

# Veterinary Health Certificate

## Minnesota Commercial Dog or Cat Breeders

Animal Information				Breeder Information			
Species:	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> See supplemental pages	Name:			
Breed:				Address:			
Description:				City, State, Zip:			
Age/DOB:				Phone:			
Identification number/Name:				Email			
Vaccinations				Brucellosis Test			
Product:		Date:		Test type:	<input type="checkbox"/> RSAT	<input type="checkbox"/> AGID	<input type="checkbox"/> PCR
Product:		Date:		Laboratory:			
Product:		Date:		Sample collection date:			
Product:		Date:		Test result:			
Veterinarian Certification							
Name (printed):				License number:			
Clinic name:				Clinic address:			
I certify, as a Minnesota-licensed veterinarian, that I inspected the described animal on the date indicated on this certificate and that they had no signs of infectious or contagious diseases at the time of inspection. To the best of my knowledge, the information on this certificate is accurate. No warranty is made or implied.							
Date inspected:				Signature:			

(In addition to this document, an Official Interstate Certificate of Veterinary Inspection is required to accompany dogs or cats that are moved to another state.)