## 1 - Copy To Accompany Shipment

1 - Copy To Veterinarian File 2 - Copies State Veterinarian

## STATE OF IOWA DEPARTMENT OF AGRICULTURE AND LAND STEWARDSHIP

Bureau of Animal Industry

CONSIGNEE Address

Certificate No:								
Date Of Issue:								
Transported By:								
Car		Rail						
Air		Truck						

Interstate Shipment		Official Health Certificate
Exhibition		For Cats and Dogs
Sale	CONSIGNOR	
Exam Date:	Address	
Permit #:		
Invoice:		

BREED/COLOR & MARKINGS	D.O.B	SEX	U.S.D.A NO.	VACCINATIONS / WORMINGS	SPECIES
Does Shipment of Animals originate from an area that is	OTHER REMA	RKS: _	,	Clinic Name Total Animals	3:

originate from an area that is under quarantine for rabies? Yes

Date:

☐ No Last feed and water received:

I have on this date examined the animals described hereon and find them to be free from visual evidence of communicable desease, and to the best of my knowledge, exposure thereto.

Signature Of Veterinarian

Vet Code #

Signature: IA HLTH (05/12/2020)

Time:

Veterinarian Address

Print Name

Page