

## VETERINARY HEALTH CERTIFICATE

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. Section 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive 6400.4, DoD Veterinary Services Program; AR 40-905, SECNAVIST 6401.1B, AFI 48-131, Veterinary Health Services; and E.O. 9397 (SSN).

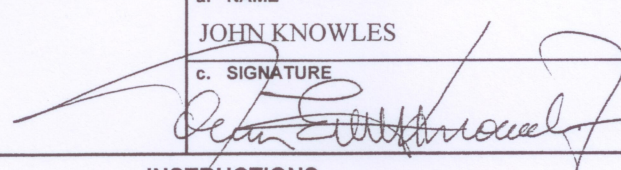
**PRINCIPAL PURPOSE(S):** The personal information will facilitate and document your animal's general health and rabies vaccination status to permit interstate and international movement.

**ROUTINE USE(S):** Used by state, Federal, and international health authorities to request and record the ownership, identity, and vaccination status of the described animal. The information may also be used to aid in Federal, state, and local preventive health and communicable disease control programs; compile statistical data; conduct research; teach; and assist in law enforcement; to include investigations and litigation.

**DISCLOSURE:** Voluntary; however, if the requested information is not furnished, the animal may not be allowed interstate or international movement.

<b>1. OWNER'S NAME</b> <i>(Last, First, Middle Initial)</i> 72nd MP DET		<b>2. TELEPHONE NUMBER</b> <i>(Include Area Code)</i> (915) 568-8561		
<b>3. ADDRESS</b> <i>(Number, Street, City, State, ZIP Code)</i> Fort Bliss, TX 79920				
<b>4. ANIMAL</b>				
<b>a. NAME</b> DENZO P505	<b>b. SPECIES</b> CANINE	<b>c. SEX</b> MALE	<b>d. AGE</b> 5 YRS	<b>e. WEIGHT</b> 75 lbs
<b>f. MICROCHIP NUMBER(S)</b> 528210000940152	<b>g. PREDOMINANT BREED</b> LABRADOR RETRIEVER		<b>h. COLOR(S)</b> CHOCOLATE	
<b>5. RABIES IMMUNIZATION DATA</b>				
<b>a. PRODUCER</b> <i>(First 3 letters)</i> MER	<b>b. LOT NUMBER</b> 18177A	<b>c. VIRUS TYPE</b> KILLED	<b>d. DATE VACCINATED</b> 05 NOV 12	<b>e. VACCINATION DURATION</b> 3 YRS

This is to certify that the above described animal has been examined by me on the date below and was found to be free of any apparent communicable disease. This animal appears healthy for transport, but needs to be maintained at a temperature within its thermal neutral zone. It is recommended that the ambient temperature of this animal's environment be maintained within the specifications of USDA Regulation 9 CFR. 3.18. To the best of my knowledge this animal has not been exposed to rabies and did not originate from a rabies quarantine area.

<b>6. FACILITY ADDRESS</b> <i>(Street, City, State, ZIP Code)</i> VTF, BUILDING 710 ALI AL SALEM AFB APO, AE 09855		<b>7. VETERINARIAN</b>	
		<b>a. NAME</b> JOHN KNOWLES	<b>b. LICENSE NUMBER</b> UT- 272166-2801
		<b>c. SIGNATURE</b> 	<b>d. DATE (YYYYMMDD)</b> 20130927

### INSTRUCTIONS

1. **OWNER'S NAME.** Self-explanatory.
2. **TELEPHONE NUMBER.** Self-explanatory.
3. **ADDRESS.** Self-explanatory.
4. **ANIMAL.**
  - a. **NAME.** Self-explanatory.
  - b. **SPECIES.** Self-explanatory.
  - c. **SEX.** Self-explanatory; indicate if spayed or neutered.
  - d. **AGE.** Self-explanatory.
  - e. **WEIGHT.** Self-explanatory.
  - f. **MICROCHIP NUMBER(S).** List all scannable microchips implanted in this animal.
  - g. **PREDOMINANT BREED.** List only the predominant breed. If not purebred, followed by the word "mix".
  - h. **COLOR(S).** Self-explanatory.
5. **RABIES IMMUNIZATION DATA.** Information derived from valid Rabies Vaccination Certificate for described animal.
  - a. **PRODUCER.** The first three letters of the company name of the company that produced the vaccine.
  - b. **LOT NUMBER.** Production lot number of the vaccine used.
  - c. **VIRUS TYPE.** Virus type of the vaccine used (e.g., killed, modified live, recombinant).
  - d. **DATE VACCINATED.** Self-explanatory.
  - e. **VACCINATION DURATION.** Length of time in years that the vaccination is valid for.
6. **FACILITY ADDRESS.** Self-explanatory.
7. **VETERINARIAN.**
  - a. **NAME.** Name of the veterinarian performing the examination and verifying the rabies vaccination information.
  - b. **LICENSE NUMBER.** Veterinary medical license number, to include two letter state of issuance, of the responsible veterinarian.
  - c. **SIGNATURE.** Self-explanatory.
  - d. **DATE.** Self-explanatory.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0036 and 0579-0333. The time required to complete this information collection is estimated to average 25 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.

**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. 1007).

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**UNITED STATES INTERSTATE AND INTERNATIONAL  
CERTIFICATE OF HEALTH EXAMINATION  
FOR SMALL ANIMALS**

**5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)**  
Michael Fillingham  
U.S. Army  
72nd MP DET  
Fort Bliss, TX 79920  
915-568-8561

**6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)**  
Michael Fillingham  
U.S. Army  
72nd MP DET  
Fort Bliss, TX 79920  
915-568-8561

**7. ANIMAL IDENTIFICATION**  
(USDA License/Registration Number (if applicable))

NAME AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1) Denzo P505 (528210000940152)	Canine - Labrador Retriever	5 yr	M/W	Chocolate
(2)				
(3)				
(4)				
(5)				
(6)				

**9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)**  
Military Working Dog was inspected for screw-worms and there was no evidence of screw-worm infestation.

FAVN: 05 Apr 2011 >0.5 IU/ml

**ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)**  
Printed Name of USDA Veterinarian  
**Caitlin A. Rizzo, DVM  
CPT, VC  
Ft Bragg VTF**

**SIGNATURE OF USDA VETERINARIAN** Apply USDA Seal or Stamp here  
*Caitlin A. Rizzo*  
APHIS Form 7001 (NOV 2010)

**SIGNATURE OF ISSUING VETERINARIAN**  
*Caitlin A. Rizzo*

**DATE** 21sep13

This certificate is valid for 30 days after-issuance

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 21.43.9; CFR, Subchapter A, Part 2).

**1. TYPE OF ANIMAL SHIPPED (select one only)**  
 Dog  Cat  Other  
 Nonhuman Primate  Ferret  Rodent

**2. CERTIFICATE NUMBER - OFFICIAL USE ONLY**  
20130921-MWD-P505

**3. TOTAL NUMBER OF ANIMALS**  
1/1

**4. PAGE**  
1/1

**8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY**

RABIES VACCINATION <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 2 YEARS <input checked="" type="checkbox"/> 3 YEARS	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS
Vaccination Date: 05 Nov 12 Product: Imrab 3TF, Merial, 18177A	Date: 5Nov12 Product Type and/or Results: 1DAPPv, Lepto4; Nobivac; 02121526A/02171128

**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.

**NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN**  
Caitlin A. Rizzo  
Bagram Airfield, Afghanistan  
APO AE 09354  
700-787-3306

**LICENSE NUMBER AND STATE**  
VT 60038290, Washington

**NATIONAL ACCREDITATION NUMBER**  
018127  
Accredited  Yes  No  
If yes, please complete below

**NOTE:** International shipments may require certification by an accredited veterinarian.