Veterinary Health Certificate for the Import of U.S. returning pet birds into the United States from countries affected with Highly Pathogenic Avian Influenza										
Vete	rinary Authority	Date Of Issue		Health Certificate Num	ıber					
			CERTIFICATION							
Section A. Completed by the Issuing or Authorized Veterinarian										
1. Consignor/Shipper/Owner: Name:			2. Consignee/ Name:	2. Consignee/Broker/Owner: Name:						
Address:			Address:	Address:						
Country			Country	Country						
3. Cou	untry of Export		4. Date of Sh	4. Date of Shipment:						
5. Cou USA	untry Of Destination: A		6. Destination	6. Destination State:						
7. XXXXXXXXXXXXX			8. Port Of Emb	8. Port Of Embarkation / (city and port):						
9. Des	scription of Commodity:		10. Means Of I	10. Means Of Transport:						
US returning 11. Commodities Intended Use:				12. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
Pet										
13:10	otal Number Of Shipping Containers		14. XXXX	14. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
<b>15</b> . ld	entification Of Birds:									
Row	Name /Identification	Species/Breed	Physica	al Description	Age Months/years	Weight (gms)	Sex			
1										
2 3										
4										
5										
Note: After February 19, 2018, the United States origin pet bird weighing over 100 grams must be identified by any of the following forms of Identification (microchip <sup>1</sup> , leg band, or tattoo) to be eligible for home quarantine upon return.										
Note: Shipments of birds which are 5 or less are considered as "pet bird shipments." Shipments of birds with 6 or more are considered commercial shipments and must use a different health certificate.										
1.Importers with birds that are microchipped must provide APHIS a reader to read the chip upon U.S. arrival										

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XXXXXX XXXX	*****	Date Of Issue	Certificate Number						
Section B. The issuing /official veterinarian certifies for export that all pet birds covered by this certificate have been inspected within 30 days of the issuance date of this document and attests to the following statements:									
2. TI 3. T bi au	2. There was no evidence of communicable diseases of poultry upon examination of the bird(s).								
4. TI 5. C	The bird(s) was/were not vaccinated against any H5 or H7 subtype of avian influenza.								
àt	(b). The bird(s) has/have been vaccinated against Newcastle disease (avian paramyxovirus) at least 21 days prior to export, using vaccines that do not contain any velogenic strains of Newcastle disease virus.								
**********************Certificate shall be valid for 30 days from date of issue********************************									
If the issuing veterinarian is the same as the official veterinarian, only 1 signature and stamp is required.									
Name of Issu	ing Veterinarian (Printed)	Name of Off	icial Veterinarian (Printed)						
Signature of	Issuing Veterinarian	Signature of	Official Veterinarian						
Date		Date							
L									