



Second microchip number (if required)

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9. Date of microchip scanning (dd/mm/yy): \_\_\_\_\_

10. Site of microchip(s): \_\_\_\_\_

11. Import permit application number (if known): \_\_\_\_\_

**Section C: USDA accredited veterinarian declaration**

To be completed by the person named in section A of this form.

I declare that:

- I have scanned the microchip and verified the identity of the animal identified on the date specified in section B.
- I am a USDA Accredited Veterinarian, my accreditation status is active, and I am accredited in the state where I performed the identity check.  
[Check my accreditation status](#)
- the information I have provided is true and correct to the best of my knowledge.

<hr/> <i>Signature of USDA accredited veterinarian</i>	Country of export: United States of America
	Date declaration completed: <i>(day/month/year)</i>
	Name:
	Address:
	Phone number:
	Email contact:

<hr/> <i>Signature of USDA APHIS Official Government Veterinarian</i>  <i>Stamp of Official Government Veterinarian</i>	Country of export: United States of America
	Competent Authority:  USDA APHIS
	Date declaration endorsed: <i>(day/month/year)</i>

	Name:
	Address:
	Phone number:
	Email contact: