

According to the Prevention Reduction Act of 1995, an agency may not zero out or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The time required to complete this information collection is estimated to average 26 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. Send comments to Washington, DC 20503.

OMB APPROVED 0579-0038  
0579-0038

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 (select one only)  
 Dog  Cat  Other  
 Nonhuman Primate  Ferret  Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS \_\_\_\_\_ of \_\_\_\_\_

4. PAGE \_\_\_\_\_ of \_\_\_\_\_

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)  
 SOSARL E. Dawley 401-206-0727  
 33 Prospect Avenue  
 Wakefield, RI 02879

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)  
 CAMO Rescue M. Camp 281-725-8677  
 1504 Mystic Blue Trail  
 Cypress, Tx 77433

USDA License/ or 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) Dawley	Labradoodle	3M	SF	98888888
(2)				
(3)				
(4)				
(5)				
(6)				

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS
<input checked="" type="checkbox"/> 1 YEAR <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS	
Vaccination Date	Product
11/24/17	NOVAVAC-20103-3723
	12/4/17 FRED - NGF, GINGDID - NGF
	11/24/17 OSDAPPV
	11/7/13 OSDAPPV

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

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

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here DATE

Kevin B. Pridgen  
 13440 University Blvd. Ste. 118  
 Sugar Land, TX 77479  
 (281) 207-9460

Accredited  Yes  No  
 if yes, please complete below  
 NATIONAL ACCREDITATION NUMBER  
 079931

DATE 12/4/17

APHIS Form 7001 (NOV 2010)

This certificate is valid for 30 days after issuance