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

## Veterinary Health Certificate for Export of Marsupials from the United States of America to Indonesia

Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE	Date Of Issue		Certificate Number		
1. Consignor:		2. Consignee	:		
3. Country Of Origin: USA		4. State Of Origin:			
5. Country Of Destination: Indonesia		6. Zone Of De	estination:	*****	
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:  Marsupials		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		,			
21. Identification Of Commodities:					
(See next page)	*****	******	******	******	
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## Veterinary Health Certificate for Export of Marsupials from the United States of America to Indonesia

SPARTMENT

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

Individual Animal Identification	Breed (Common or Scientific Name)	Age or Date of Birth	Se x	Color or Distinctive Markings
*******	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *	* * * * *	*******
*****	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *	* * * * *	****

## Veterinary Health Certificate for Export of Marsupials from the United States of America to Indonesia

SE DE	ARTMENT
150	

Wars	supiais from ti	ne United States of Ameri	ca to indonesia	£5.
terinary Authority NITED STATES DEPARTMENT OF A	AGRICULTURE	Date Of Issue	Certificate Number	
dditional Field(s):				
mport Permit Number (required): mport Permit Valid Until (date):				
ertification Statements:				
	USDA Accı	redited Veterinaria	an, certify to the follo	wing statements
to shipment from th (Aujeszky's disease	e followir ), poxviru Streptocod	ng diseases: necrol us, tuberculosis, ( ccosis, Crytococcos	for at least twelve (12 pacillosis, rabies, pseu Q fever, Rocky Mountain sis, ringworm, herpesvir	dorabies Spotted Fever
			remises of origin where ted during six (6) month	
			shment in which no clini the 90 days prior to shi	
[O] Were vaco	inated usi	ing Leptospirosis	vaccine.	
The first vaccinati being given 7 days			r to shipment and the se	cond vaccination
Date of First Vacci Date of Second Vacc				
[O] Were inje weight, if leptospi			cracycline at 20 mg/kg cole.	f live body
The first injection given two (2) days			to shipment and second i	njection being
Date of First Injec Date of Second Inje				
4. The animals for twice prior to ship			ed with a systemic insec free of tick.	ticide at least
The first treatment is carried two (2)			or to shipment, and the	second treatmen
Date of First Treat Date of Second Trea				
5. The animals for	export wer	re treated once for	r endoparasites at least	two (2) days

prior to shipment.

Date of endoparasite treatment:

## Veterinary Health Certificate for Export of Marsupials from the United States of America to Indonesia

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Veterinary Authority

INTER STATES DEPARTMENT OF ACRICUITINGS

Date Of Issue

Certificate Number

UNITED STATES DEPARTMENT OF AGRICULTURE			No.
Additional Field(s):			
Certification Statements:			
6. If any open wounds were for an officially approved oily			ly with
7. The animals for export wer infectious and contagious dis			any
NOTES:			
1. The vessel to be used for 2. The journey from exporting in Indonesia, shall take directhose approved by DGLAHS.  3. The vessel is not allowed	g port in the United St ect route with no inter to carry other animals	tates, up to the port of de rmediate stop at any port,	stination except
Exception is permissible with 4. On arrival at the port of prevailed animal quarantine of	destination, all consi	ignments must comply with t	he
**************************************	* * * * * * * * * * * * * * * * * * * *	*******	*****
Name of Accredited Veterinarian	Name of US	SDA Veterinarian	
Olympia of Assessment 1977		FUODA Victoria	
Signature of Accredited Veterinarian	Signature o	of USDA Veterinarian	

Date

Date