

DO NOT STAPLE

SUBMIT WITHIN 7 DAYS OF DATE ISSUED

STATE OF SOUTH CAROLINA
 L. CERTIFICATE OF VETESC FORM 149
(REV 02/16)

COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

☒ CANINE ☐ FELINE ☐ PET BIRD

No. A 282502

Origin Contact	HNTB/SMITH EVANS(937)457-4331	Destination Contact	MCINNY(H)SPCA(732)542-6640
----------------	-------------------------------	---------------------	----------------------------

Origin Address	Destination Address
201ENMRT	260M011STRT FATH/NT (7724

[illegible]

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.

STATE VET USE ONLY

NAME OF ACCREDITED VETERINARIAN (PRINT)

ADDRESS OF ACCREDITED VETERINARIAN

DATE _____

SIGNATURE OF ACCREDITED VETERINARIAN

TELEPHONE

FEDERAL ACCRED. #

John Blake, DVM

LC3-327-7387

028883

Clemson Livestock Poultry Health • P.O. Box 102406 • Columbia, SC 29224 • 803.788.2260

DISTRIBUTION: ORIGINAL WHITE (1) & CANARY (2) TO STATE VET - PINK (3) TO ACCOMPANY SHIPMENT - GOLDENROD (4) VETERINARIAN'S COPY

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STATE OF SOUTH CAROLINA
 SUBMIT WITHIN 7 DAYS OF DATE ISSUED
 COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
 (REV 02/16)

☒ CANINE ☐ FELINE ☐ PET BIRD

No. A **282509**

Origin Contact BSP Rescue/John Heltzer (704) 779-6662 Destination Contact Womewith SRC A (732) 542 0040

Origin Address 168 Highway 274 # 311 Lafayette, SC 29710 Destination Address 260 Wall Street Edinboro, PA 17730

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
6wks	F	Darrah Blue Fawn Brindle R+ mix	too young	N/A
6wks	F	Freedom Black/White R+ mix	too young	N/A
6wks	F	Cadence Blue/White R+ mix	too young	N/A
6wks	F	Liberty Blue/White R+ mix	too young	N/A

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.

NAME OF ACCREDITED VETERINARIAN (PRINT)	ADDRESS OF ACCREDITED VETERINARIAN	DATE	STATE VET USE ONLY
Kathleen Averil DVM	1125 N. Anderson Road Rock Hill, SC 29730	5/16/22	
SIGNATURE OF ACCREDITED VETERINARIAN	TELEPHONE	FEDERAL ACCRED. #	
<i>Kathleen Averil</i>	803-327-7387	072097	

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DO NOT STAPLE

SUBMIT WITHIN 7 DAYS OF DATE ISSUED

STATE OF SOUTH CAROLINA
COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
(REV 02/16)

☒ CANINE ☐ FELINE ☐ PET BIRD

No. A 282514

Origin Contact BSP Regille/Tjelletholke (704) 779-4462 Destination Contact Mammoth SPCA (732) 542-0040

Origin Address	165 Highway 271 # 311 Lafayette, LA 70503
Destination Address	2101 1011 Street Enterprise, AL 36034

[illegible]

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.

NAME OF ACCREDITED VETERINARIAN (PRINT)

ADDRESS OF ACCREDITED VETERINARIAN

DATE _____

STATE VET USE ONLY

SIGNATURE OF ACCREDITED VETERINARIAN

TELEPHONE

FEDERAL ACCRED. #

Anna Beale, DVM

803-327-7387

03833

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CERTIFICATE OF HEALTH - F.O.B. No. 100 - California, No. 20, 24 - 1924

DEPARTMENT OF AGRICULTURE - VETERINARY DIVISION

RETURN TO

DATE RECEIVED

NO. 100

DATE OF EXAMINATION

TIME

THE FOLLOWING IS A SUMMARY OF THE RESULTS OF THE EXAMINATION OF THE ABOVE NAMED ANIMALS, MADE AT THE VETERINARY DIVISION OF THE DEPARTMENT OF AGRICULTURE, CALIFORNIA, ON THE DATE AND AT THE TIME ABOVE SPECIFIED. THE RESULTS OF THE EXAMINATION ARE AS FOLLOWS: THE ANIMALS WERE FOUND TO BE FREE FROM ALL DISEASES AND DEFECTS, AND WERE THEREFORE DEEMED FIT FOR EXPORTATION.

DATE AND PLACE OF EXAMINATION

AGE	SEX	DESCRIPTION - BREED	DATE	ADJUTANT
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
10	10	10	10	10
11	11	11	11	11
12	12	12	12	12
13	13	13	13	13
14	14	14	14	14
15	15	15	15	15
16	16	16	16	16
17	17	17	17	17
18	18	18	18	18
19	19	19	19	19
20	20	20	20	20

REMARKS BY THE VETERINARIAN

ORIGINAL

COPIES

COPIES TO BE KEPT

COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

NO. 100

DO NOT STAPLE

STATE OF CALIFORNIA

SUBJECT WITHIN 3 DAYS OF DATE ISSUED

DO NOT STAPLE

SUBMIT WITHIN 7 DAYS OF DATE ISSUED

 STATE OF SOUTH CAROLINA
 COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

 SC FORM 149
 (REV 02/16)

☒ CANINE ☐ FELINE ☐ PET BIRD

 No. A **282512**

 Origin Contact BSP Mexico/John Miller (704) 779-6662 Destination Contact Memphis SPCA (732) 542-0040

 Origin Address 168 Highway 274 # 311 Lafayette, LA 29710 Destination Address 260 Wall Street Camden, NJ 07704

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
Qwms	M	Grey-Black American Pitbull Mix	two young	N/A
Qwms	F	Junco Chocolate/White Pitbull Mix	two young	N/A
Qwms	F	Valentine-White/Black Pitbull Mix	two young	N/A
I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.				
NAME OF ACCREDITED VETERINARIAN (PRINT)		ADDRESS OF ACCREDITED VETERINARIAN		DATE
Jenna Blake, DVM		1135 N. Anderson Rd. Rt 1111, SC 29730		5/17/22
SIGNATURE OF ACCREDITED VETERINARIAN		TELEPHONE	FEDERAL ACCRED. #	
Jenna Blake, DVM		803 327-7337	028883	
STATE VET USE ONLY				

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DISTRIBUTION: ORIGINAL WHITE (1) & CANARY (2) TO STATE VET - PINK (3) TO ACCOMPANY SHIPMENT - GOLDENROD (4) VETERINARIAN'S COPY

DO NOT STAPLE

STATE OF SOUTH CAROLINA

SUBMIT WITHIN 7 DAYS OF DATE ISSUED

COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
(REV 02/16)☒ CANINE ☐ FELINE ☐ PET BIRD

No. A 278437

Origin Contact LCAS 803 286 8103Destination Contact Monmouth County SPCA 732-818-8879Origin Address 3074 Paigland Hwy Lancaster, SC 29720Destination Address 260 Wall St Eaton, NJ 07704

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
1Y	SF	"Packbait hound" x "Sandy Hoppers"	4/20/2008	358804

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.

NAME OF ACCREDITED VETERINARIAN (PRINT)	ADDRESS OF ACCREDITED VETERINARIAN	DATE	STATE VET USE ONLY
Brent Glenn, DVM	3074 Paigland Hwy Lancaster, SC 29720	5/3/2008	
SIGNATURE OF ACCREDITED VETERINARIAN	TELEPHONE	FEDERAL ACCRED. #	
<i>Brent Glenn, DVM</i>	803 286 8103	005613	

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 STATE OF SOUTH CAROLINA
 COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

 SC FORM 149
 (REV 02/16)

☒ CANINE ☐ FELINE ☐ PET BIRD

 No. A **282506**

 Origin Contact PSP Rescue/Julie Haller (704) 774-6666 Destination Contact Memphis SPCA (732) 513-0010

 Origin Address 168 Highway 274 # 311 Lenoirville, SC 29710 Destination Address 2600 Locust Street Lenoirville, NC 27249

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
11wks	M	Black/White Pound Mix	no young	N/A
11wks	M	EARS- Black/White Pound Mix	no young	N/A
11wks	F	Kisses White/Black Pound Mix	no young	N/A
11wks	F	Time-Black/White Pound Mix	no young	N/A

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.

NAME OF ACCREDITED VETERINARIAN (PRINT)	ADDRESS OF ACCREDITED VETERINARIAN	DATE	STATE VET USE ONLY	
Kathleen Aherin, DVM	1125 N. McAdams Road Rock Hill, SC 29730	5/9/22		
SIGNATURE OF ACCREDITED VETERINARIAN	TELEPHONE	FEDERAL ACCRED. #		
<i>Kathleen Aherin</i>	803 327-7387	072097		

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DISTRIBUTION: ORIGINAL WHITE (1) & CANARY (2) TO STATE VET - PINK (3) TO ACCOMPANY SHIPMENT - GOLDENROD (4) VETERINARIAN'S COPY

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STATE OF SOUTH CAROLINA

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COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
(REV 02/16)

☒ CANINE ☐ FELINE ☐ PET BIRD

No. A 282507

Origin Contact PSP Refine/Fake 11/11/11 (1/11) 794-4412 Destination Contact Monmouth SPCA (1/32) 542-0040

Origin Address 163 Highway 204 # 311 Lafayette, SC 29016 Destination Address 2601 L. Kill Street Lafayette, LA 70504

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
11wks	F	Jersey Black/White Hound Mix	too young	N/A
11wks	F	Jane-Brindle/White Hound Mix	too young	N/A
11wks	M	Charlie-Black/White Hound Mix	too young	N/A

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.

STATE VET USE ONLY

NAME OF ACCREDITED VETERINARIAN (PRINT) ADDRESS OF ACCREDITED VETERINARIAN

DATE

SIGNATURE OF ACCREDITED VETERINARIAN

TELEPHONE

FEDERAL ACCRED. #

Kathleen Atern, DVM

1125 N. Anderson Road
Riverview, SC 29730

5/4/22

803-327-7381

072097

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Examination of the horse's health - 6/1/80 10:00 AM - Examination of the horse's teeth - 6/1/80 11:00 AM

SIGNATURE OF VETERINARIAN AFTER INSPECTION _____ DATE WHEN SIGNED _____

NAME OF HORSE BEING EXAMINED _____ AGE _____ SEX _____

DESCRIPTION OF THE HORSE'S HEALTH AND DENTAL CONDITION: _____
 The horse was found to be in good health and dental condition. The horse's teeth were found to be in good condition and the horse's health was found to be good.

STATE OF THE HORSE _____

AGE _____ SEX _____ DESCRIPTION OF HORSE _____ DATE _____ TAG NUMBER _____

OWNER'S NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNER'S PHONE NUMBER _____

DATE OF EXAMINATION _____

COMPARISON WITH PREVIOUS EXAMINATION _____

DO NOT STABLE

STABLE WITHIN 30 DAYS OF DATE ISSUED

NO. A 225025

10/1/80

DO NOT STAPLE

STATE OF SOUTH CAROLINA

SUBMIT WITHIN 7 DAYS OF DATE ISSUED

COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
(REV 02/16)☒ CANINE ☐ FELINE ☐ PET BIRD

No. A 282531

Origin Contact PO Box 10166 / Julie Holter (704) 779-6662 Destination Contact Monmouth SRA (732) 542-6040Origin Address 1155 Highway 274 # 311 Way 6416 SC Destination Address 2600 Lull Street Landonwood, NJ 07834

AGE	SEX	DESCRIPTION -- BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
6 wks	F	Munchie - Black/white Chihuahua Mix	two young	N/A
6 wks	F	Tilly - Black/white w/ black spots on nose Chihuahua mix	two young	N/A
6 wks	M	Timmy Black/white Chihuahua Mix	two young	N/A
6 wks	M	Spot Black/white w/ white chest Chihuahua mix	two young	N/A

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.

NAME OF ACCREDITED VETERINARIAN (PRINT)

ADDRESS OF ACCREDITED VETERINARIAN

DATE

Jenna Blake, DVM

1125 N. Anderson Road
Rock Hill, SC 29730

6/7/22

SIGNATURE OF ACCREDITED VETERINARIAN

TELEPHONE

FEDERAL ACCRED. #

Jenna Blake, DVM

803-327-7337

28883

STATE VET USE ONLY

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DISTRIBUTION: ORIGINAL WHITE (1) & CANARY (2) TO STATE VET - PINK (3) TO ACCOMPANY SHIPMENT - GOLDENROD (4) VETERINARIAN'S COPY

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STATE OF SOUTH CAROLINA

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COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
(REV 02/16)☒ CANINE ☐ FELINE ☐ PET BIRD

No. A 282548

Origin Contact PSPresque/Sweetbolic (404) 779-6664

Destination Contact Wbmanth SPA (732) 542-0090

Origin Address 168 Highway 274 # 311 Larensburg, SC 29110

Destination Address 2606 Kill Street Eadsonton, NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
10wks	F	India. Falon/white American Pitbull	too young	N/A
10wks	F	Sierra. falon/white American Pitbull	too young	N/A
10wks	F	Delta. falon/white American Pitbull	too young	N/A
10wks	M	Tank. falon/white American Pitbull	too young	N/A

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NAME OF ACCREDITED VETERINARIAN (PRINT)	ADDRESS OF ACCREDITED VETERINARIAN	DATE	STATE VET USE ONLY
Jenna Bare, DVM	1135 N. Anderson Road Rte 111, SC 29130	6/22/22	
SIGNATURE OF ACCREDITED VETERINARIAN Jenna Bare, DVM		TELEPHONE 803-327-7387	FEDERAL ACCRED. # 028383

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DISTRIBUTION: ORIGINAL WHITE (1) & CANARY (2) TO STATE VET - PINK (3) TO ACCOMPANY SHIPMENT - GOLDENROD (4) VETERINARIAN'S COPY

Chesapeake Bay, Maryland, 1968, Box 10346, Columbia, MD 21034, 803-288-1100

Document filed pursuant to the provisions of the Freedom of Information Act, 5 U.S.C. 552, and the Department of Health and Human Services, 42 CFR 1.105.

DATE

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Document filed pursuant to the provisions of the Freedom of Information Act, 5 U.S.C. 552, and the Department of Health and Human Services, 42 CFR 1.105.

DATE

AGE

DISPOSITION

DATE

DATE

Document filed pursuant to the provisions of the Freedom of Information Act, 5 U.S.C. 552, and the Department of Health and Human Services, 42 CFR 1.105.

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DATE

DATE

DATE

DATE

COMMISSION VETERINARIAN'S CERTIFICATE OF VETERINARY INSPECTION

NO. 685240

DATE

Document filed pursuant to the provisions of the Freedom of Information Act, 5 U.S.C. 552, and the Department of Health and Human Services, 42 CFR 1.105.

DATE

DO NOT STAPLE

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STATE OF SOUTH CAROLINA

COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
(REV 02/16)

☒ CANINE ☐ FELINE ☐ PET BIRD

No. A 282528

Origin Contact

OSP/3ULIC+CL101 (764)779-6662

Destination Contact

16170077 SPCPA(1732)542-DC4C

Origin Address

166TH91 MAR 27 4#31 29710

Destination Address

cc MailSheet+Exporting.MJ 0724

[illegible]

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.

STATE VET USE ONLY

NAME OF ACCREDITED VETERINARIAN (PRINT)

ADDRESS OF ACCREDITED VETERINARIAN

DATE _____

Kathleen Ahlert, DM

1125 N. ARLINGTON RD
ROCK HILL, SC 29730

2022/11/16

SIGNATURE OF ACCREDITED VETERINARIAN

TELEPHONE

FEDERAL ACCRED. #

Willis

803-327-7387

672097

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DISTRIBUTION: ORIGINAL WHITE (1) & CANARY (2) TO STATE VET - PINK (3) TO ACCOMPANY SHIPMENT - GOLDENROD (4) VETERINARIAN'S COPY

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COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
(REV 02/16)☒ CANINE ☐ FELINE ☐ PET BIRDNo. A **282553**Origin Contact PSP Pet Services, LLC (704) 794-6662 Destination Contact Monmouth SPCA (732) 542-0040Origin Address 168 Highway 274 #311 Lake Lynne, NC 28710 Destination Address 260 Wall Street Edinburg, NY 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
6wks	M	Whitman. Black/White/Yellow Collar Amer. Pitbull	too young	N/A
6wks	M	Mousse. Chocolate/White/White Collar Amer. Pitbull	too young	N/A
6wks	F	Cinnamon-Tan/White/Yellow Collar Amer. Pitbull	too young	N/A
6wks	M	Pecky. Chocolate/White/Dark Green Collar Amer. Pitbull	too young	N/A

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NAME OF ACCREDITED VETERINARIAN (PRINT)	ADDRESS OF ACCREDITED VETERINARIAN	DATE	STATE VET USE ONLY
Jenna Blake, DVM	1155 N. Arderson Road Rock Hill, SC 29730	4/21/22	
SIGNATURE OF ACCREDITED VETERINARIAN	TELEPHONE	FEDERAL ACCRED. #	
Jenna Blake, DVM	803-3277387	028883	

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DISTRIBUTION: ORIGINAL WHITE (1) & CANARY (2) TO STATE VET - PINK (3) TO ACCOMPANY SHIPMENT - GOLDENROD (4) VETERINARIAN'S COPY

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COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION
SC FORM 149
(REV 02/16)

☒ CANINE ☐ FELINE ☐ PET BIRD

No. A 282551

Origin Contact P. O. Reese/Timothy Miller (704) 779-6462 Destination Contact Mammuth SPCA (732) 542 0040

Origin Address 168 Highway 201 #311 Laurensville, SC Destination Address 2601 Mill Street Fannin, GA 30754

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
6 weeks	F	White-Tan/White/Orange Collar Amer Pitbull	too young	N/A
6 weeks	M	Khaki-Orange/White/Light Blue Collar Amer Pit	too young	N/A
6 weeks	F	Velvet-Black/White/Pink Collar Amer Pitbull	too young	N/A
4 weeks	F	Mammoth White w/ Brown Spots Amer Pitbull	6/24/22	97012

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NAME OF ACCREDITED VETERINARIAN (PRINT)	ADDRESS OF ACCREDITED VETERINARIAN	DATE	STATE VET USE ONLY
Jenna Blake, DVM	1135 N. Anderson Road Rock Hill, SC 29730	6/24/22	
SIGNATURE OF ACCREDITED VETERINARIAN	TELEPHONE	FEDERAL ACCRED. #	
Jenna Blake, DVM	803 387-7387	028883	

DO NOT STAPLE

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COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
 (REV 02/16)

SUBMIT WITHIN 7 DAYS OF DATE ISSUED

☒ CANINE ☐ FELINE ☐ PET BIRD

No. A **282552**

Origin Contact PSR Rescue/Julie Miller (704) 779 6662 Live Mobile, SC
 Destination Contact Memmouth SPCA (732) 542-0040

Origin Address 168 Hwyway 271 # 311 29710
 Destination Address 2601 Wall Street Eadsboro, NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
leuks	F	Codina Chocolate/white/Red Collar Amer. Pitbull	too young	N/A
leuks	F	Cookie Black/white/Lime Green Collar Amer. Pitbull	too young	N/A
leuks	F	Toy Black/white/Dark Green Collar American Pitbull	too young	N/A
leuks	M	Cashberry Chocolate/white/Red Collar Amer. Pitbull	too young	N/A

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STATE VET USE ONLY

NAME OF ACCREDITED VETERINARIAN (PRINT)

ADDRESS OF ACCREDITED VETERINARIAN

DATE

Jenna Blake, DVM

1185 N. Anderson Road
Rock Hill, SC 29730

6/24/22

SIGNATURE OF ACCREDITED VETERINARIAN

TELEPHONE

FEDERAL ACCRED. #

Jenna Blake DVM

803 327-7387

028883

Clemson Livestock Poultry Health • P.O. Box 102406 • Columbia, SC 29224 • 803.788.7

DISTRIBUTION: ORIGINAL WHITE (1) & CANARY (2) TO STATE VET - PINK (3) TO ACCOMPANY SHIPMENT - GOLDENROD (4) VETERINARIAN

DO NOT STAPLE

STATE OF SOUTH CAROLINA
 COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
 (REV 02/16)

SUBMIT WITHIN 7 DAYS OF DATE ISSUED

☒ CANINE ☐ FELINE ☐ PET BIRD

No. A **275356**

Origin Contact PSP Rescue/June Holley (704) 779-6662 Destination Contact Mammoth SPCA (732) 542-0040

Origin Address 1628 Highway 291 # 311 Lakeview, SC 29710 Destination Address 260 Wall Street Lenoirtown, NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
Quks	F	Wendy Blue Brindle / White Boxer mix (Boxer lineage)	too young	N/A
Quks	F	Victoria Brown w/ Black muzzle Boxer mix	too young	N/A
Quks	M	Linus Fawn w/ Dark muzzle Boxer mix	too young	N/A

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.

STATE VET USE ONLY

NAME OF ACCREDITED VETERINARIAN (PRINT)

ADDRESS OF ACCREDITED VETERINARIAN

DATE

Jenna Blake, DVM

1135 N. Anderson Road
Rock Hill, SC 29730

2/2/2022

SIGNATURE OF ACCREDITED VETERINARIAN

TELEPHONE

FEDERAL ACCRED. #

Jenna Blake, DVM

803-321-7387

028883

Clemson Livestock Poultry Health • P.O. Box 102406 • Columbia, SC 29224 • 803.788.2260

DISTRIBUTION: ORIGINAL WHITE (1) & CANARY (2) TO STATE VET - PINK (3) TO ACCOMPANY SHIPMENT - GOLDENROD (4) VETERINARIAN'S COPY

DO NOT STAPLE

SUBMIT WITHIN 7 DAYS OF DATE ISSUED

STATE OF SOUTH CAROLINA
 COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
 (REV 02/16)

☒ CANINE ☐ FELINE ☐ PET BIRD

No. A **275387**

Origin Contact PERRECE, Julie & Mike (704) 779-4443 Destination Contact Womack SPCA (732) 542-0040

Origin Address Kalifornia 271 # 311 Wayville, SC 29110 Destination Address 2600 Wall Street Echnow, NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
8wks	F	Tricolor American Pitbull Mix	too young	N/A
8wks	F	Pearl - Black/White American Pitbull Mix	too young	N/A
8wks	M	Poppy - Black/White American Pitbull Mix	too young	N/A
8wks	M	Honey - Black/Tan American Pitbull Mix	too young	N/A

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.

NAME OF ACCREDITED VETERINARIAN (PRINT)

ADDRESS OF ACCREDITED VETERINARIAN

DATE

Jenna Blake, DVM

1125 N. Arterton Road
 Rock Hill, SC 29730

2/21/2022

SIGNATURE OF ACCREDITED VETERINARIAN

TELEPHONE

FEDERAL ACCRED. #

Jenna Blake, DVM

803 327-7387

028883

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DISTRIBUTION: ORIGINAL WHITE (1) & CANARY (2) TO STATE VET - PINK (3) TO ACCOMPANY SHIPMENT - GOLDENROD (4) VETERINARIAN'S COPY

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STATE OF SOUTH CAROLINA

SUBMIT WITHIN 7 DAYS OF DATE ISSUED

COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
(REV 02/16)

☒ CANINE ☐ FELINE ☐ PET BIRD

No. A 294687

Origin Contact

UNAS

Destination Contact

Momouth, SC

Origin Address

1647 Jonesville Hwy
Union, SC 29374

Destination Address

260 Wai St.
Eatonton, GA 31034

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
10wks	F	Copper Hound X Tri	Too young	
10wks	F	Whiskey Hound X Tri		
10wks	F	Pepper Hound X Bile		
10wks	F	Shadox Hound X Bile/Tan		

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.

NAME OF ACCREDITED VETERINARIAN (PRINT)	ADDRESS OF ACCREDITED VETERINARIAN	DATE	STATE VET USE ONLY
Jim Sanders	1330 Hwy 295 Anderson, SC 29626	2.5.22	
SIGNATURE OF ACCREDITED VETERINARIAN	TELEPHONE	FEDERAL ACCRED. #	
	864-260-4151	059214	

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DISTRIBUTION: ORIGINAL WHITE (1) & CANARY (2) TO STATE VET - PINK (3) TO ACCOMPANY SHIPMENT - GOLDENROD (4) VETERINARIAN'S COPY

11/10/1954

11/10/1954

11/10/1954

11/10/1954

DO NOT STAPLE

STATE OF SOUTH CAROLINA

SUBMIT WITHIN 7 DAYS OF DATE ISSUED

COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
(REV 02/16)☒ CANINE ☐ FELINE ☐ PET BIRD

No. A 294688

Origin Contact

WPAAS

Destination Contact

Monmouth Spca

Origin Address

1047 Jonesville Hwy
Union, SC 29370

Destination Address

200 W 11th St
Ft. Worth, TX 76104

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
10/15	F	Hound X Tan	7/00	young
10/15	F	Acorn Hound X Tri	1	1
10/15	M	Boxie Hound X Black		
11/1	F	Bella Pit bull X Greyhnt	2.5.22	0277

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.

STATE VET USE ONLY

NAME OF ACCREDITED VETERINARIAN (PRINT)

ADDRESS OF ACCREDITED VETERINARIAN

DATE

SIGNATURE OF ACCREDITED VETERINARIAN

TELEPHONE

FEDERAL ACCRED. #

Kim Sanders

1020 Hwy 805
Anderson, SC 29606

2.5.22

844.200.4151

059014

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DISTRIBUTION: ORIGINAL WHITE (1) & CANARY (2) TO STATE VET - PINK (3) TO ACCOMPANY SHIPMENT - GOLDENROD (4) VETERINARIAN'S COPY

1. Name of the person: _____
2. Address: _____
3. City: _____
4. State: _____
5. Zip: _____

6. Date of birth: _____
7. Sex: _____
8. Marital status: _____
9. Education: _____
10. Occupation: _____

11. Religion: _____
12. Political party: _____
13. Race: _____
14. Ethnicity: _____
15. Nationality: _____

16. Languages spoken: _____
17. Languages written: _____
18. Hobbies: _____
19. Sports: _____
20. Pets: _____

21. Family members: _____
22. Children: _____
23. Siblings: _____
24. Parents: _____
25. Spouse: _____

26. Friends: _____
27. Acquaintances: _____
28. Neighbors: _____
29. Community: _____
30. Other: _____

31. Medical history: _____
32. Current health: _____
33. Past illnesses: _____
34. Allergies: _____
35. Medications: _____

36. Mental health: _____
37. Stress levels: _____
38. Anxiety: _____
39. Depression: _____
40. Other: _____

41. Social life: _____
42. Friends: _____
43. Family: _____
44. Community: _____
45. Other: _____

46. Career: _____
47. Education: _____
48. Training: _____
49. Experience: _____
50. Other: _____

DO NOT STAPLE

STATE OF SOUTH CAROLINA
SUBMIT WITHIN 7 DAYS OF DATE ISSUED
COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

☒ CANINE ☐ FELINE ☐ PET BIRD
No. A 294685

SC FORM 149
(REV 02/16)

Origin Contact WPA9 Destination Contact Monmouth SPCA

Origin Address 1047 Jonesville Hwy Union, SC 29379 Destination Address 200 Wall St. Easton, TN 37521

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
10wks	F	Nutella Shephx Tan	Tad	4/21/19
10wks	F	Maple Shephx Tan	1	
10wks	F	Caramel Shephx Tan	1	
10wks	F	Lotus Shephx Tan	1	
I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.				
NAME OF ACCREDITED VETERINARIAN (PRINT)		ADDRESS OF ACCREDITED VETERINARIAN	DATE	
Kim Sanders		1320 Hwy 89S Anderson, SC 29626	2.5.22	
SIGNATURE OF ACCREDITED VETERINARIAN		TELEPHONE	FEDERAL ACCRED. #	
		804-260-4151	059014	

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STATE OF SOUTH CAROLINA

SUBMIT WITHIN 7 DAYS OF DATE ISSUED

COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
(REV 02/16)☒ CANINE ☐ FELINE ☐ PET BIRD

No. A 294686

Origin Contact 4443

Destination Contact

Origin Address 1647, Jonesville Hwy
Union, SC 29379

Destination Address

Monmouth, NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
9wks	F	Shiloh Labx Bk/wht	700	4449
9wks	F	Tofu Labx Bk/wht		
9wks	F	Indigo Labx Bk/wht		
9wks	M	Lennox Labx Bk/wht		

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.

NAME OF ACCREDITED VETERINARIAN (PRINT)

ADDRESS OF ACCREDITED VETERINARIAN

DATE

SIGNATURE OF ACCREDITED VETERINARIAN

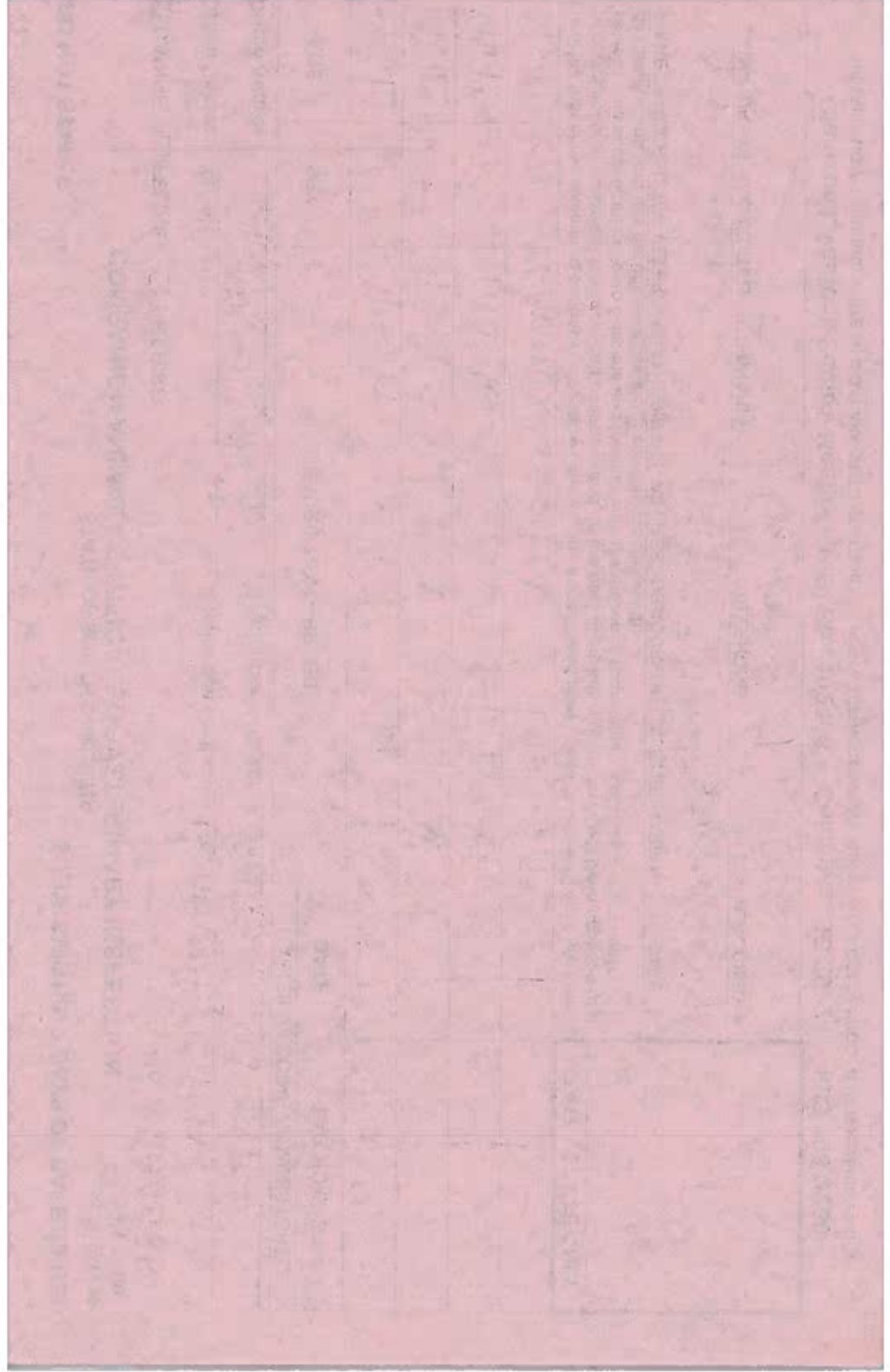
TELEPHONE

FEDERAL ACCRED. #

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COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
(REV 02/16)☒ CANINE ☐ FELINE ☐ PET BIRD

No. A 294689

Origin Contact

M193

Destination Contact

1360 North SPY4

Origin Address

1047 JONESVILLE HWY
WINDY, SC 29379

Destination Address

260 Wall St
Toton Town, NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
QWLS	F	CORA Sheph X Tan/BK	TBD	young
QWLS	M	EUSTON Sheph X Bk/Tan		
QWLS	F	DEMI Sheph X Tan Bk		
QWLS	M	LELAND Sheph X Tan		

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.

NAME OF ACCREDITED VETERINARIAN (PRINT)	ADDRESS OF ACCREDITED VETERINARIAN	DATE
Kim Sanders	1380 Hwy 89S Anderson, SC 29626	2.5.20

SIGNATURE OF ACCREDITED VETERINARIAN	TELEPHONE	FEDERAL ACCRED. #
<i>[Signature]</i>	864.260.4151	D59214

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DISTRIBUTION: ORIGINAL WHITE (1) & CANARY (2) TO STATE VET - PINK (3) TO ACCOMPANY SHIPMENT - GOLDENROD (4) VETERINARIAN'S COPY

James Taylor

City of New York, New York

My dear Mr. Taylor:

I have the pleasure to inform you that your application for a license to practice law in the City of New York has been approved.

Very truly yours,

John F. Johnson

City Clerk

City of New York

January 1, 1900

Enclosed

Find enclosed

the sum of

Five Dollars

for the fee

of the City

of New York

for the license

to practice law

in the City

of New York

Enclosed

Find enclosed

the sum of

Five Dollars

for the fee

of the City

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STATE OF SOUTH CAROLINA

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COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
(REV 02/16)☒ CANINE ☐ FELINE ☐ PET BIRD

No. A 294690

Origin Contact

LACS

Destination Contact

Mormouth SPCH

Origin Address

1647 Jonesville Hwy
Union, SC 29379

Destination Address

200 Wall St.
North Charleston, SC 29404

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
9wks	F	Emmy Shephx Tan/Bk		TAD 49ain9
9wks	F	Journey Shephx Bk/Tan		
9wks	F	Java Shephx Bk		
9wks	M	Brady Shephx Bk/Lght		

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.

NAME OF ACCREDITED VETERINARIAN (PRINT)

ADDRESS OF ACCREDITED VETERINARIAN

DATE

SIGNATURE OF ACCREDITED VETERINARIAN

TELEPHONE

FEDERAL ACCRED. #

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DISTRIBUTION: ORIGINAL WHITE (1) & CANARY (2) TO STATE VET - PINK (3) TO ACCOMPANY SHIPMENT - GOLDENROD (4) VETERINARIAN'S COPY

RECEIVED BY THE U.S. DEPARTMENT OF AGRICULTURE

WASHINGTON

DECEMBER 1, 1900

TO THE DIRECTOR

OF THE BUREAU OF PLANT INDUSTRY

FROM THE

ASSISTANT SECRETARY

OF THE DEPARTMENT OF AGRICULTURE

FOR THE

RECORDS OF THE

DEPARTMENT OF AGRICULTURE

AND THE

DEPARTMENT OF COMMERCE

AND THE

DEPARTMENT OF THE INTERIOR

AND THE

DEPARTMENT OF JUSTICE

AND THE

DEPARTMENT OF WAR

AND THE

DEPARTMENT OF THE NAVY

AND THE

DEPARTMENT OF THE ARMY

AND THE

DEPARTMENT OF THE AIR FORCE

AND THE

DEPARTMENT OF THE MARINE CORPS

AND THE

DEPARTMENT OF THE COAST AND GEODETIC SURVEY

RECEIVED BY THE U.S. DEPARTMENT OF AGRICULTURE

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DEPARTMENT OF THE ARMY

AND THE

DEPARTMENT OF THE AIR FORCE

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DEPARTMENT OF THE MARINE CORPS

AND THE

DEPARTMENT OF THE COAST AND GEODETIC SURVEY

DO NOT STAPLE

STATE OF SOUTH CAROLINA
COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
(REV 02/16)

SUBMIT WITHIN 7 DAYS OF DATE ISSUED

☒ CANINE ☐ FELINE ☐ PET BIRD

No. A **294684**

Origin Contact

WHS

Destination Contact

Monmouth Spca

Origin Address

1647 Jonesville Hwy
Union, SC 29379

Destination Address

200 Wall St.
Eatontown, NJ 07724

AGE			SEX		DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
						DATE	TAG NUMBER
9wks			F		Meadow Shephx Bkltan	T00	Young
10wks			M		Kona Shephx Tan	T00	Young
9wks			M		Danali Labx Bkltan	T00	Young
9wks			M		Colby Labx Bkltan	T00	Young

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.				STATE VET USE ONLY	
NAME OF ACCREDITED VETERINARIAN (PRINT)		ADDRESS OF ACCREDITED VETERINARIAN		DATE	
Kim Sanders		1380 Hwy 298 Anderson, SC 29626		2.5.22	
SIGNATURE OF ACCREDITED VETERINARIAN		TELEPHONE		FEDERAL ACCRED. #	
[Signature]		864-260-4151		059014	

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.

NAME OF ACCREDITED VETERINARIAN (PRINT)

ADDRESS OF ACCREDITED VETERINARIAN

DATE

SIGNATURE OF ACCREDITED VETERINARIAN

TELEPHONE

FEDERAL ACCRED. #

Kim Sanders

1320 Hwy 29S
Anderson, SC 29626

2.5.22

804-260-4151

059014

STATE VET USE ONLY

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DISTRIBUTION: ORIGINAL WHITE (1) & CANARY (2) TO STATE VET - PINK (3) TO ACCOMPANY SHIPMENT - GOLDENROD (4) VETERINARIAN'S COPY

DO NOT STAPLE

STATE OF SOUTH CAROLINA
SUBMIT WITHIN 7 DAYS OF DATE ISSUED
COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION
SC FORM 149
(REV 02/16)

☒ CANINE ☐ FELINE ☐ PET BIRD

No. A 275350

Origin Contact PSP RICE / Julie Holter / (703) 779-6662 Destination Contact Kinnaman SPCA (732) 542-0040

Origin Address 168 Highway 294 # 311 Lake Wylie, SC 29710 Destination Address 260 Wall Street Edinboro, PA 17729

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
Quks	F	Albino-Tan/Cream & or mix	too young	N/A
Quks	M	Gray Blackman Blue/white (white neck/chin)	too young	N/A
Quks	M	Dark Blue Brindle	too young	N/A
Quks	F	Petite-Brown w/Black (muzzle (white section chin)) too young		N/A

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.

NAME OF ACCREDITED VETERINARIAN (PRINT) Jenna Blore, DVM	ADDRESS OF ACCREDITED VETERINARIAN 1135 N. Anderson Road Clemson, SC 29634	DATE 2/3/22
SIGNATURE OF ACCREDITED VETERINARIAN Jenna Blore, DVM	TELEPHONE 803 327-7387	FEDERAL ACCRED. # 028883

STATE VET USE ONLY

CHICKEN BREEDING RECORD - 10 BIRD CLUBS - Columbia 20 Street - 800128 2000

BIRD NAME: CHICKEN

BREED:

SEX: MALE

DATE OF ACQUISITION: 1914

DATE

DESCRIPTION: CHICKEN

STATE AND USE DATA

AGE

DESCRIPTION - BREED

DATE

AND NUMBER

RECEIVED AND DATE REGISTERED

DATE OF BIRTH: 1914

DATE OF BIRTH: 1914

DATE OF DEATH: 1914

DATE OF DEATH: 1914

DATE OF ACQUISITION: 1914

DATE OF ACQUISITION: 1914

COMBINATION OF THE STATE OF AGRICULTURE INSPECTION

STATE OF AGRICULTURE

DO NOT SIGN

RECEIVED WITHIN 3 DAYS OF DATE ISSUED

NO. A 512520

THE SECRETARY
DIVISION OF ANIMAL INDUSTRY