



**North Carolina Department of Health and Human Services
 Division of Public Health – Epidemiology Section
 Communicable Disease Branch-Veterinary Public Health
 1902 Mail Service Center • Raleigh, North Carolina 27699-1902
 Telephone: 919-733-3410 Fax: 919-733-9555**

Beverly Eaves Perdue, Governor
 Lanier M. Cansler, Secretary

Jeffery P. Engel, M.D.
 State Health Director

Companion Animal Certificate of Veterinary Examination
 Order Form (available online at www.rabies.ncdhhs.gov)

Certificates of Veterinary Examination (CVE) will only be sold to USDA accredited veterinarians who will be held liable for any errors, mistakes, or misuse of the CVE. CVEs are sold in packs of 25 and each has a unique serial number. Other USDA accredited veterinarians in a practice may issue CVEs at the discretion of the ordering veterinarian to which the serial numbers have been assigned. Veterinarians who are not accredited by the USDA will not be issued CVEs by the Veterinary Public Health Program, nor may they issue CVEs that have been ordered by other accredited veterinarians.

The North Carolina Division of Public Health does not accredit veterinarians. To find more information on the veterinary accreditation program call (919) 855-7702 or see their web site at the following link: http://www.aphis.usda.gov/animal_health/vet_accreditation/. Your USDA DVM accreditation status is verified with the USDA by the VPH office in writing and must be in a current status before we can ship any CVEs to your practice.

To order Companion Animal Certificate of Veterinary Examination forms please complete the following information and fax the completed form to 919-733-9555. You will receive an invoice with your order. The cost will be approximately \$5.75 per pad and shipping costs.

PLEASE PRINT INFORMATION

USDA Accreditation Code: _____ NC License Number: _____

Veterinarian's Name: Last: _____ First: _____

* use additional sheet with DVM names and NCVL numbers in your Practice *

Practice Name: _____

Street Address (No PO Boxes!): _____

City: _____ County: _____ State NC Zip: _____

Phone Number: () _____ -- _____ Fax Number: () _____ -- _____

Name of Person completing form: _____

Number of CVE pads requested (1 pad = 25 CVEs) _____ pads

VPH Office Use Only: First Number G _____ Last Number G _____ ID _____

USDA notified: ____/____/____ DVM update office notified: ____/____/____

USDA verified: ____/____/____ Date Order Processed: ____/____/____

Invoice Number: _____



North Carolina Public Health
 Working for a healthier and safer North Carolina
 Everywhere. Everyday. Everybody.

