

# ANIMAL HEALTH CERTIFICATE - FOR NEW JERSEY ANIMALS ONLY

HEALTH CERTIFICATE VOID 30 60 90 DAYS FROM EXAM DATE

PLEASE CIRCLE ONE ABOVE

## NEW JERSEY FAIRS AND SHOWS ONLY

<b>Name &amp; Address of Owner</b>	<b>Name &amp; Address of Animal Destination</b>	<b>Date of Inspection</b>

<b>SPECIES</b>	<b>TEST(S)</b>
Cattle _____ Goat _____ Bison _____ Swine _____ Horses _____ Poultry _____ Sheep _____ Other _____	TESTED FOR: DATE: LAB:

### ANIMAL IDENTIFICATION

ANIMAL NAME	PERMANENT ANIMAL IDENTIFICATION	COLOR	AGE	SEX	BREED	OFFICIAL RABIES VACCINATION DATE	TEST(S) RESULTS

**Veterinary certification:** "I certify as an Accredited Veterinarian, that the above described animal has been inspected by me and that it is not showing any signs of infectious, contagious, and/or communicable disease.

Accredited Veterinarian's Name (PLEASE PRINT)	Address (PLEASE PRINT)	Accredited Veterinarian(SIGNATURE)
		Date Signed: _____

**Owner Certification:** "I certify to the best of my knowledge that this animal(s) originates from a herd or flock that does not show any signs of illness. I agree to notify my veterinarian if this animal(s) or any of its herdmates or flockmates become ill after the time this examination has been made, or before this Health Certificate expires."

Owner Name(PLEASE PRINT)	Address(PLEASE PRINT)	Owner Signature
		Date Signed: _____
Parent/Guardian Signature (If the above owner is under 18 years of age)	Parent/Guardian Name(PLEASE PRINT)	