

VS Form 17-140 United States Origin Health Certificate

*Livestock traveling internationally must be accompanied by an official health certificate issued by an APHIS representative or an accredited veterinarian at the point of origin. VS Form 17-140 United States Origin Health Certificate is the primary health certificate used for the export of livestock or semen to foreign countries. A pre-movement authorization, known as a **Permit for Entry or Import Permit**, may be required by the destination country before animals can enter the country. Regulations on international movement of livestock can be found at: <http://www.aphis.usda.gov/regulations/vs/iregs/animals/>. These regulations can change frequently so the only certain way to meet entry requirements is to call the VS Area Office and confirm the details.*

This document is intended to give general guidance on how to complete VS Form 17-140. Recognize that these are not official directions and forms change over time. If you have any questions regarding how to complete this form, contact your VS Area Office for official guidance.

1. **CONSIGNOR'S NAME:** Last name, first name, and middle initial of consignor, which may or may not be the owner.
2. **CERTIFICATE NO.:** The certificate number is imprinted on the certificate. All copies of the certificate shall carry the same unaltered certificate no. Insert this certificate number on all VS Form 17-140A (continuation sheets) if used.
3. **PAGE NO.:** Show total number of pages in the shipment on each sheet (for example, a shipment that uses one VS Form 17-140 and two VS Form 17-140A would be numbered: "Page 1 of 3; Page 2 of 3; and Page 3 of 3")
4. **DATE ISSUED:** The date the veterinary inspection was performed and the animals were determined to be healthy. The form may not be signed and given to the consignor unless all testing results are negative and all other requirements have been completed.
5. **U.S. PORT OF EMBARKATION (City and State):** The location where the animals are loaded on the aircraft or ocean vessel for departure. If the animals are traveling to Canada or Mexico by land vehicle, list the U.S. Port of Entry across from the Canadian or Mexican Port of Entry.
6. **STATE CODE:** State of the port of embarkation using the two-letter United States Postal Service (USPS) state code.
7. **CONSIGNOR'S STREET ADDRESS (Mailing Address):** Mailing address of the consignor.
8. **CONSIGNOR'S CITY:** City/Town of the consignor's mailing address.
9. **SEMEN:** Check if semen is being exported. Be certain to list the species in box 15.
10. **NO. DOSES OF SEMEN:** Number of semen doses being exported. If box 9 was not checked "YES", leave this blank.
11. **TRANSPORTATION CLASS:** Enter the number in the box for the type of transportation to be used from the point of embarkation loading for export. For example, if a horse is being transported in a truck to an airport so the animal can be exported on an airplane, the Transportation Class is "AIR".
12. **CONSIGNOR'S STATE:** State of consignor's mailing address.
13. **STATE CODE:** The two-letter United States Postal Service (USPS) state code from the state of the consignor's mailing address.
14. **ZIP CODE:** Zip code of the consignor's mailing address.

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15. **SPECIES:** A separate certificate must be used for each species.
16. **CONSIGNEE'S NAME AND STREET ADDRESS:** Name and mailing address of consignee.
DESTINATION COUNTRY: Destination country name.
ENTER CODE: The two-letter destination country code if known, otherwise leave blank.
17. **FARM ORIGIN:** Name, street address, city, two-letter USPS state code, and zip code of the premises where the animals were processed for the export, also called the origin premises. This origin premises may or may not be the owner or consignor.
18. **INDIVIDUAL IDENTIFICATION:** *(If more lines are needed – use VS Form 17-140A)*
- A. ID NO. OR DESCRIPTION:** ID requirements vary by species. Record all forms of ID including permanent brands, tattoos, and registration numbers. Color markings are part of equine and llama identification and need to be listed. For electronic (microchip) identification, the location of where the chip was placed should always be included. Also list the reader device since not all readers read all microchips.
 - B. AGE:** Indicate age and the unit of measure of each animal in years (y), months (m), weeks (w), or days (d). For young animals, the age in months, weeks, and days are commonly used as the unit of measure. For older animals, the age in years would commonly be recorded. For example, a 10 year old horse would be listed as 10y, or a 4 week old horse could be listed as 1m or 4w.
 - C. SEX:** Indicate the sex of the animal (M – Male, F – Female, NM – Neutered Male, NF – Neutered Female).
 - D. BREED:** Use breed codes located on back of form.
 - E. MODIFIED ACCREDITED AREA (TB):** Check the box if the animals originate from a TB Modified Accredited Area. *(Check the status through the State Animal Health Official's Office of the state of origin).*
 - F. DATE:** The date the TB test was completed (observation/palpation date). Make sure to also mark in the area above it, the appropriate box indicating whether the test was read at 48 HRS or 72 HRS.
 - G. CERTIFIED BRUCELLOSIS FREE AREA:** Check the box if the animals originate from a Certified Brucellosis Free Area. *(Check the status through the State Animal Health Official's Office of the state of origin).*
 - H. DATE:** Date the blood sample was drawn from the animal.
 - I. VAC:** Use official vaccinates "OV" or vaccination date when required by country of destination.

For the next titers (1/25, 1/50, 1/100), show the animal was negative by including an "N" in the box that corresponds to the highest negative titer required.

- J. 1/25:
- K. 1/50:
- L. 1/100:

NEGATIVE RESULTS OF OTHER TESTS:

DISEASE: Name of the disease being screened; use the disease name that is mentioned in the destination requirements.

TYPE TEST: Name and type of test used to screen for the disease; use the test type that is mentioned in the destination requirements. If the destination did not specify the test type, use the test type the laboratory performed (AGID, PCR, ELISA, etc.).

M. DATE: Date the sample was collected from the animal for the above test type.

N. DATE: Date the sample was collected from the animal for the above test type.

O. DATE: Date the sample was collected from the animal for the above test type.

19. **DATE ENDORSED:** Date the federal veterinarian endorsed the certificate. This will be completed by the federal veterinarian.
20. **NAME OF ISSUING VETERINARIAN:** Print last name, first name, and middle initial of the accredited veterinarian who is issuing (signing) this form.
21. **STATUS:** As an accredited veterinarian, check the Accredited box.

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- 22. TOTAL NO OF ANIMALS:** Total number of animals certified for export or donated semen. Include numbers from all attached VS Forms 17-140A.
- 23. SIGNATURE OF ENDORSING FEDERAL VETERINARIAN:** Signature of a federal veterinarian. In some instances, a USDA Official Veterinary Seal may be mandatory for the certificate to be complete.
- 24. NAME OF ENDORSING FEDERAL VET:** Printed name of the federal veterinarian signing box 23. This will be filled out by the federal veterinarian.
- 25. SIGNATURE OF ISSUING VETERINARIAN:** Signature of the veterinarian who is issuing this form. It must be the veterinarian whose name was printed in box 20.

If more space is needed when filling out VS Form 17-140, a continuation sheet (VS Form 17-140A) can be used.

VS Form 17-140A United States Origin Health Certificate - Continuation Sheet

Complete all boxes on the continuation sheet as completed in the main form.

NOTE: The Certificate number from VS Form 17-140 (Box 2) needs to be inserted in Box 2 of all continuation sheets (VS Form 17-140A). Each continuation sheet should be numbered ("Page No." in upper right corner box 3) as well as the total number of pages. If using three pages for the export, the two continuation sheets should be numbered "Page 2 of 3" and "Page 3 of 3".