Veterinary Health Certificate for the Expo	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		
	CERTIF	ICATION		
l. Consignor:		2. Consignee:		

5. Country Of Destination: Canada	6. Reserved For Future Use
7. Place Of Origin	8. Port Of Embarkation :
9. Estimated Date Of Shipment:	10. Means Of Transport
11. Reserved For Future Use ************************************	12. Reserved For Future Use ************************************
13. Description of Commodity:	14. Date Of Inspection:
15. Total Quantity / Cantidad Total:	16. Reserved For Future Use

4. State Of Origin

17. Total Number of Packages/Containers:
18. Identification / Seal Numbers:

19. Commodities Intended Use: 20. Type Of Admission: Immediate Slaughter Permanent Import

21. Identification:

3. Country Of Origin

United States of America

Variety/Strain/Trade Name Sex Quantity **Additional Description** - CONTRACTOR OF THE PARTY OF TH

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Veterinary Authority	Date Of Issue	Certificate Number	
UNITED STATES DEPARTMENT OF AGRICULTURE			

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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).

Name of Accredited Veterinarian	Name of Authorized Officer
Signature of Accredited Veterinarian	Signature of Authorized Officer
Date	Date