



**TURKEY**

**EXPORT CERTIFICATE FOR INTERNATIONAL MOVEMENT OF CATS, DOGS & FERRETS**

**Consignor or Owner:**

_____	_____	_____	_____
Last Name	First Name	Initial	Phone Number
_____		_____	_____
Address		City	State ZIP

**Consignee or Purchaser:**

_____	_____	_____	_____
Last Name	First Name	Initial	Phone Number
_____			Turkey
Address: :		City,	State, ZIP,

**Animal Description:** Species: Canine  Feline  Avian  Other \_\_\_\_\_

Pets Name: \_\_\_\_\_

Microchip, Tattoo, or Other ID \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Years / Months \_\_\_\_\_ / \_\_\_\_\_

License Number (if any) \_\_\_\_\_ Identifying Marking \_\_\_\_\_

**Rabies Vaccine Used:**

**(Important)** Manufacturer \_\_\_\_\_ Lot # \_\_\_\_\_ Tag # \_\_\_\_\_ Vaccination Date \_\_\_\_\_

I hereby certify that I have examined the above animal and found same to be free from apparent clinical signs of contagious or infectious disease(s). The above-mentioned animal is not being transported from a rabies quarantine area and, to the best of my knowledge, has not bitten anyone within the past ten (10) days.

I further certify that I am licensed and accredited by the (country) \_\_\_\_\_ Department of Agriculture for the issuance of this certificate. I further certify that to the best of my knowledge this certificate is issued in compliance with the requirements of the state or country of destination.

\_\_\_\_\_  
Name of Clinic/Hospital License # Clinic / Hospital Address

\_\_\_\_\_  
-Veterinarian Print Name

**Optional Remarks:**

Other Vaccinations: \_\_\_\_\_

Other Treatments: \_\_\_\_\_

Heartworm Test within Past 12 Months: Yes  No  Results \_\_\_\_\_

Fecal Examination within Past 12 Months: Yes  NO  Results \_\_\_\_\_

Communicable External Parasitism / Dermatopathy: \_\_\_\_\_

Debilitating Condition (if any): \_\_\_\_\_

\_\_\_\_\_  
Veterinarian Signature Date

\_\_\_\_\_  
Veterinarian's Stamp (if available)  
ATTACH INOCULATION RECORD

