VETERINARY HEALTH CERTIFICATE

PRIVACY	ACT	STATEMENT
	701	

AUTHORITY: 10 U.S.C. Section 3013, 3 DoD Directive 6400.4, DoD Veterinary S			013, Secretary	y of the Na				
(SSN).	-							
PRINCIPAL PURPOSE(S): The personal information will facilitate and document your animal's general health and rabies vaccination status to permit interstate and international movement.								
ROUTINE USE(S): Used by state, Feder the described animal. The information m programs; compile statistical data; condu	nay also be used	to aid in Federal,	state, and loca	al preventi	ve health and com	municable disease control		
DISCLOSURE: Voluntary; however, if the	ne requested info	rmation is not furr	ished, the ani	mal may n	ot be allowed inter	state or international movement.		
1. OWNER'S NAME (Last, First, Middle Initial)					2. TELEPHONE NUMBER (Include Area Code)			
3. ADDRESS (Number, Street, City, State, .	ZIP Code)							
4. ANIMAL			•					
a. NAME	b. SPE	CIES	c. SEX		d. AGE	e. WEIGHT		
f. MICROCHIP NUMBER(S)	g. PRI	g. PREDOMINANT BREED			h. COLOR(S)			
5. RABIES IMMUNIZATION DATA			_					
a. PRODUCER (First 3 letters) b. LOT	NUMBER	c. VIRUS TYPE d. DA		d. DATI	E VACCINATED	e. VACCINATION DURATION		
 specifications of USDA Regulation 9 CFR. 3.18. To the best not originate from a rabies quarantine area. 6. FACILITY ADDRESS (<i>Street, City, State, ZIP Code</i>) 			7. VETERINARIAN a. NAME c. SIGNATURE			b. LICENSE NUMBER d. DATE (YYYYMMDD)		
 OWNER'S NAME. Self-explanatory TELEPHONE NUMBER. Self-explaa ADDRESS. Self-explanatory. ANIMAL. a. NAME. Self-explanatory. SPECIES. Self-explanatory. SPECIES. Self-explanatory. SPECIES. Self-explanatory. SEX. Self-explanatory. GEGENT. Self-explanatory. GEGENT. Self-explanatory. MICROCHIP NUMBER(S). List a PREDOMINANT BREED. List or COLOR(S). Self-explanatory. RABIES IMMUNIZATION DATA. In PRODUCER. The first three letter LOT NUMBER. Production lot mid. VIRUS TYPE. Virus type of the vid. DATE VACCINATED. Self-explanatory. FACILITY ADDRESS. Self-explanatory. VACEINATIAN. NAME. Name of the veterinarian LICENSE NUMBER. Veterinary 	natory. f spayed or neute all scannable mic hly the predomina formation derived ers of the predomina formation derived ers of the compar umber of the vacu raccine used (e.g inatory. hgth of time in yea tory.	ared. rochips implanted ant breed. If not p d from valid Rabie ny name of the con cine used. ., killed, modified ars that the vaccir	urebred, follow s Vaccination npany that pro live, recombin lation is valid f	wed by the Certificate oduced the ant). for.	e for described anim e vaccine.	nal.		