

Minnesota Electronic Certificate of Veterinary Inspection (MN eCVI) User Agreement

Terms of Agreement

This document establishes an agreement for the use of the MN eCVI between you, a Minnesota accredited veterinarian, and the Minnesota Board of Animal Health. ***Please read through the following terms of agreement carefully. By signing this agreement, you and the veterinary clinic you represent are responsible for the following conditions. Veterinarians must agree to and abide by these terms to ensure continued access of the MN eCVI.***

- 1. Required Fields.** There are required fields on the MN eCVI. They must remain required and be completed in order for the certificate to be issued and official. These required fields are highlighted in red on the form. States of destination may consider other fields to be required based on their import requirements.

Note: Consignor/Origin Info and Consignee/Destination Info must include physical addresses of where the animals originated and are destined.
- 2. Form Versions.** As major enhancements are made to the certificate it will be updated and re-released to participating veterinarians. Veterinarians agree to work from the most current version of the MN eCVI.
- 3. Signing the Form.** The signature on this form is password protected and chosen by the issuing veterinarian. As the issuing veterinarian you will not share your password with any other party, including office staff, so that the digital signature is equivalent to a written signature. You also agree to digitally sign all issued MN eCVIs personally.
- 4. Distributing to Veterinarians.** This certificate will only be distributed to veterinarians that are licensed in the state of Minnesota and federally accredited through USDA-APHIS-VS. This distribution of this form is done solely by the Board of Animal Health. Please do not to share this form with any other party outside of the practice listed below.

Exception: MN eCVIs that have already been issued may be emailed to the consignor or consignee upon that party's request. Please do not share editable forms.
- 5. Changes to the Certificate.** You agree not to change the form in any way regarding its format or design. Only the editable data fields may be filled for the purpose of issuing a MN eCVI.
- 6. Form Submission.** You agree to submit each issued MN eCVI by email no later than 7 days after issuance.
- 7. Addendums.** An Excel, comma delimited (CSV), or similar file may be attached to the email along with any MN eCVI submitted. This addendum will contain the same individual animal and test information required on the MN eCVI and column headings should be labeled similarly to the MN eCVI. The addendum must reference the MN eCVI number. Place a notation, such as 'see addendum' in the first line of the MN eCVI in the Other ID field.

Veterinary Information and Signatures

By signing this form, you agree that you have read through the above and agree to all of the terms in the agreement. Once your digital signature/Digital ID is created, it can also be used to digitally sign the MN eCVI.

Practice Information

Practice Name: _____

Practice Address: _____ Phone: _____

Veterinarian #1 Information and Signature

Name: _____ Date: _____ Signature: _____

Email: _____ MN State License #: _____ National Accreditation #: _____

Other veterinarians within the clinic agreeing to the terms may sign below:

Veterinarian #2 Information and Signature

Name: _____ Date: _____ Signature: _____

Email: _____ MN State License #: _____ National Accreditation #: _____

Veterinarian #3 Information and Signature

Name: _____ Date: _____ Signature: _____

Email: _____ MN State License #: _____ National Accreditation #: _____

Veterinarian #4 Information and Signature

Name: _____ Date: _____ Signature: _____

Email: _____ MN State License #: _____ National Accreditation #: _____

Veterinarian #5 Information and Signature

Name: _____ Date: _____ Signature: _____

Email: _____ MN State License #: _____ National Accreditation #: _____

Veterinarian #6 Information and Signature

Name: _____ Date: _____ Signature: _____

Email: _____ MN State License #: _____ National Accreditation #: _____

To add additional veterinarians within the clinic, please download, fill out and submit an additional form.

Please send this signed form by email to trace@state.mn.us.

If any of your contact information changes, contact trace@state.mn.us.