					JUL CONTOCT 140		7, Expires 70070000	
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES			_	CERTIFICATION OF INSPECTION OF EXPORT ANIMALS			1. EXPORT NO.	
STATES (FIPS Codes)	- ENTER IN ITEMS 5 AND	14	25 - Massachusetts	33 – New Hampshire	41 – Oregon	4	9 – Utah	
01 – Alabama	10 – Delaware	18 – Indiana	26 - Michigan	34 – New Jersey	42 – Pennsyl	vania 5	0 – Vermont	
02 – Alaska	11 – District of Columbia	19 – Iowa	27 – Minnesota	35 – New Mexico	43 – Puerto F	Rico 5	1 – Virginia	
04 – Arizona	12 – Florida	20 – Kansas	28 – Mississippi	36 – New York	44 – Rhode Is		2 – Virgin Island	
05 – Arkansas	13 – Georgia	21 – Kentucky	29 – Missouri	37 – North Carolina	45 – South C		3 – Washington	
06 – California	15 – Hawaii	22 – Louisiana	30 – Montana	38 – North Dakota	46 – South D		4 – West Virginia	
08 – Colorado	16 – Idaho	23 – Maine	31 – Nebraska	39 – Ohio	47 – Tenness		5 – Wisconsin	
09 – Connecticut	17 – Illinois	24 – Maryland	32 – Nevada	40 – Oklahoma	48 – Texas		6 - Wyoming	
2. CONSIGNOR'S NAME (Last name, first name, middle initial or business name								
3. CONSIGNOR'S STR	EET ADDRESS (Mailing add	dress)						
4. CONSIGNOR'S CITY	//TOM/N			5. STATE CODE		6 710	CODE	
4. CONSIGNOR 3 CITT	TOWN			o. STATE CODE		0. ZIF	CODE	
7. CONSIGNEE'S NAME (Last name, first name, middle initial or business name – must be identical to name on accompanying U.S. Origin Health Certificate)								
8. CONSIGNEE'S STRE	EET ADDRESS							
9. CONSIGNEE'S CITY/TOWN								
10. NAME OF COUNTRY (Print or type)						11. ENTER CODE		
SPECIES CODES (Enter codes in item 12A)						12. ANIMALS CERTIFED FOR		
01 Bovine 03 Ovine 05 Equine 09 Other						EXPORT		
01 Bovine	03 Ovine 05	Equine	og Other			SPECIES	NO. OF ANIMALS	
02 Porcine	04 Caprine 08	Other Wildlife - Mamm	als			Α	В	
13. PORT OF EMBARK	ATION (City)							
					-			
14. STATE OF EMBARI	KATION (Name)			15 9	TATE CODE			
14. STATE OF EMBAR	(Name)			15. 0	TATE CODE			
16. Transportation Class	s 17. CARRIER AT P Company or Ve	ORT OF EMBARKATION	ON (Name of	18. DATE OF EXPO (Mo. Da. Yr.)	DRT			
1-Rail 3-Air 2-Truck 4-Ocean								
19. NAME OF PORT USDA, APHIS, VETERINARY MEDICAL OFFICER (Last name, first name, middle initial, please print)								
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					-			
The animals described of	n this form have been given	a careful veterinary ins	spection at the port of em	barkation and found to be	free from			
evidence of communicable disease and exposure thereto, and otherwise to have met all other applicable provisions of 9 CFR 93, as amended.								
20. SIGNATURE OF USDA, APHIS VETERINARY MEDICAL OFFICER AT PORT OF EMBARKATION (Not valid unless signed)						21. DATE IS (Mo. Da		

VS FORM 17-37 AUGUST 2011 Previous editions are obsolete