

**Veterinary Health Certificate for the Export of Poultry for Immediate Slaughter from the United States of America to Canada**



**Veterinary Authority**  
UNITED STATES DEPARTMENT OF AGRICULTURE

**Date Of Issue**

**Certificate Number**

**CERTIFICATION**

**1. Consignor:**

**2. Consignee:**

**3. Country Of Origin**  
United States of America

**4. State Of Origin**

**5. Country Of Destination:**  
Canada

**6. Reserved For Future Use**  
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**7. Place Of Origin**

**8. Port Of Embarkation :**

**9. Estimated Date Of Shipment:**

**10. Means Of Transport**

**11. Reserved For Future Use**  
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**12. Reserved For Future Use**  
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**13. Description of Commodity:**

**14. Date Of Inspection:**

**15. Total Quantity / Cantidad Total:**

**16. Reserved For Future Use**  
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**17. Total Number of Packages/Containers:**

**18. Identification / Seal Numbers:**  
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**19. Commodities Intended Use:**  
Immediate Slaughter

**20. Type Of Admission:**  
Permanent Import

**21. Identification:**

Row	Variety/Strain/Trade Name	ID	Sex	Quantity	Additional Description

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**Certification Statements :**

1. The birds were inspected by a veterinarian within thirty (30) days preceding the date of importation.
2. The birds were found by a veterinarian to be free of any communicable disease.
3. To the best of the knowledge and belief of a veterinarian, the birds have not been exposed to any communicable disease within 60 days preceding the date of inspection.
4. The animal(s) being presented for importation must have been either resident in the U.S.A. for at least sixty (60) days immediately prior to the date of exportation, or resident since birth or hatching.
5. Poultry covered by this certificate do not originate from flocks nor had contact with any birds or poultry originating in a control zone established by state/provincial/Federal animal health authorities due to outbreaks of Newcastle disease or Highly Pathogenic Avian Influenza (HPAI).

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<b>Name of Accredited Veterinarian</b>	<b>Name of Authorized Officer</b>
<b>Signature of Accredited Veterinarian</b>	<b>Signature of Authorized Officer</b>
<b>Date</b>	<b>Date</b>