

Block 1 – select appropriate animal type

Block 2 – create certificate number. NOTE: VCO created numbers are as follows:

yyyyymmdd-POA-01-last 4 digits of microchip OR yyyyymmdd-MWD-01-last 4 digits of microchip

***DO NOT RE-USE CERTIFICATE NUMBERS FOR THE SAME OWNER. If issuing 2 separate certificates, there MUST be 2 different certificate numbers ***

Block 3 – Number of animals per health certificate

Block 4 – page number (ex. 1/1 or 1 of 1, etc.)

Block 5 – Name, address, phone number of owner. NOTE: Name MUST match travel orders

Block 6 – Name, address, phone number of recipient. NOTE: Should also match travel orders unless pet is being shipped separately. If different, power of attorney should be presented with travel orders.

Block 7 – Name and microchip(s), breed, age, sex, and color of animal. NOTE: these MUST match the FAVN form

Block 8 – Required: rabies immunization, date, and product. All other vaccines and diagnostic tests are optional

Block 9 – CRITICAL – FAVN MUST BE DOCUMENTED HERE AS FOLLOWS:

FAVN Serum/specimen draw date:
FAVN Results:
Lab: DOD FADL or Kansas State University

ORIGINAL FAVNs MUST BE PRESENTED TO KOREAN QIA OFFICERS ON ENTRY TO KOREA

Veterinary Certification and Endorsement:

Filled out completely, SIGNED IN BLUE, and Officially Stamped or Embossed Stamp (USDA)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0096 and 0579-0333. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 21.43.9, CFR, Subchapter A, Part 2).

OMB APPROVED
0579-0096
0579-0333

**UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
UNITED STATES INTERSTATE AND INTERNATIONAL
CERTIFICATE OF HEALTH EXAMINATION
FOR SMALL ANIMALS**

WARNING: Anyone who makes a false, fictitious, or fraudulent statement on this document, or uses such document knowing it to be false, fictitious, or fraudulent may be subject to a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 1029).

1. TYPE OF ANIMAL SHIPPED (select one only)
 Dog Cat Other _____
 Nonhuman Primate Ferret Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY
 yyyyymmdd - POA -01- 1234
 yyyyymmdd - POA -02- 9876

3. TOTAL NUMBER OF ANIMALS
 2 (Two)

4. PAGE
 1/1

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)
 Joe Owner
 123 Elm St
 Barksdale, TX, 23456
 (123) 456-7890

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)
 Joe Owner
 Unit Address in Korea
 Bldg XXXX
 Camp Humphreys, Korea
 DSN 315-XXX-XXXX
 031-XXX-XXXX

7. ANIMAL IDENTIFICATION

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1) Tom M/C# 987 654 321 951 234	Poodle	5y	M/N	Black
(2) M/C# 0A6541B254				
(3)				
(4) Jerry M/C# 654 123 789 876	GSD	7y	M	Blk/tan
(5)				

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
Vaccination Date	Product	Date	Product Type and/or Results
14 Jul 14	Merial - Imrab 3	14 Jul 14	DA2PPL
10 Jun 14	Merial - Imrab 3	10 Jun 14	DA2PPL

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)
 FAVN Specimen drawn : 1 AUG 14
 FAVN Results: 4.16 IU/ml
 Lab: Kansas State University

VETERINARY CERTIFICATION: I certify that the animals described in box 7 have been examined by me this date, that the information provided in box 8 is true and accurate to the best of my knowledge, and that the following findings have been made ("X" applicable statements).

I have verified the presence of the microchip, if a microchip is listed in box 7.
 I certify that the animal(s) described above and on continuation sheet(s), if applicable, have been inspected by me on this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animal or other animals or would endanger public health.
 To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and has/have not been exposed to rabies.

ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)
PRINTED NAME OF USDA VETERINARIAN
 Joe Johnson, DVM
 CPT, VC
 Official Veterinarian, Accreditation# 003456

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN
 Joe Johnson, DVM
 Any Base VTF
 4321 Name St
 City, ST XXXXX
 (654) 987-3210

LICENSE NUMBER AND STATE
 ST - #####
 Accredited Yes No
 If yes, please complete below
NATIONAL ACCREDITATION NUMBER
 654321

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here **DATE**
 SIGN IN BLUE AND STAMP ddmmyyyy

SIGNATURE OF ISSUING VETERINARIAN **DATE**
 SIGN IN BLUE AND STAMP ddmmyyyy

NOTE: International shipments may require certification by an accredited veterinarian.

APHIS Form 7001 (NOV 2010)

This certificate is valid for 30 days after issuance