

# 10 Tips for Completing an All Species Interstate Certificate of Veterinary Inspection

**1** All interstate CVIs must be filled out completely and legibly. Incomplete forms may result in extra costs incurred at the destination and/or disciplinary action. On the back of the form are instructions for completing CVIs. Call 800-292-3939 for assistance.

**2** This form is only for movement to another state or U.S. territory. For international forms, contact the USDA Michigan office at 517-337-4700.

**3** The origin address is the location where the animal is from.

**4** The destination address is the location where the animal is being delivered.

**5** The issuing veterinarian's information should be completely filled out, including the six-digit USDA accreditation code.

**6** Indicate all reasons for moving the animal. More than one purpose may be marked.

**7** The issuing veterinarian is responsible for sending a copy to MDARD as indicated on the form within seven calendar days of issue.

**10** The issuing veterinarian needs to contact State Animal Health Officials of the destination state for additional requirements. An entry permit number may be required.

**9** Must be issued within 10 days of the exam and is valid for 30 days from the inspection date.

**8** Use the most current version. To order additional forms, call the MDARD Supply Line at 517-284-5800.

MICHIGAN DEPARTMENT OF AGRICULTURE & RURAL DEVELOPMENT  
ANIMAL INDUSTRY DIVISION (MDARD AID)  
P.O. BOX 30017  
LANSING, MICHIGAN 48209  
TELEPHONE: 800-292-3939  
FAX: 517-241-1580  
EMAIL: CVI@michigan.gov  
WEBSITE: www.michigan.gov/animalimport

**STATE OF MICHIGAN**  
**CERTIFICATE OF VETERINARY INSPECTION**  
FOR ALL FOREIGN SHIPMENTS CONTACT USDA

CERTIFICATE MUST BE ISSUED  
WITHIN 10 DAYS AFTER INSPECTION.  
VALID FOR 30 DAYS FOLLOWING THE  
DATE OF INSPECTION. **A34-00000**

INSPECTION DATE: \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_ SHIPMENT DATE (if known): \_\_\_\_\_ ENTRY PERMIT NUMBER (if required): \_\_\_\_\_

<p><b>ORIGIN</b></p> <p>CONSIGNOR'S NAME _____ PHONE _____</p> <p>PHYSICAL ADDRESS OF ANIMAL(S) _____</p> <p>CITY, STATE, ZIP _____</p> <p>CONSIGNOR'S ADDRESS (if different from above) _____</p>	<p><b>DESTINATION</b></p> <p>CONSIGNEE'S NAME _____ PHONE _____</p> <p>PHYSICAL ADDRESS OF ANIMAL(S) _____</p> <p>CITY, STATE, ZIP _____</p> <p>CONSIGNEE'S ADDRESS (if different from above) _____</p>	<p><b>CARRIER</b></p> <p>NAME _____ PHONE _____</p> <p>PHYSICAL ADDRESS _____</p> <p>CITY, STATE, ZIP _____</p> <p>TYPE: <input type="checkbox"/> Air <input type="checkbox"/> Boat <input type="checkbox"/> Mail <input type="checkbox"/> Trail <input type="checkbox"/> Car <input type="checkbox"/> Rail <input type="checkbox"/> Truck</p>
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**SPECIES & NUMBER IN SHIPMENT (1 species per CVI)**

<input type="checkbox"/> Aquaculture	<input type="checkbox"/> Equine	<input type="checkbox"/> Poultry
<input type="checkbox"/> Camelids	<input type="checkbox"/> Feline	<input type="checkbox"/> Sheep
<input type="checkbox"/> Canine	<input type="checkbox"/> Ferret	<input type="checkbox"/> Swine
<input type="checkbox"/> Cattle	<input type="checkbox"/> Goats	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Cervids	<input type="checkbox"/> Non-Poultry Avian	

**MOVEMENT PURPOSE** Check all that apply

<input type="checkbox"/> Breeding	<input type="checkbox"/> Sale/Owner Change
<input type="checkbox"/> Exhibition/Expo	<input type="checkbox"/> Slaughter
<input type="checkbox"/> Feeding/Grazing	<input type="checkbox"/> Training
<input type="checkbox"/> Racing	<input type="checkbox"/> Travel w/ Owner
<input type="checkbox"/> Research	<input type="checkbox"/> Other (specify): _____

**STATE / AREA STATUS**

Tuberculosis:  Free  Modified Accredited Advanced  Other (specify): \_\_\_\_\_

Brucellosis:  Free  Modified Accredited  Other (specify): \_\_\_\_\_

Other Disease (specify): \_\_\_\_\_

**HERD / FLOCK STATUS**

TB:  TB  Johne's

Brucellosis:  Brucellosis  NPIP

PRV:  PRV  Other (specify): \_\_\_\_\_

Scrapie:  Scrapie

Herd / Flock # \_\_\_\_\_

Qualifying Test Dates: \_\_\_\_\_

**TEST RECORDS** Are legible copies of official charts attached?

Yes  No

Records # \_\_\_\_\_

Total # in Shipment: \_\_\_\_\_

LINE #	OFFICIAL AND/OR PERMANENT IDENTIFICATION NAME AND DESCRIPTION (If multiple IDs are present, list all.)	BREED	AGE	SEX	IMPORT REQUIRED TESTS AND RESULTS CONTACT STATE OF DESTINATION FOR REQUIREMENTS					BRUC. VACC. STATUS/TATTOO	RABIES VACCINATION		VACCINATION, TREATMENT (List Date and Product), AND/OR TEMPERATURE (if required)
					DATE	TEST	ACCESSION #	RESULTS +/-	LAB		DATE	PRODUCT	
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

**VETERINARY TREATMENT STATEMENTS / COMMENTS**

VETERINARY CERTIFICATION - As an accredited veterinarian, I certify that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease. The vaccinations and results of tests are indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No further warranty is made or implied.

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ Accredited Veterinarian PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Street City

STATE/LICENSE #: \_\_\_\_\_ State ZIP EMAIL: \_\_\_\_\_

USDA ACCREDITATION #: \_\_\_\_\_

**OWNER/AGENT STATEMENT** (if required)

"The animals in this shipment are those certified to and listed on this certificate."

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**FOR OFFICE USE**

DISTRIBUTION: WHITE - Mail, E-mail, or Fax to MDARD AID  
YELLOW - Veterinarian Copy  
PINK - Accompany Shipment

(In accordance with Act 466, Public Act 1988, as amended and Act 199, Public Acts 1996.)

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