

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


Veterinary Authority

UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue
Certificate Number
1. Consignor:
2. Consignee:
3. Country Of Origin:

USA

4. State Of Origin:
5. Country Of Destination:

Korea, Republic of

6. Zone Of Destination:

7. Place Of Origin:
8. Port Of Embarkation / Border Crossing:
9. Estimated Date Of Shipment:
10. Means Of Transport:

11. *****

12. CITES Permit Number:

13. Description Of Commodity:

Rabbits

14. Date Of Inspection:
15. Total Quantity:
16. Additional Information:
17. Total Number Of Packages/Containers:
18. Identification / Seal Numbers:
19. Commodities Intended Use:
20. Type Of Admission:
21. Identification Of Commodities:

(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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Date Of Issue**Certificate Number****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