

Order Request for
United States Interstate and International
Certificate of Health Examination for Small Animals (APHIS Form 7001)

Veterinarian Name: _____

USDA Accreditation Number: _____

California Veterinary License Number: _____

Shipping Info (No P.O. Boxes)

Practice Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

NOTE: Request will not be processed without complete shipping information

Quantity of APHIS Form 7001 requested: 1 ☐ 5 ☐ 10 ☐ 25 ☐

Send order requests via U.S. Mail, Fax, or E-Mail
(Phone requests NOT accepted)

Mail to: USDA/APHIS/VS
10365 Old Placerville Rd
Suite 210
Sacramento, CA 95827

Fax to: 916-363-3791
E-Mail to: VSCA@aphis.usda.gov

For questions please call: 916-854-3950 (8:00 am – 3:00 pm)

Orders will be sent UPS Ground

(Allow 10 business days for delivery)

This request form is *ONLY* for California accredited and licensed veterinarians' use

Office Use Only

Date Received: _____ Date Ordered: _____ Ordered By: _____