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 these information collections are 0579- 0020, 0036, 0048, 0101, 0156, 0278, and 0432. The times required to complete these information collections is estimated to average .25 to 1.5 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.

OMB Approved 0579- 0020, 0036, 0048, 0101, 0156, 0278, and 0432

Veterinary Health Certificate for Export of Dogs and Cats from the United States of America to Indonesia

Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE	Date Of Issue	Certificate Number						
1. Consignor:								
3. Country Of Origin: USA		4. State Of Or	igin:					
5. Country Of Destination: Indonesia		6. Zone Of De	stination: ******************	*****	******			
7. Place Of Origin:		8. Port Of Em	barkation / Border Crossing:					
9. Estimated Date Of Shipment:			10. Means Of Transport:					
11. ***********************************		12. CITES Permit Number: ***********************************						
13. Description Of Commodity: Dogs and Cats		14. Date Of Inspection:						
15. Total Quantity:		16. Additional Information:						
17. Total Number Of Packages/Containers:								
18. Identification / Seal Numbers:								
19. Commodities Intended Use:		20. Type Of A	dmission					
N/A		20. Type Of A	umission.					
21. Identification Of Commodities: (See next page)								

*************	******	*****	*********	*****	******			

Veterinary Health Certificate for Export of Dogs and Cats from the United States of America to Indonesia

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bogs and dats from the officed states of America to indonesia							ZIS C
Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE		Date Of Issue			tificate Number		
MITED STATES DETARTMENT OF AGRIC	COLIONE						
1. Identification Of Commodities: Co	ntinued						
Microchip Number or Name of Animal	Specie s	Bree d	Age (must be	e at least : age)	3 months of	Se x	Color or Distinctive Markings
		المستونون					
*******	*****	*****	****	****	*****	****	* * * * * * * * * * * * * * * * * * * *
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Veterinary Health Certificate for Export of Dogs and Cats from the United States of America to Indonesia



Veterinary Authority

UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue

Certificate Number

Certification Statements:

- 1. I have verified the presence of any microchips listed in box 21.
- 2. Rabies has not been reported within the area where the animals have lived for the last 6 (six) months.
- 3. The animals have resided in the United States for a period of not less than $6 \, (six)$ months preceding export.
- 4. The animals listed in box 21 were examined by me on this date, being within 5 days of departure, and found to be healthy and free from any clinical signs of rabies and infectious/contagious diseases of dogs and cats.
- 5. The animals listed in box 21 are at least 3 months old and have been vaccinated for rabies, as detailed below, using a killed vaccine.
- 6. The animals were subjected to a neutralizing antibody titration test with a result of 0.5 IU/ml or greater, as detailed below.
- 7. Other vaccinations, treatments, and/or tests and results are noted below, if needed:

NOTE: The Date of Inspection (Box 14) must be within 5 days of departure.

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Veterinary Health Certificate for Export of

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		Dogs and Cats f	rom the Unite	d States	of America t	o Indonesia			
Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE				Date Of Issue		Certificate Num	ber		
Rabies Vacc		oox 21 are at least 3 r	nonths old an	d have be	en vaccinate	ed for rabies us	ing a kille	d vaccine.	
Microchip	Number/N	ame Date of Rabies	Vaccinatio	n Name o	of Vaccine	Period of Val	idity: F	rom Perio	d of Validity: To
		ntibody Titration Tes							
		jected to a neutralizi						T - 1-	NT
Mic	rochip Nu	umber/Name	FAVN S	ample Dra	aw Date	FAVN R	esult	Lan	ooratory Name
			Daniel						
Microchip		reatments, and/or Tes Other vaccinat:		ate	Other vaco	rinations	Date	Other	vaccinations,
Number/	Perfo	treatments, and/c				and/or tests	Perfo		ts, and/or tests
Name	rmed	and result:	r	med	and re	sults	rmed	ar	nd results
Name of Acc	credited Ve	terinarian			Name of U	SDA Veterinarian			
Signature of	Signature of Accredited Veterinarian				Signature	of USDA Veterina	rian		
				1					

Date

Date