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## Certificate of Veterinary Inspection

<b>Consignor/Origin</b>		<b>Owner (if different from consignor)</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Name		Name	
Address		Address	
Phone number		Phone number	
<b>Consignee/Destination</b>			
Name			
Address			
Phone number			
<b>Animal Name</b>	Age	Sex	M F Neutered
Species	Breed	Weight	
Color/ markings	Microchip		
<b>Other Information</b>			
<b>Rabies—Product Name</b>		<b>Test/Vaccine/other</b>	
Date		Product name/type	
Type		Date	
Manufacturer			
Serial Number		<b>Test/Vaccine/other</b>	
Tag		Product name/type	
		Date	
<b>Test/Vaccine/other</b>		<b>Test/Vaccine/other</b>	
Product name/type		Product name/type	
Date		Date	
<b>Test/Vaccine/other</b>		<b>Test/Vaccine/other</b>	
Product name/type		Product name/type	
Date		Date	
<b>Additional comments/Weather Acclimation Statement</b>			
<b>Veterinary Certification Statement</b>			
I certify that I have examined the animal described and to the best of my knowledge and belief attest to the statements indicated: (Check applicable statements)			
<input type="checkbox"/>	Not showing signs of infectious, contagious, and/or communicable disease.		
<input type="checkbox"/>	The animal appears healthy for transport.		
Veterinarian's Signature			
Printed name		Date	
Telephone number	License &/or accreditation number	Licensing state	

**Consignor /Owner Certification Statement**

Consignor/Owner Certification: I certify that the information concerning the animal described above is true and correct and that I am the consignor/owner of such described animal and that I have physical and legal custody of such animal. To the best of my knowledge, the animal has had no known exposure to communicable disease within the last 30 days. The animal has not bitten anyone within the last 10 days.

Consignor/Owner Signature

Printed name

Date