UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

UNITED STATES INTERSTATE AND INTERNATIONAL CERTIFICATE OF HEALTH EXAMINATION FOR SMALL ANIMALS

1. TYPE OF ANIMAL SHIPPED (Indicate more than one if necessary)
☒ Dog ☐ Cat ☐ Other: _____
☐ Mediterranean Fruit Fly ☐ Fowl ☐ Psittacine

2. IDENTIFICATION NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS: 1

4. BASE: \

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (Consignor)
CAMO Rescue - M. Camp 281-725-8677
15014 Mystic Blue Dr.
Cypress, Tx 77433

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF CONSIGNEE AT DESTINATION (Consignee)
SOSAH - c/o Ven-Cyger Pet Care Center 508-636-8143
855 Main Road
Westport, MA 02790

USDA Licensee Registration Number (if applicable)

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) Daffodil	Chihuahua X	3y	SF	[illegible]
(2)				
(3)				
(4)				
(5)				
(6)				

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION ☒ 1 YEAR ☐ 3 YEARS ☐ 3 YEARS

Vaccination Date	Product
12/9/16	Nobivac-152191-[illegible]

OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS

Date	Product Type and/or Results
1/2/17	Fecal - negative, Giardia Test - negative
11/9/16	4Dx - Negative
12/9/16	DAPPv Vaccine
12/9/16	Heartworm negative

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (When required)

VETERINARY CERTIFICATION: I certify that the animal(s) described on page 1 have been examined by me this date, that the information provided is true and accurate to the best of my knowledge, and that the following findings have been made (*If applicable to animal(s)):

☒ I have verified the provisions of the rabies(*), if condition(s) in Rabies Section 9.

☒ I certify that the animal(s) described above did not exhibit any sign(s) of, if applicable, have been treated for or within the past 30 days been exposed to, any infectious, communicable, or contagious disease that is dangerous to the health of livestock, poultry, or humans, including but not limited to: rabies, vesicular stomatitis, foot-and-mouth disease, exotic Newcastle disease, African swine fever, classical swine fever, swine vesicular disease, or any other communicable disease of livestock or poultry.

☒ To my knowledge, the animal(s) described above did not exhibit any sign(s) of, if applicable, originated from any area not generally known to be free of, and has not been exposed to rabies.

ENDORSEMENT FOR INTERNATIONAL EXPORT (If required)

PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN
Kevin B. Pina
13490 University Blvd. Ste. 110
Sugar Land, Tx 77479
281 207 9460

LICENSE NUMBER AND STATE
Tx 12360

Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
079931

SIGNATURE OF USDA VETERINARIAN — Apply USDA seal or stamp here — DATE

SIGNATURE OF ISSUING VETERINARIAN — DATE 1/2/17

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance.