

## Veterinary Health Certificate for Export of Rabbits from the United States of America to Korea



<b>Veterinary Authority</b> UNITED STATES DEPARTMENT OF AGRICULTURE	<b>Date Of Issue</b>	<b>Certificate Number</b>
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<b>1. Consignor:</b>	<b>2. Consignee:</b>
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<b>3. Country Of Origin:</b> USA	<b>4. State Of Origin:</b>
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<b>5. Country Of Destination:</b> Korea, Republic of	<b>6. Zone Of Destination:</b> *****
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<b>7. Place Of Origin:</b>	<b>8. Port Of Embarkation / Border Crossing:</b>
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<b>9. Estimated Date Of Shipment:</b>	<b>10. Means Of Transport:</b>
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<b>11.</b> *****	<b>12. CITES Permit Number:</b> *****
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<b>13. Description Of Commodity:</b> Rabbits	<b>14. Date Of Inspection:</b>
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<b>15. Total Quantity:</b>	<b>16. Additional Information:</b>
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<b>17. Total Number Of Packages/Containers:</b>
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<b>18. Identification / Seal Numbers:</b>
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<b>19. Commodities Intended Use:</b>	<b>20. Type Of Admission:</b>
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<b>21. Identification Of Commodities:</b>  (See next page)  ***** ***** *****
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**21. Identification Of Commodities: Continued**

Row#	Microchip No. and/or Animal Name	Species	Breed	Age	Sex	Color or Distinctive Markings

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**Certification Statements:**

1. There have been no outbreaks of myxomatosis and tularemia for 12 months at the facility (place of origin) where the animal(s) was raised.
  
2. There have been no outbreaks of rabbit hemorrhagic disease (RHD) for 60 days at the facility where the animal(s) was raised.
  
3. The animal(s) originated from an area not quarantined for rabies and have not been exposed to rabies.
  
4. The animal(s) was inspected by the USDA accredited veterinarian and found to be free of any infectious or contagious diseases, including myxomatosis, tularemia, Rabbit Hemorrhagic Disease (RHD), and rabies.

Date of Inspection: \_\_\_\_\_

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**Rabies Vaccination (optional)**

**Rabies vaccination is optional. If the animal(s) has a current rabies vaccination, the information is provided in the chart below.**

Microchip No. and/or Animal Name	Date of Most Recent Rabies Vaccination	Name of Vaccine Product Used	End Date of Period of Validity of Most Recent Rabies Vaccination

**Name of Accredited Veterinarian**

**Name of USDA Veterinarian**

**Signature of Accredited Veterinarian**

**Signature of USDA Veterinarian**

**Date**

**Date**