

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES

**UNITED STATES ORIGIN HEALTH CERTIFICATE**

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)* \_\_\_\_\_  
 2. CERTIFICATE NO. **I 56072**  
 3. PAGE NO. 1 OF \_\_\_\_\_

4. DATE ISSUED \_\_\_\_\_ 5. U.S. PORT OF EMBARKATION *(City and State)* \_\_\_\_\_ 6. STATE CODE \_\_\_\_\_  
 7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)* \_\_\_\_\_ 8. CONSIGNOR'S CITY *(or Town)* \_\_\_\_\_  
 12. CONSIGNOR'S STATE \_\_\_\_\_ 13. STATE CODE \_\_\_\_\_ 14. ZIP CODE \_\_\_\_\_

9. SEMEN *(Check if yes)*  10. NO. DOSES OF SEMEN \_\_\_\_\_ 11. TRANSPORTATION CLASS \_\_\_\_\_  
 1 - Rail 3 - Air   
 2 - Truck 4 - Ocean   
 16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)* \_\_\_\_\_ DESTINATION COUNTRY \_\_\_\_\_ ENTER CODE \_\_\_\_\_

15. SPECIES *("X" one - use VS Form 17-6 for Poultry)*  
 01 BOVINE  02 PORCINE  03 OVINE  04 CAPRINE  
 05 EQUINE  08 OTHER WILDLIFE - MAMMAL  
 09 OTHER *(Specify)* \_\_\_\_\_  
 NEGATIVE TUBERCULIN READING  48 HRS.  72 HRS.  
 BRUCELLOSIS BLOOD SAMPLE COLLECTED \_\_\_\_\_  
 NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN		18. INDIVIDUAL IDENTIFICATION <small>(Instructions for columns A, B, C &amp; D on reverse)</small>						CERTIFIED BRUCELLOSIS FREE AREA						DISEASE		
17. FARM ORIGIN Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, state code (FIPS code on reverse) & zip code		ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE		
														TYPE TEST	TYPE TEST	TYPE TEST
														DATE M	DATE N	DATE O

**CERTIFICATION BY ISSUING VETERINARIAN**  
 This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED \_\_\_\_\_ 20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial, - please print)* \_\_\_\_\_ 21. STATUS  2 Federal  1 State  3 Accredited  
 22. TOTAL NO OF ANIMALS *(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)* \_\_\_\_\_  
 23. Signature of endorsing federal veterinarian \_\_\_\_\_ 24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)* \_\_\_\_\_ 25. SIGNATURE OF ISSUING VETERINARIAN \_\_\_\_\_



**READ INSTRUCTIONS FROM VS FORM 17-140**

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES

CONTINUATION SHEET FOR

**UNITED STATES ORIGIN HEALTH CERTIFICATE**

**17. FARM ORIGIN**

Owner's name (Last name, two initials, & business name)  
Owner's street address  
Owner's city/town, state code & zip code

**18. INDIVIDUAL IDENTIFICATION**

ID NO. OR DESCRIPTION  
A

AGE  
B

SEX  
C

BREED  
D

DATE  
E

NEGATIVE TUBERCULIN READING  
 48 HRS.  72 HRS.

**16. CONSIGNEE'S NAME**

FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name)  
16. CONSIGNEE'S NAME

BRUCELLOSIS BLOOD SAMPLE COLLECTED

**CERTIFIED BRUCELLOSIS FREE AREA**

DATE  
H

VAC  
I

1/25  
J

1/50  
K

1/100  
L

**NEGATIVE RESULTS OF OTHER TESTS**

DISEASE

TYPE TEST

DATE

DATE

DATE

DATE

DATE

DATE

DATE

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