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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. 1001).		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 _____		4. PAGE _____ of _____	
5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNED) CAMO Rescue, M. Camp 281-725-8677 15014 Myrtle Blue Trail Cypress, Tx 77433				6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNED) SOSAEL - E. Dawley 401-220-0727 33 Prospect Avenue Wakefield, RI 02879			
7. ANIMAL IDENTIFICATION				8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY			
NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION ☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS		
(1) <i>Shih Tzu</i>	<i>Mixed</i>	<i>3M</i>	<i>NM</i>	<i>White with black spots</i>	Vaccination Date	Product	Date
(2)					<i>1/8/2018</i>	<i>221645-7055</i>	<i>1/27/18 FORTIS - NB, Glaxo - Neg</i>
(3)							<i>1/9/18 O'S DAPPV, O'S Banded</i>
(4)							
(5)							
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 _____				NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN Kevin B. Pugh 13440 University Blvd. Box 110 Sugar Land, TX 77499 (281) 267-9960		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				SIGNATURE OF ISSUING VETERINARIAN <i>KBP</i>		DATE 1/23/18	