<td>No. of Equids having Possible Contact with Positive Case Animals</td>
</tr>
<tr>
<td>Other Livestock Animals on Premises (list total number by species)</td>
<td></td>
</tr>
<tr>
<td>Cattle</td>
<td>Pigs</td>
</tr>
<tr>
<td>Name</td>
<td>Color</td>
</tr>
<tr>
<td>Breed</td>
<td>Age (in months)</td>
</tr>
<tr>
<td>Primary Use of Animal (Please check one box.)</td>
<td></td>
</tr>
<tr>
<td>Pleasure</td>
<td>Show</td>
</tr>
<tr>
<td>11. SOURCE OF ANIMAL</td>
<td></td>
</tr>
<tr>
<td>Was the Animal Born on Owner’s Premises</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was the Animal Purchased</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Where Resided Prior to Purchase by Current Owner</td>
<td></td>
</tr>
<tr>
<td>How Long Has the Case Animal Been at the Current Premises Prior to the EIA Positive Test (in months only)</td>
<td></td>
</tr>
<tr>
<td>12. ANIMAL HOUSING</td>
<td></td>
</tr>
<tr>
<td>Proportion of Time Case Animal Spent</td>
<td></td>
</tr>
<tr>
<td>In stable (%)</td>
<td>0</td>
</tr>
<tr>
<td>On pasture (%)</td>
<td>0</td>
</tr>
<tr>
<td>Condition of Pasture Grasses</td>
<td>Water Sources on Pasture</td>
</tr>
<tr>
<td>.24&quot;</td>
<td>12-24&quot;</td>
</tr>
<tr>
<td>6-12&quot;</td>
<td>.5&quot;</td>
</tr>
<tr>
<td>Size of Pasture Area Where Case Animal was Kept (acres)</td>
<td></td>
</tr>
<tr>
<td>Dates of Off-premises Gathering of Equids Attended by Case Animal within Six Months of the EIA Positive Test</td>
<td></td>
</tr>
<tr>
<td>Types of Off-premises Gatherings of Equids Attended by the Case Animal within Six Months of the EIA Positive Test</td>
<td></td>
</tr>
<tr>
<td>Was the Case Animal within 200 Yards of Another Animal Known to be EIA-positive within Six Months of the EIA Positive Test</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>IF YES, IDENTIFY PREMISE(S) AND ALL EXPOSED EQUIDS IN COMMENTS SECTION, PAGE 3.</td>
<td></td>
</tr>
</tbody>
</table>
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
☐ Yes ☐ No
Are Other Animals with EIA Positive Tests Present on Neighboring Premises
☐ Yes ☐ 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)
☐ Owner ☐ Neighbor ☐ Farm Worker
☐ Veterinarian ☐ Other

16. INJECTABLE MEDICATION HISTORY
List Injectable Medication and Dates Administered to EIA Test Positive Animal
Who Injected the Medication
☐ Owner ☐ Farm Worker ☐ Neighbor ☐ Veterinarian ☐ 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
Reagents applied to animals
☐ Yes ☐ No
Reagents applied on or near animal housing
☐ Yes ☐ No
Insecticides applied generally to the pasture areas
☐ Yes ☐ No
Insecticides applied in or near animal housing areas
☐ Yes ☐ 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 FLOODS, WATER SOURCES, AND LANDMARKS
Site Sketch
West
South
East

Latitude (ddmmss)
Longiitude (ddmmss)
Datum Used, If Known

Front gate ☐ Stable ☐ Pasture ☐ Other (please identify)

VS FORM 10-12
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.
**U.S. DEPARTMENT OF AGRICULTURE**
**ANIMAL AND PLANT HEALTH INSPECTION SERVICE**

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

<table>
<thead>
<tr>
<th>TIME HORSES LOADED ON CONVEYANCE</th>
<th>DATE</th>
<th>CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>VEHICLE LICENSE NO. AND DRIVER’S NAME</td>
<td>NAME OF AUCTION/MARKET</td>
<td></td>
</tr>
<tr>
<td>CONSIGNOR (OWNER/SHIPPER) NAME</td>
<td>CONSIGNEE (RECEIVER/DESTINATION) NAME</td>
<td></td>
</tr>
<tr>
<td>STREET ADDRESS</td>
<td>STREET ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY, STATE, ZIP CODE</td>
<td>CITY, STATE, ZIP CODE</td>
<td></td>
</tr>
<tr>
<td>AREA CODE &amp; TELEPHONE NO.</td>
<td>AREA CODE &amp; TELEPHONE NO.</td>
<td></td>
</tr>
</tbody>
</table>

**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.
- [ ] Foals are older than 6 months of age.
- [ ] Horses are able to bear weight on all 4 limbs.
- [ ] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

<table>
<thead>
<tr>
<th>TAG</th>
<th>TAG PREFIX</th>
<th>Tag NO.</th>
<th>COLOR DESCRIPTION</th>
<th>BREED/TYPE</th>
<th>SEX</th>
<th>BRANDS Tattoos, etc.</th>
<th>REMARKS Include existing conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>Bay Grey Blk Pinto Cheeth Other</td>
<td>TB QT Draft Pony Other</td>
<td>Geld</td>
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<td>TB QT Draft Pony Other</td>
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<td>TB QT Draft Pony Other</td>
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<td>Bay Grey Blk Pinto Cheeth Other</td>
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<td>7</td>
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<td>Bay Grey Blk Pinto Cheeth Other</td>
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<td>8</td>
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<td>Geld</td>
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<td>14</td>
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**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 1003).

**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 10-13 (AUG 2004)**

**Previous editions are obsolete**

**PART 1 - INSPECTOR**

**PAGE 1 OF**
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.
<table>
<thead>
<tr>
<th>TAG PREFIX</th>
<th>Tag NO.</th>
<th>COLOR DESCRIPTION</th>
<th>BREED/TYPE</th>
<th>SEX</th>
<th>BRANDS</th>
<th>REMARKS</th>
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1. 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.)
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.

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.

1. Consignor's Name (Last name, first name, middle initial or business name)
2. Certificate No
3. Page No

4. Date Issued
5. U.S. Port of Embarkation (City and State)
6. State Code

7. Consignor's Street Address (Mailing Address)
8. Consignor's City (or Town)
9. Semen (Check if yes)
10. No. Doses of Semen
11. Transportation Class
   - Rail
   - Air
   - Truck
   - Ocean

12. Consignor's State
13. State Code
14. Zip Code
15. Species (*X one - use VS Form 17-6 for Poultry)
   - 01 Bovine
   - 02 Porcine
   - 03 Ovine
   - 04 Caprine
   - 05 Equine
   - 06 Other Wildlife - Mammal
   - 09 Other (Specify)

16. Consignee's Name and Street Address (Mailing Address)
17. Destination Country
18. Enter Code

19. Negative tuberculin reading
20. Brucellosis blood sample collected
21. Negative results of other tests
22. Disease
23. Disease
24. Disease

If more lines are needed below - use VS Form 17-140A.

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
   - A
   - Age
   - B
   - Sex
   - C
   - Breed
   - D
   - Date
   - Vaccination
   - 1/25
   - Date
   - M
   - N
   - O

19. Date Endorsed
20. Name of Issuing Veterinarian (Last name, first name, middle initial, please print)
   - 2 Federal
   - 1 State
   - 3 Accredited

21. Status
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
24. Name of Endorsing Federal Vet (Type, print, or stamp)
25. Signature of 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 insomuch 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 livestock 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.
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.
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.
**United States Interstate and International Certificate of Health Examination for Small Animals**

**1. Type of Animal Shipped**
- [ ] Dog
- [ ] Cat
- [ ] Other
- [ ] Nonhuman Primate

**2. Total Number of Animals**

**3. Name, Address and Telephone Number of Owner/Consignor**

**4. Name, Address and Telephone Number of Consignee**

**5. Animal Identification**

<table>
<thead>
<tr>
<th>COMPLETE USDA TAG COLLAR AND/OR TATTOO NUMBER</th>
<th>BREED - COMMON OR SCIENTIFIC NAME</th>
<th>AGE</th>
<th>SEX</th>
<th>COLOR OR DISTINCTIVE MARKS</th>
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**X** applicable statements

**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.

**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.

**6. Vaccination History**

<table>
<thead>
<tr>
<th>RABIES</th>
<th>OTHER VACCINATIONS, TESTS OR TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
</tr>
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</tbody>
</table>

**Veterinary Certification:** 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.

**Veterinary Certification:** 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.

**Veterinary Certification:** 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.

**Signatures:**

**Signature**

**Date**

**Licensing State:**

**License No.:**

**Endorsement for International Export**

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**

**Signature**

**Date**

**Part 1 - To Accompany Shipment**

This certificate is valid for 30 days after issuance.
**United States Department of Agriculture**

**Animal and Plant Health Inspection Service**

**United States Interstate and International Certificate of Health Examination for Small Animals**

**WARNING:** Anyone who makes a false, fictitious, or fraudulent statement on this document, or uses such document knowing it to be false, fictitious, or fraudulent may be subject to a fine of not more than $10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 1003).

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)**

7. **ANIMAL IDENTIFICATION**

<table>
<thead>
<tr>
<th>NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION</th>
<th>BREED – COMMON OR SCIENTIFIC NAME</th>
<th>AGE</th>
<th>SEX</th>
<th>COLOR OR DISTINCTIVE MARKS OR MICROCHIP</th>
<th>RABIES VACCINATION</th>
<th>OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS</th>
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</table>

8. **PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY**

<table>
<thead>
<tr>
<th>Vaccination Date</th>
<th>Product</th>
<th>Product Type and/or Results</th>
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<tbody>
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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**

**NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN**

**LICENSE NUMBER AND STATE**

- [ ] Accredited
- [ ] Yes
- [ ] No

If yes, please complete below:

**NATIONAL ACCREDITATION NUMBER**

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

**SIGNATURE OF USDA VETERINARIAN**

**DATE**

**SIGNATURE OF ISSUING VETERINARIAN**

**DATE**

**APHIS Form 7001**

**(NOV 2010)**

This certificate is valid for 30 days after issuance.
### UNITED STATES INTERSTATE AND INTERNATIONAL CERTIFICATE
OF HEALTH EXAMINATION FOR SMALL ANIMALS

**Continuation Sheet**

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<tbody>
<tr>
<td><strong>5. ANIMAL IDENTIFICATION</strong>  (To be completed by owner/consignor)</td>
<td><strong>6. VACCINATION HISTORY</strong>  (To be completed by veterinarian)</td>
</tr>
<tr>
<td><strong>COMPLETE USDA TAG, COLLAR AND/OR TATTOO NUMBER</strong></td>
<td><strong>BREED - COMMON OR SCIENTIFIC NAME</strong></td>
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**APHIS FORM 7001A (SEP 93)**  (Replaces VS Form 1B-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.
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 number. The valid OMB control number for this information collection is 0579-0032. The time required to complete this collection of information is estimated to average .266 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form.

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

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:

<table>
<thead>
<tr>
<th>Name of Laboratory</th>
<th>Date blood sample drawn</th>
<th>Sample Drawn by (e) or (Enter name of accredited veterinarian)</th>
<th>State</th>
</tr>
</thead>
</table>

Lab Accession No. | HEALTH CERTIFICATE NUMBER

Issuing Veterinarian | Endorsing Federal Veterinarian

Signature | Signature and Seal

Name (Type or Print) | Date | Name | Date

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

White Markings and Whorls Must Be Shown!

<table>
<thead>
<tr>
<th>Left Side</th>
<th>Right Side</th>
</tr>
</thead>
<tbody>
<tr>
<td>L R Fore</td>
<td>L R Hind</td>
</tr>
<tr>
<td>Muzzle</td>
<td></td>
</tr>
</tbody>
</table>

Please ensure that diagram and written description agree.

<table>
<thead>
<tr>
<th>Name</th>
<th>Breed</th>
<th>Age</th>
<th>Color</th>
<th>Sex</th>
</tr>
</thead>
</table>

Written Description:

<table>
<thead>
<tr>
<th>HEAD</th>
<th>LIMBS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCDY</td>
<td>LF</td>
</tr>
<tr>
<td></td>
<td>RF</td>
</tr>
<tr>
<td>ACQUIRED MARKS (scars, tattoos, etc.)</td>
<td>LH</td>
</tr>
<tr>
<td></td>
<td>RH</td>
</tr>
</tbody>
</table>

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.

VS FORM 17-145 (MAY 2000)