

**VETERINARY VACCINATION AND TRILINGUAL HEALTH CERTIFICATE
CERTIFICAT DE VACCINATION VETERINAIRE ET DE SANTE
TIERAERZLICHE IMPFUNGS - UND GESUNDHEITBESCHEINIGUNG**

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, United States Code, Sections 3013, 5013, and 8013.

PRINCIPAL PURPOSE(S): The personal information will facilitate and document your animal's registration and health care.

ROUTINE USE(S): Used by veterinarians and other health authorities to request and record the ownership, identity, and vaccination status of the described animal and to provide verification of normal physical health. The information may also be used to: aid in preventive health and communicable disease control programs; report medical conditions required by law to Federal, state, and local agencies; compile statistical data; conduct research; teach; assist in law enforcement, to include investigations and litigation; and evaluate the care provided.

DISCLOSURE: Voluntary; however, if the requested information is not furnished, the animal cannot be maintained on the military installation and comprehensive health care may not be possible.

1. OWNER OF ANIMAL/PROPRIETAIRE DE L'ANIMAL/BESITZER DES TIERES

a. NAME (Last, First, Middle Initial)/NOM (Nom de famille, prenom)/NAME (Nachname, Vorname)	b. GRADE/GRADE/RANG	c. SSN/IDENTIFICATION/NUMERO MATRICULE/IDENTITE/KENNZEICHEN
d. ORGANIZATION/SERVICE/DIENSTSTELLE	e. ADDRESS (Street, City, State, Zip Code)/ADRESSE/ANSCHRIFT	
f. TELEPHONE NUMBER (Include Area Code)/NO. DE TEL./TEL. NR.		

2. IDENTIFICATION OF ANIMAL/DESCRIPTION DE L'ANIMAL/BESCREIBUNG DES TIERS

a. SPECIES/ESPECE/ART	b. BREED/RACE/RASSE	c. AGE/AGE/ALTER	d. SEX/SEXE/GESCHLECHT	e. WEIGHT/POIDS/GEWICHT
f. NAME/NOM/NAME	g. COLOR/COULEUR/FARBE	h. BRAND NO./NO. DE MARQUE/BRANDZEICHEN NR.	i. OTHER INFORMATION/RENSEIGNEMENTS COMPLEMENTAIRES/WEITERE ANGABEN	

3. RABIES, DISTEMPER, AND OTHER IMMUNIZATIONS (Continued on back)/VACCINATION CONTRE LA RAGE, MALADIE DES CHIENS ET AUTRES IMMUNISATIONS/TOLLWUT, STAUPE, UND ANDERE IMPFUNGEN

TYPE OF VACCINE OR SERUM TYPE DU VACCIN OR SERUM ART DER IMPFUNG ODER DES SERUMS	DATE DATE DATUM	LOT NO. NO. DU LOT REG NR.	AMOUNT QUANTITE MENGE	VACCINATION TAG NO. NO. DE LA PLAQUE DE VACCINATION IMPFUNGSSCHILD NR.	MANUFACTURER FABRICANT HERSTELLER	SIGNATURE SIGNATURE UNTERSCHRIFT
a.	b.	c.	d.	e.	f.	g.

4. HEALTH CERTIFICATION/ATTESTATION DE SANTE/GESUNDHEITBESCHEINIGUNG

ABOVE DESCRIBED ANIMAL WAS PHYSICALLY EXAMINED ON DATE BELOW AND FOUND APPARENTLY FREE FROM ALL EVIDENCE OF INFECTIONS OR CONTAGIOUS DISEASE INCLUDING SKIN LESIONS, DIARRHEA, EMACIATION, AND SYMPTOMS INVOLVING THE NERVOUS SYSTEM AS NOTED BELOW:

L'ANIMAL DECRIT CI-DESSOUS A ETE EXAMINE PHYSIQUEMENT A LA DATE-DESSOUS ET PARAIT ETRE SANS AUCUN SIGNE D'INFECTIONS OU DE MALADIES CONTAGIEUSES, Y COMPRIS LESIONS DE LA PEAU, JAUNISSE, DIARRHEE, AMAIGRISSEMENT ET SYMPTOMES AFFECTANT LE SYSTEME NERVEUX A L'EXCEPTION DE CE QUI EST INDIQUE CI-DESSOUS:

DAS OBEN BESCHREIBENE TIER WURDE AN DEM UNTEN BEZEICHNETEN DATUM UNTERSUCHT UN DEM ANSCHEIN NACH WURDEN EINE ANSTECKENDEN KRANKHEITEN WIE HAUTKRANKHEITEN, GELBSUCHT, DURCHFALL, ABMAGERUNG, UND SYMPTOME IN VERBINDUNG MIT DEM NERVENSYSTEM FESTGESTLLT, AUSGENOMMEN DER IN DER SPALTE "VERMERK" GEMACHTEN ANGABEN:

a. REMARKS (Continue on back)/REMARQUES/VERMERK

**THIS IS TO CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
IL EST CERTIFIE QUE LES DECLARATIONS CI-DESSUS SONT EXACTES POUR AUTANT QUE JE PUISSE LE SAVOIR.
ES WIRD HIERMIT BESTAETIGT, DASS DIE OBEN GEMACHTEN ANGABEN MEINES WISSENS RICHTIG SIND.**

b. TYPED NAME/NOM ECRIT DE MACHINE/NAME (Mit Schreibmaschine schreiben)	c. GRADE/GRADE/RANG	d. SIGNATURE/SIGNATURE/UNTERSCHRIFT	e. DATE/DATE/DATUM
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f. OFFICIAL DESIGNATION/DESIGNATION OFFICIELLE/AMTLICHE BEZEICHNUNG

