

## CERTIFICATE OF VETERINARY INSPECTION

<b>Consignor/Origin</b>				<b>Owner (if different from consignor)</b>			
Name:				Name:			
Address:				Address:			
Phone Number:				Phone Number:			
<b>Consignee/Destination</b>							
Name:							
Address:							
Phone Number:							
<b>Animal Name:</b>				Age:		Sex:	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Neutered
Species:				Breed:			Weight:
Color/Markings:				Microchip:			
<b>Other Information</b>							
<b>Rabies—Product Name</b>				<b>Test/Vaccine/Other</b>			
Date:				Product Name/Type:			
Type:				Date:			
Manufacturer:							
Serial Number:							
Tag:				<b>Test/Vaccine/Other</b>			
				Product Name/Type:			
				Date:			
<b>Test/Vaccine/Other</b>				<b>Test/Vaccine/Other</b>			
Product Name/Type:				Product Name/Type:			
Date:				Date:			
<b>Test/Vaccine/Other</b>				<b>Test/Vaccine/Other</b>			
Product Name/Type:				Product Name/Type:			
Date:				Date:			
<b>Additional comments/Weather Acclimation Statement</b>							
<b>Veterinary Certification Statement</b>							
I certify that I have examined the animal described and to the best of my knowledge and belief attest to the statements indicated ( <i>Check applicable statements</i> ):							
<input type="checkbox"/> Not showing signs of infectious, contagious, and/or communicable disease.							
<input type="checkbox"/> The animal appears healthy for transport.							
(Please print name)							
Veterinarian's Signature:				Telephone No.:			
License &/or Accreditation Number:				Licensing State:			
<b>Consignor /Owner Certification Statement</b>							
Consignor/Owner Certification: I certify that the information concerning the animal described above is true and correct and that I am the consignor/ owner of such described animal and that I have physical and legal custody of such animal. To the best of my knowledge, the animal has had no known exposure to communicable disease within the last 30 days. The animal has not bitten anyone within the last 10 days.							
(Please print name)							
(Signature of consignor/owner)							

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