

**Request for US Interstate and International Certificate of Health
Examination for Small Animals (APHIS Form 7001)**

Please print clearly and fill out form entirely

Name of veterinarian requesting forms: _____

Signature of veterinarian (Required): _____

License No: _____

Address: (No P.O. Box address please):

Company Name: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: _____

Quantity (1 pack = 50) _____ pack(s)

Email request to: vsnj@aphis.usda.gov

Fax request to: (609) 259-2477 Attention: Melissa

Mail Request to: USDA APHIS VS
320 Corporate Blvd.
Robbinsville, NJ 08691
Attention: Melissa