CERTIFICATE OF VETERINARY INSPECTION

Clemson Livestock Poultry Health
PO BOX 102406
Columbia, SC 29224-2406
Phone: 803-788-2260

Certificate #: 22-SC-0273-911AV
Issue Date: 01-07-2022
Entry Permit#:

Total # of Animals: 3
Inspection Date: 01-07-2022

Consignor	Location of Animals	Consignee	Destination of Shipment	Carrier (Transporter)
Julie Hollar/PSP Rescue 100 Leeward Lane Fort Mill, SC 29708 Phone: (704) 779-6662 County: York Premises ID:	Julie Hollar/PSP Rescue 100 Leeward Lane Fort Mill, SC 29708 Phone: (704) 779-6662 County: York Premises ID:	American Dog Rescue 2977 Allenwood Lakewood Rd Howell, NJ 07731 Phone: (980) 670-0789 County: Premises ID:	American Dog Rescue 2977 Allenwood Lakewood Rd Howell, NJ 07731 Phone: (980) 670-0789 County: Premises ID:	Shipment Date: - Carrier: Consignor Phone: Transport Method: Car Moving: Interstate

Disease Certification Statements	Flock/Herd Accredited Free For	Current State / Area Status
		N/A

Owner Statement	Veterinary Certification
"The animals in this shipment are those certified to and listed on this certificate" Date: Signature:	"I certify, as an accredited veterinarian that the animals described on this certificate have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease (except where noted). 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"

Digitally Signed By:	Address:	City:	State:	Zip:
Maria Belu, DVM	2445 Ebenezer RD	Rock Hil	SC	29732
Date/Time:	**USDA Accreditation:**	**License State / #**	**Phone #:**	**Email:**
01-07-2022, 11:35 AM	090401	SC 4074	(180) 336-6195	drbelu@ebenezervets.com

Animal Details

Animal Type: Small Animal Species: Dogs Movement Purpose: Companion Animal

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
1	21-018 Nick	Male	4 months	Mixed Breed			Tests & Accessions: Test Name: Fecal, Result: Results pending, Test Date: 01-07-2022 Vaccinations: Type: Rabies, Date: 01-07-2022, Booster Date: 01-07-2023, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 week, Date: 01-07-2022 Type: Other, Name: Bordatella , Date: 11-29-2021

CERTIFICATE OF VETERINARY INSPECTION

Clemson Livestock Poultry Health
PO BOX 102406
Columbia, SC 29224-2406
Phone: 803-788-2260

Certificate #: 22-SC-0273-911AV
Issue Date: 01-07-2022
Entry Permit#:

Total # of Animals: 3
Inspection Date: 01-07-2022

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
2	21-209 Brian	Male	4 months	Mixed			Tests & Accessions: Test Name: Fecal, Result: Results pending, Test Date: 01-07-2022 Vaccinations: Type: Rabies, Date: 01-07-2022, Booster Date: 01-07-2023, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 01-07-2022 Type: Other, Name: Bordatella 1 year, Date: 11-29-2021
3	21-211 Howie	Male	4 months	Mixed			Tests & Accessions: Test Name: Fecal, Result: Results pending, Test Date: 01-07-2022 Vaccinations: Type: Rabies, Date: 01-07-2022, Booster Date: 01-06-2023, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 01-07-2022 Type: Other, Name: Bordatella 1 year, Date: 11-29-2021

CERTIFICATE OF VETERINARY INSPECTION

Clemson Livestock Poultry Health
PO BOX 102406
Columbia, SC 29224-2406
Phone: 803-788-2260

Certificate #: 22-SC-0272-791AV
Issue Date: 01-03-2022
Entry Permit#:

Total # of Animals: 1
Inspection Date: 12-21-2021

Consignor	Location of Animals	Consignee	Destination of Shipment	Carrier (Transporter)
Julie Hollar/PSP Rescue 100 Leeward Lane Fort Mill, SC 29708 Phone: (704) 779-6662 County: York Premises ID:	Julie Hollar/PSP Rescue 100 Leeward Lane Fort Mill, SC 29708 Phone: (704) 779-6662 County: York Premises ID:	Monmouth County SPCA 260 Wall Street Eatontown, NJ 07724 Phone: (732) 818-8879 County: Premises ID:	Monmouth County SPCA 260 Wall Street Eatontown, NJ 07724 Phone: (732) 818-8879 County: Premises ID:	Shipment Date: 01-22-2022 Carrier: Consignor Phone: Transport Method: Car Moving: Interstate

Disease Certification Statements	Flock/Herd Accredited Free For	Current State / Area Status
		N/A

Owner Statement	Veterinary Certification
"The animals in this shipment are those certified to and listed on this certificate" Date: Signature:	"I certify, as an accredited veterinarian that the animals described on this certificate have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease (except where noted). 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"

Digitally Signed By:	Address:	City:	State:	Zip:
Jay Hrelz, DVM	2445 Ebenezer Rd.	Rock Hill	SC	29732
Date/Time:	**USDA Accreditation:**	**License State / #**	**Phone #:**	**Email:**
01-03-2022, 05:22 PM	004989	SC 2687	(803) 366-1950	drhrelz@ebenezervets.com

Animal Details

Animal Type: Small Animal Species: Dogs Movement Purpose: Other

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
1	Daisy	Female	6 months	Labrador Retriever Mix			Vaccinations: Type: Rabies, Date: 12-21-2021, Booster Date: 12-21-2022, Vaccine Serial Number: 521058, Expiration Timeframe: 1 Year Type: Other, Name: Bordetella IN 1 Year, Date: 12-21-2021 Type: Other, Name: DA2PP 1 Year, Date: 12-21-2021 Type: Other, Name: CIV H3N2 3 Week, Date: 12-21-2021

Gotcha Logo
100 Leeward Lane
Fort Mill, SC 29708
704 779-6662

Thank you for your business

CERTIFICATE OF VETERINARY INSPECTION

Clemson Livestock Poultry Health
PO BOX 102406
Columbia, SC 29224-2406
Phone: 803-788-2260

Certificate #: 22-SC-0273-911AV
Issue Date: 01-07-2022
Entry Permit#:

Total # of Animals: 3
Inspection Date: 01-07-2022

Consignor	Location of Animals	Consignee	Destination of Shipment	Carrier (Transporter)
Julie Hollar/PSP Rescue 100 Leeward Lane Fort Mill, SC 29708 Phone: (704) 779-6662 County: York Premises ID:	Julie Hollar/PSP Rescue 100 Leeward Lane Fort Mill, SC 29708 Phone: (704) 779-6662 County: York Premises ID:	American Dog Rescue 2977 Allenwood Lakewood Rd Howell, NJ 07731 Phone: (980) 670-0789 County: Premises ID:	American Dog Rescue 2977 Allenwood Lakewood Rd Howell, NJ 07731 Phone: (980) 670-0789 County: Premises ID:	Shipment Date: - Carrier: Consignor Phone: Transport Method: Car Moving: Interstate

Disease Certification Statements	Flock/Herd Accredited Free For	Current State / Area Status
		N/A

Owner Statement	Veterinary Certification
"The animals in this shipment are those certified to and listed on this certificate" Date: Signature:	"I certify, as an accredited veterinarian that the animals described on this certificate have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease (except where noted). 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"

Digitally Signed By:	Address:	City:	State:	Zip:
Maria Belu, DVM	2445 Ebenezer RD	Rock Hil	SC	29732
Date/Time:	**USDA Accreditation:**	**License State / #**	**Phone #:**	**Email:**
01-07-2022, 11:35 AM	090401	SC 4074	(180) 336-6195	drbelu@ebenezervets.com

Animal Details

Animal Type: Small Animal Species: Dogs Movement Purpose: Companion Animal

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
1	21-018 Nick	Male	4 months	Mixed Breed			Tests & Accessions: Test Name: Fecal, Result: Results pending, Test Date: 01-07-2022 Vaccinations: Type: Rabies, Date: 01-07-2022, Booster Date: 01-07-2023, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 week, Date: 01-07-2022 Type: Other, Name: Bordatella , Date: 11-29-2021

CERTIFICATE OF VETERINARY INSPECTION

Clarkson County Public Health

PO BOX 10340

Columbia, SC 29224-0340

Phone: 803-726-2250

Certificate #: 2525-0313-8114

Issue Date: 07-07-2025

Entry Permits

Total # Of Animals: 3

Inspection Date: 07-07-2025

Owner / Consignee Name(s)	Species / Breed	Description of Animal(s)	Sex	Age	Color / Markings
Brian Thompson 1234 Riverbend Road Columbia, SC 29224	Canine Labrador Retriever	Adult dog, spayed female, vaccinated for rabies and DHPP, microchip implanted	Female	4 years	Yellow
Sarah Mitchell 88 Oakridge Lane Columbia, SC 29223	Canine Mixed Breed	Adult dog, neutered male, vaccinated for rabies and DHPP, microchip implanted	Male	6 years	Brown and white
Jason Lee 455 Pine Street Columbia, SC 29225	Canine Beagle	Adult dog, intact male, vaccinated for rabies and DHPP, microchip implanted	Male	3 years	Tricolor

Monmouth Transport January 22, 2022 PSP 1123

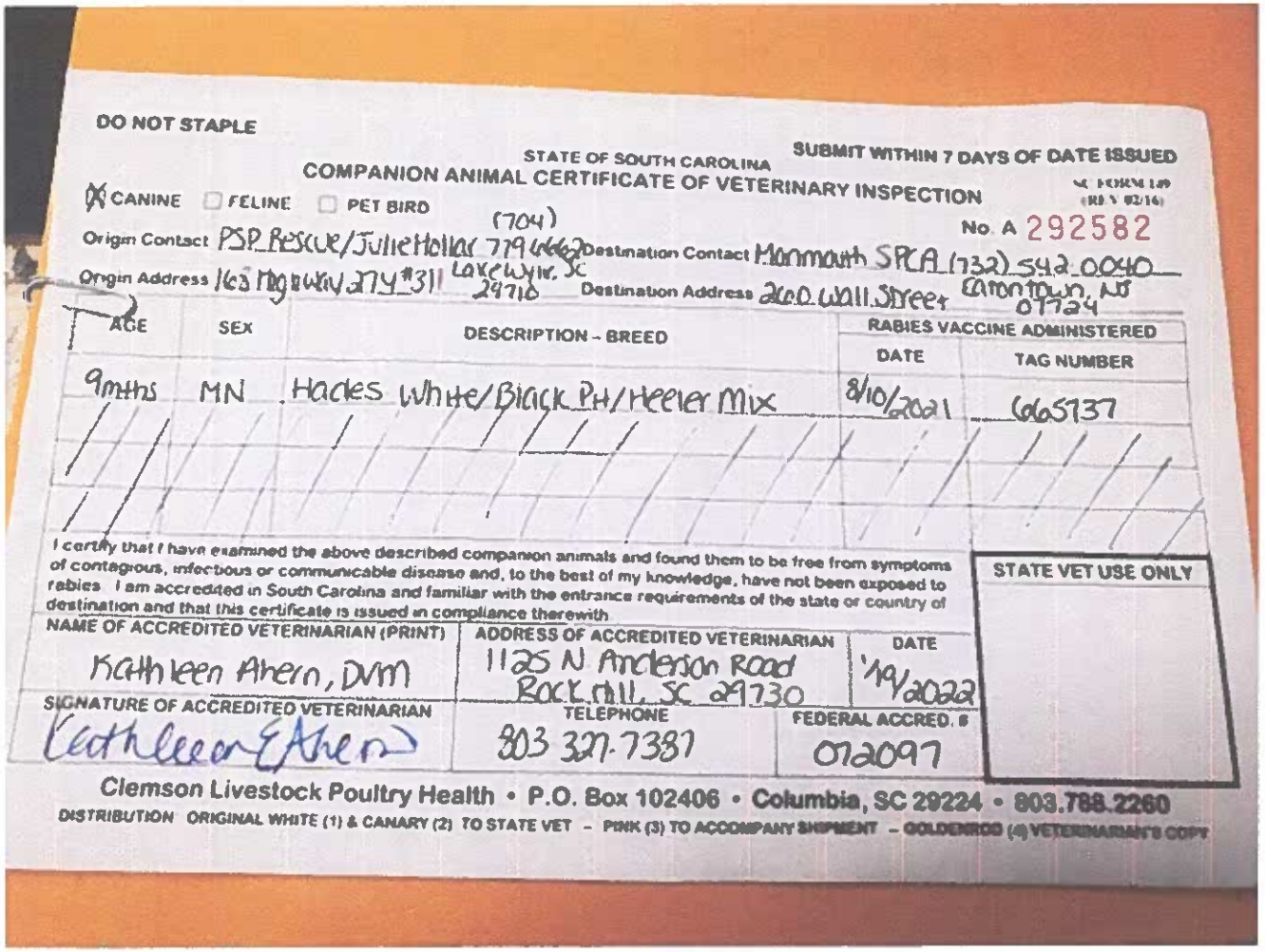
H	*R*	*Name*	*Approx Age*	*Breed Mix*	*Vetting*	*Weight/e*	*Additional*
	✓	Tootsie F	7-10 yrs	Min pin mix	UTD on vaccines	21 lbs	HW+
	✓	Rollo M (her original)	6 ½ weeks	Min pin mix	Dewormer only They were given Vaccine ¼ but it was too soon/young	Under 5 lbs	
	✓	Heath M (her original)	6 ½ weeks	Min pin mix	Dewormer only They were given Vaccine ¼ but it was too soon/young	Under 5 lbs	
	✓	Ariel F	6 ½ weeks	Not sure	Dewormer only They were given Vaccine ¼ but it was too soon/young	Under 5 lbs	These were bonus pups Tootsie took on from feral mom. Not sure what org mom was.
	✓	Titan M	6 ½ weeks	Not sure	Dewormer only They were given Vaccine ¼ but it was too soon/young	Under 5 lbs	These were bonus pups Tootsie took on from feral mom. Not sure what org mom was
	✓	Flounder M	6 ½ weeks	Not sure	Dewormer only They were given Vaccine ¼ but it was too soon/young	Under 5 lbs	These were bonus pups Tootsie took on from feral mom. Not sure what org mom was
	✓	Eric M	6 ½ weeks	Not sure	Dewormer only They were given Vaccine ¼ but it was too soon/young	Under 5 lbs	These were bonus pups Tootsie took on from feral mom. Not sure what org mom was
	✓	Sebastian M	6 ½ weeks	Not sure	Dewormer only They were given Vaccine ¼ but it was too soon/young	Under 5 lbs	These were bonus pups Tootsie took on from feral mom. Not sure what org mom was
	✓	Hansel M	1 year	Pit mix		33 lbs	Bad back leg – needs medical

Monmouth Transport January 22, 2022

H	R	Name	Approx Age	Breed Mix	Vetting	Weight/e	Additional
X	✓	Brian M	4 ½ months	Pix mix	UTD, Flea/Tick, HW meds	25-30 lbs	
X	✓	Nick M	4 ½ months	Pix mix	UTD, Flea/Tick, HW meds	25-30 lbs	
X	✓	Howie M	4 ½ months	Pix mix	UTD, Flea/Tick, HW meds	25-30 lbs	
	✓						
X	✓	Max M	4 ½ months	Hound mix	UTD, Flea/Tick, HW meds	25-30 lbs	
X	✓	Shadow M	4 ½ months	Hound mix	UTD, Flea/Tick, HW meds	25-30 lbs	
X	✓	Willa F	4 ½ months	Retriever mix	UTD, Flea/Tick, HW meds	21lbs	
	✓	Otis M		Beagle mix	UTD, Flea/Tick, HW meds	Under 15 lbs	
	✓	Chloe F		Beagle mix	UTD, Flea/Tick, HW meds	Under 15 lbs	
	✓	Asha F	10 weeks	Lab/Border Collie mix	UTD, Flea/Tick, HW meds	Under 15 lbs	Has a back paw missing.
	✓	Poppy F	10 weeks	Lab/Border Collie mix	UTD, Flea/Tick, HW meds	Under 15 lbs	
	✓	Rob M	10 weeks	Lab/Border Collie mix	UTD, Flea/Tick, HW meds	Under 15 lbs	
	✓	York M	10 weeks	Lab/Border Collie mix	UTD, Flea/Tick, HW meds	Under 15 lbs	
	✓	Daisy F	6 months	Retriever mix	UTD, Flea/Tick, HW meds	25-30 lbs	
	✓	Pearl F	1 year	Pix mix	UTD, Flea/Tick, HW meds	43 lbs	HW -
	✓	Hades M	8 months	Pit/Cattle dog mix	UTD, Flea/Tick, HW meds	45-50 lbs	HW -

Monmouth Transport January 22, 2022

H	*R*	*Name*	*Approx Age*	*Breed Mix*	*Vetting*	*Weight/e*	*Additional*
	✓	Jacob M	8 weeks	Boxer mix	1 vaccine, Bordetella dewormer	7 lbs	
	✓	Jasmine F	8 weeks	Boxer mix	1 vaccine, Bordetella dewormer	7 lbs	



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)

[X] CANINE [ ] FELINE [ ] PET BIRD

No. A 292582

Origin Contact PSP Rescue/Julie Hollar (704) 779-6662 Destination Contact Monmouth SPCA (732) 542-0040

Origin Address 163 Highway 274 #311 Lake Wylie, SC 29710 Destination Address 200 Wall Street Eatontown, NJ 07724

AGE	SEX	DESCRIPTION – BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
9mths	MN	Hades White/Black PH/Heeler Mix	8/10/2021	0665737

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 Ahern, DVM	1125 N Anderson Road Rock Hill, SC 29730	8/9/2022
SIGNATURE OF ACCREDITED VETERINARIAN	**TELEPHONE**	**FEDERAL ACCRED. #**
Kathleen E Ahern	803 327-7387	012097

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

CERTIFICATE OF VETERINARY INSPECTION

Texas Animal Health Commission
PO Box 12966
Austin, TX 78711-2966

Certificate #: 21-TX-0167-428AV
Issue Date:
Entry Permit#:

Total # of Animals: 31
Inspection Date: 01-14-2021

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
16	A46382378 Waylon	Neutered Male	1 years	Great Pyrenees Mix	IMP	982126056176927	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen , Result: Negative, Test Date: 01-07-2021 Vaccinations: Type: Rabies, Date: 01-07-2021, Booster Date: 01-07-2022, Tag Number: 36087, Vaccine Serial Number: 419390, Expiration Timeframe: 1 Year Type: Other, Name: DAPPv, Date: 01-07-2021 Type: Other, Name: DAPPv, Date: 11-25-2020 Type: Other, Name: DAPPv, Date: 11-11-2020 Type: Other, Name: Bordetella Intranasal, Trac-3, Date: 11-11-2020
17	A46314606 Tucker	Male	1 years	Husky/ Retriever Mix	IMP	956000011882630	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen , Result: Negative, Test Date: 12-22-2020 Vaccinations: Type: Rabies, Date: 12-23-2020, Booster Date: 12-23-2021, Tag Number: 16746, Vaccine Serial Number: 419390, Expiration Timeframe: 1 Year Type: Other, Name: DAPPv , Date: 12-22-2020 Type: Other, Name: Bordetella Intranasal, Trac-3, Date: 12-22-2020 Type: Other, Name: DAPPv, Date: 01-08-2021
18	A46315597 Bear Bear	Male	8 years	Retriever Mix	IMP	982000363019323	Tests & Accessions: Test Name: SNAP Canine Heartworm Antgien , Result: Negative, Test Date: 12-23-2020 Vaccinations: Type: Rabies, Date: 12-23-2020, Booster Date: 12-23-2021, Tag Number: 16741, Vaccine Serial Number: 419390, Expiration Timeframe: 1 Year Type: Other, Name: DAPPv, Date: 12-15-2020 Type: Other, Name: Bordetella Intranasal, Trac-3, Date: 12-15-2020 Type: Other, Name: DAPPv, Date: 01-08-2021

CERTIFICATE OF VETERINARY INSPECTION

Texas Animal Health Commission
PO Box 12966
Austin, TX 78711-2966

Certificate #: 21-TX-0167-428AV
Issue Date:
Entry Permit#:

Total # of Animals: 31
Inspection Date: 01-14-2021

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
25	A45529545 Mister Fantastic	Neutered Male	1 years	Shepherd Mix	IMP	982126058392509	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen, Result: Negative, Test Date: 09-03-2020 Vaccinations: Type: Rabies, Date: 09-15-2020, Booster Date: 09-15-2021, Tag Number: 3433, Vaccine Serial Number: 402242, Expiration Timeframe: 1 Year Type: Other, Name: DAPPv, Date: 09-16-2020 Type: Other, Name: DAPPv, Date: 09-02-2020 Type: Other, Name: Bordetella Intranasal, Trac-3, Date: 09-02-2020
26	A46400934 Mickey	Neutered Male	5 years	Chihuahua Mix	IMP	982126052356122	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen , Result: Negative, Test Date: 01-06-2021 Vaccinations: Type: Rabies, Date: 01 11 2021, Booster Date: 01-11-2022, Tag Number: 36023, Vaccine Serial Number: 429362, Expiration Timeframe: 1 Year Type: Other, Name: DAPPv, Date: 01-06-2021 Type: Other, Name: Bordetella Intranasal, Trac 3, Date: 01 06 2021
27	A46415251 Lucky	Neutered Male	1 years	Retriever Mix	IMP	982126056197053	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen , Result: Negative, Test Date: 01-09-2021 Vaccinations: Type: Rabies, Date: 01-13-2021, Booster Date: 01-13-2022, Tag Number: 36027, Vaccine Serial Number: 428362, Expiration Timeframe: 1 Year Type: Other, Name: DAPPv, Date: 01-09-2021 Type: Other, Name: Bordetella Intranasal, Trac-3, Date: 01 09 2021

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Texas Animal Health Commission
PO Box 12966
Austin, TX 78711-2966

Certificate #: 21-TX-0167-428AV
Issue Date:
Entry Permit#:

Total # of Animals: 31
Inspection Date: 01-14-2021

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
19	A46382350 Claire	Female	7 months	Terrier Mix	IMP	982091062712202	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen , Result: Negative, Test Date: 01-06-2021 Vaccinations: Type: Rabies, Date: 01-07-2021, Booster Date: 01-07-2022, Tag Number: 36078, Vaccine Serial Number: 419390, Expiration Timeframe: 1 Year Type: Other, Name: DAPPv, Date: 01-05-2021 Type: Other, Name: Bordetella Intranasal, Trac-3, Date: 01-05-2021
20	A46382322 Hope	Female	7 months	Terrier Mix	IMP	982091062713578	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen , Result: Negative, Test Date: 01-06-2021 Vaccinations: Type: Rabies, Date: 01-07-2021, Booster Date: 01-07-2022, Tag Number: 36062, Vaccine Serial Number: 419390, Expiration Timeframe: 1 Year Type: Other, Name: DAPPv, Date: 01-05-2021 Type: Other, Name: Bordetella Intranasal, Trac-3, Date: 01-05-2021
21	A46414543 Tessy	Female	2 years	Retriever Mix	IMP	982091063873717	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen , Result: Negative, Test Date: 01-13-2021 Vaccinations: Type: Rabies, Date: 01-13-2021, Booster Date: 01-13-2022, Tag Number: 36309, Vaccine Serial Number: 428363, Expiration Timeframe: 1 Year Type: Other, Name: DAPPv, Date: 01-09-2021 Type: Other, Name: Bordetella Intranasal, Trac-3, Date: 01-09-2021

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Texas Animal Health Commission
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Total # of Animals: 31
Inspection Date: 01-14-2021

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
28	A46415417 Spongebob	Neutered Male	6 years	Shepherd Mix	IMP	982000407607836	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen , Result: Negative, Test Date 01-04-2021 Vaccinations: Type: Rabies, Date: 01-13-2021, Booster Date: 01-13-2022, Tag Number: 36305, Vaccine Serial Number: 419390, Expiration Timeframe 1 Year Type: Other, Name: DAPPv, Date: 01-04-2020 Type: Other, Name: Bordetella Intranasal, Trac-3, Date: 01-04-2021
29	A46415247 Laika	Spayed Female	11 months	Retriever Mix	IMP	985113004010148	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen , Result: Negative, Test Date: 01-09-2021 Vaccinations: Type: Rabies, Date: 01-13-2021, Booster Date: 01-13-2022, Tag Number: 36024, Vaccine Serial Number: 428362, Expiration Timeframe 1 Year Type: Other, Name: DAPPv, Date: 01-09-2021 Type: Other, Name: Bordetella Intranasal, Trac 3, Date: 01 09 2021
30	A46417324 Cesar	Male	10 months	Border Collie Mix	IMP	982091062715583	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen , Result: Negative, Test Date: 01-13-2021 Vaccinations Type: Rabies, Date: 01-13-2021, Booster Date: 01-13-2022, Tag Number: 36046, Vaccine Serial Number: 419390, Expiration Timeframe 1 Year Type: Other, Name: DAPPv, Date: 01-13-2021 Type: Other, Name: Bordetella Intranasal Trac-3, Date: 01 13 2021

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Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
4	A46415240 Columbo	Neutered Male	6 months	Husky Mix	IMP	982000400124896	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen , Result: Negative, Test Date: 12-26-2020 Vaccinations: Type: Rabies, Date: 01-13-2021, Booster Date: 01-13-2022, Tag Number: 36073, Vaccine Serial Number: 428362, Expiration Timeframe: 1 Year Type: Other, Name: DAPPv, Date: 01-03-2021 Type: Other, Name: DAPPv, Date: 12-20-2020 Type: Other, Name: Bordetella Intranasal, Trac-3, Date: 12-20-2020
5	A46415237 Peter	Neutered Male	6 months	Husky Mix	IMP	982000400125385	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen , Result: Negative, Test Date: 12-26-2020 Vaccinations Type: Rabies, Date: 01-13-2021, Booster Date 01-13-2022, Tag Number: 36057, Vaccine Serial Number: 428362, Expiration Timeframe: 1 Year Type: Other, Name: DAPPv, Date: 01-03-2021 Type: Other, Name: DAPPv, Date: 12-20-2020 Type: Other, Name: Bordetella Intranasal, Trac-3, Date: 12-20-2020
6	A46415245 Silvia Silvia	Female	2 years	Great Pyrenees Mix	IMP	982000400125333	Tests & Accessions: Test Name: SNAP Canine Heartworm Test, Result: Negative, Test Date: 01-08-2021 Vaccinations: Type: Rabies, Date: 01-13-2021, Booster Date 01-13-2022, Tag Number: 36042, Vaccine Serial Number: 428362, Expiration Timeframe: 1 Year Type: Other, Name: DAPPv, Date: 01-03-2021 Type: Other, Name: Bordetella Intranasal, Traac-3, Date: 01-03-2021

CERTIFICATE OF VETERINARY INSPECTION

Texas Animal Health Commission
PO Box 12966
Austin, TX 78711-2966

Certificate #: 21-TX-0167-428AV
Issue Date:
Entry Permit#:

Total # of Animals: 31
Inspection Date: 01-14-2021

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
19	A46382350 Claire Claire	Female	7 months	Terrier Mix	IMP	982091062712202	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen , Result: Negative, Test Date: 01-06-2021 Vaccinations: Type: Rabies, Date: 01-07-2021, Booster Date: 01-07-2022, Tag Number: 36078, Vaccine Serial Number: 419390, Expiration Timeframe: 1 Year Type: Other, Name: DAPPv, Date: 01-05-2021 Type: Other, Name: Bordetella Intranasal, Trac-3, Date: 01-05-2021
20	A46382322 Hope	Female	7 months	Terrier Mix	IMP	982091062713578	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen , Result: Negative, Test Date: 01-06-2021 Vaccinations: Type: Rabies, Date: 01-07-2021, Booster Date: 01-07-2022, Tag Number: 36062, Vaccine Serial Number: 419390, Expiration Timeframe: 1 Year Type: Other, Name: DAPPv, Date: 01-05-2021 Type: Other, Name: Bordetella Intranasal, Trac-3, Date: 01-05-2021
21	A46414543 Tessy	Female	2 years	Retriever Mix	IMP	982091063873717	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen , Result: Negative, Test Date: 01-13-2021 Vaccinations: Type: Rabies, Date: 01-13-2021, Booster Date: 01-13-2022, Tag Number: 36309, Vaccine Serial Number: 428363, Expiration Timeframe: 1 Year Type: Other, Name: DAPPv, Date: 01-09-2021 Type: Other, Name: Bordetella Intranasal, Trac 3, Date: 01 09 2021

CERTIFICATE OF VETERINARY INSPECTION

Clemson Livestock Poultry Health
PO BOX 102406
Columbia, SC 29224-2406
Phone: 803-788-2260

Certificate #: 22-SC-0273-911AV
Issue Date: 01-07-2022
Entry Permit#:

Total # of Animals: 3
Inspection Date: 01-07-2022

Consignor	Location of Animals	Consignee	Destination of Shipment	Carrier (Transporter)
Julie Hollar/PSP Rescue 100 Leeward Lane Fort Mill, SC 29708 Phone: (704) 779-6662 County: York Premises ID:	Julie Hollar/PSP Rescue 100 Leeward Lane Fort Mill, SC 29708 Phone: (704) 779-6662 County: York Premises ID:	American Dog Rescue 2977 Allenwood Lakewood Rd Howell, NJ 07731 Phone: (980) 670-0789 County: Premises ID:	American Dog Rescue 2977 Allenwood Lakewood Rd Howell, NJ 07731 Phone: (980) 670-0789 County: Premises ID:	Shipment Date: - Carrier: Consignor Phone: Transport Method: Car Moving: Interstate

Disease Certification Statements	Flock/Herd Accredited Free For	Current State / Area Status
		N/A

Owner Statement	Veterinary Certification
"The animals in this shipment are those certified to and listed on this certificate" Date: Signature:	"I certify, as an accredited veterinarian that the animals described on this certificate have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease (except where noted). 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"

Digitally Signed By:	Address:	City:	State:	Zip:
Maria Belu, DVM	2445 Ebenezer RD	Rock Hil	SC	29732
Date/Time:	**USDA Accreditation:**	**License State / #**	**Phone #:**	**Email:**
01-07-2022, 11:35 AM	090401	SC 4074	(180) 336-6195	drbelu@ebenezervets.com

Animal Details

Animal Type: Small Animal Species: Dogs Movement Purpose: Companion Animal

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
1	21-018 Nick	Male	4 months	Mixed Breed			Tests & Accessions: Test Name: Fecal, Result: Results pending, Test Date: 01-07-2022 Vaccinations: Type: Rabies, Date: 01-07-2022, Booster Date: 01-07-2023, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 week, Date: 01-07-2022 Type: Other, Name: Bordatella , Date: 11-29-2021

CERTIFICATE OF VETERINARY INSPECTION

Clemson Livestock Poultry Health
PO BOX 102406
Columbia, SC 29224-2406
Phone: 803-788-2260

Certificate #: 22-SC-0273-911AV
Issue Date: 01-07-2022
Entry Permit#:

Total # of Animals: 3
Inspection Date: 01-07-2022

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
2	21-209 Brian	Male	4 months	Mixed			Tests & Accessions: Test Name: Fecal, Result: Results pending, Test Date: 01-07-2022 Vaccinations: Type: Rabies, Date: 01-07-2022, Booster Date: 01-07-2023, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 01-07-2022 Type: Other, Name: Bordatella 1 year, Date: 11-29-2021
3	21-211 Howie	Male	4 months	Mixed			Tests & Accessions: Test Name: Fecal, Result: Results pending, Test Date: 01-07-2022 Vaccinations: Type: Rabies, Date: 01-07-2022, Booster Date: 01-06-2023, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 01-07-2022 Type: Other, Name: Bordatella 1 year, Date: 11-29-2021

Louisiana Department of Agriculture and Forestry
Animal Health and Food Safety
5825 Florida Blvd, Suite 4000
Baton Rouge, LA 70806
(225) 925-3980

LOUISIANA CERTIFICATE OF VETERINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM
OFFICIAL USE ONLY: The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.

Certificate Number
72-1375-1643130262

ENTRY PERMIT #:

INSPECTION DATE: **01/25/2022**

SHIPMENT DATE: **01/25/2022**

( ) Large Animal (•) Small Animal

CONSIGNOR - Contact Person at Origin

First Name | Last Name | AND/OR

Business Name: **Acadiana Animal Aid**

Physical Address of Animals: **142 Le Medicin Road**

City: **Carencro** | State: **LA** | Zip Code: **70520** | County: **Lafayette**

Phone Number: **(337) 896-1553** | Location ID#:

Consignor's Address (if different):

CONSIGNEE - Contact Person at Destination

First Name: **Colleen** | Last Name: **Harrington** | AND/OR

Business Name: **St Hubert'S Animal Welfare Center**

Physical Address of Animals: **575 Woodland Ave**

City: **Madison** | State: **NJ** | Zip Code: **07940** | County:

Phone Number: **(973) 377-2295** | Location ID#:

Consignee's Address (if different): [ ] Print Reconsigned

CARRIER (Transporter)

Business Name: **Greater Good**

Physical Address:

City | State: **LA** | Zip Code | Phone Number

Transport Method: **Air** | Purpose of Movement: **Other (Specify) Adoption**

[X] Interstate [ ] Intrastate

Weather Acclimation Statement:

SPECIES	# OF ANIMALS	DESCRIPTION / BREED / MICROCHIP	AGE		SEX	RABIES VACC DATE	RABIES BOOSTER DUE	RABIES TAG NUMBER	RABIES SERIAL NUMBER	OTHER TESTS, VACCINATIONS/TREATMENT PLEASE LIST DATE & PRODUCT USED	
Canine	1	SHREK/GREAT DANE/ BL+W/ 981020043768885	2	Y	M	12/20/2021	12/20/2022	21-09356	468627	NOBIVAC DHPP 12/16/2021 / 12/02/2021 NOBIVAC BORDETELLA 12/02/2021/ HEARTWORM SNAP TEST (NEG) 1/13/22	
Canine	1	DUNDY/TERRIER MIX/ RED+W/ 981020043777227	3	M	M	1/5/2022	1/5/2023	22-04274	518868	DHPP 12/10/2021 / 1/5/22, 1/24/22 NOBIVAC BORDETELLA 12/10/2021, 1/5/22 / PARVO SNAP (NEG) 1/07/2022	
Canine	1	POCKET CHANGE \ LABRADOR/HOUND \ BLACK AND TAN \ 981020043812009	4	M	F	1/5/2022	1/5/2023	22-04275	518868	DHPP 12/6/2021 / 1/5/22, 1/24/22 NOBIVAC BORDETELLA 12/6/2021, 1/5/22 / PARVO SNAP (NEG) 1/07/2022	
Canine	1	TONY / HUSKY \ BL AND WHITE / 981020027130457	3	Y	M	1/18/2022	1/18/2023	22-04263	518868	NOBIVAC DHPP 10/1/2021 / 12/22/2021 / NOBIVAC BORDETELLA 10/1/2021, 12/22/2021/ MICROFILARIA TEST (POS) 1/5/22	
Canine	1	CHEX / TERRIER MIX / BRINDLE AND WHITE / 981020041597152	3	Y	M	11/21/2021	11/21/2022	21-34489	518868	NOBIVAC DHPP 11/24/2021, 12/09/2021 / NOBIVAC BORDETELLA 11/24/2021 / HEARTWORM SNAP TEST (POS) 1/12/2022 / HEARTWORM TREATMENT DIROBAN 12/14/2021, 12/15/2021	
Canine	1	MAMBO / CUR / RETRIEVER / TAN AND WHITE	2	Y	M	1/24/2022	1/24/2023	22-04277	535200	NOBIVAC DHPP 11/02/2021, 11/16/2021, 12/01/2021 / NOBIVAC BORDETELLA 11/02/2021, 11/16/2021 / LEPTO VX 11/02/2021, 11/16/2021 / HEARTWORM SNAP TEST (NEG) 1/20/2022	
Canine	1	PJ HARVEY / TERRIER MIX / BRINDLE AND WHITE / 981020039733128	2	Y	F	12/6/2021	12/6/2022	21-34473	518868	NOBIVAC DHPP 12/03/2021, 12/22/2021 / NOBIVAC BORDETELLA 12/03/2021 / HEARTWORM SNAP TEST (NEG) 1/25/2022	
Canine	1	PRIYA / TERRIER MIX / BL AND WHITE / 981020041597462	1	Y	F	11/23/2021	11/23/2022	21-34465	518868	DHPP 10/27/2021, 11/20/2021 / NOBIVAC BORDETELLA 10/27/2021 / HEARTWORM TREATMENT DIROBAN 12/21/2021, 12/22/2021	

Certificate Signed by: Mary Finley Dunn Date: 01/25/2022

CERTIFICATE OF VETERINARY INSPECTION

Clemson Livestock Poultry Health
PO BOX 102406
Columbia, SC 29224-2406
Phone: 803-788-2260

Certificate #: 22-SC-0273-911AV
Issue Date: 01-07-2022
Entry Permit#:

Total # of Animals: 3
Inspection Date: 01-07-2022

Consignor	Location of Animals	Consignee	Destination of Shipment	Carrier (Transporter)
Julie Hollar/PSP Rescue 100 Leeward Lane Fort Mill, SC 29708 Phone: (704) 779-6662 County: York Premises ID:	Julie Hollar/PSP Rescue 100 Leeward Lane Fort Mill, SC 29708 Phone: (704) 779-6662 County: York Premises ID:	American Dog Rescue 2977 Allenwood Lakewood Rd Howell, NJ 07731 Phone: (980) 670-0789 County: Premises ID:	American Dog Rescue 2977 Allenwood Lakewood Rd Howell, NJ 07731 Phone: (980) 670-0789 County: Premises ID:	Shipment Date: - Carrier: Consignor Phone: Transport Method: Car Moving: Interstate

Disease Certification Statements	Flock/Herd Accredited Free For	Current State / Area Status
		N/A

Owner Statement	Veterinary Certification
"The animals in this shipment are those certified to and listed on this certificate" Date: Signature:	"I certify, as an accredited veterinarian that the animals described on this certificate have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease (except where noted). 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"

Digitally Signed By:	Address:	City:	State:	Zip:
Maria Belu, DVM	2445 Ebenezer RD	Rock Hil	SC	29732
Date/Time:	**USDA Accreditation:**	**License State / #**	**Phone #:**	**Email:**
01-07-2022, 11:35 AM	090401	SC 4074	(180) 336-6195	drbelu@ebenezervets.com

Animal Details

Animal Type: Small Animal Species: Dogs Movement Purpose: Companion Animal

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
1	21-018 Nick	Male	4 months	Mixed Breed			Tests & Accessions: Test Name: Fecal, Result: Results pending, Test Date: 01-07-2022 Vaccinations: Type: Rabies, Date: 01-07-2022, Booster Date: 01-07-2023, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 week, Date: 01-07-2022 Type: Other, Name: Bordatella , Date: 11-29-2021

CERTIFICATE OF VETERINARY INSPECTION

Clemson Livestock Poultry Health
PO BOX 102406
Columbia, SC 29224-2406
Phone: 803-788-2260

Certificate #: 22-SC-0273-911AV
Issue Date: 01-07-2022
Entry Permit#:

Total # of Animals: 3
Inspection Date: 01-07-2022

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
2	21-209 Brian	Male	4 months	Mixed			Tests & Accessions: Test Name: Fecal, Result: Results pending, Test Date: 01-07-2022 Vaccinations: Type: Rabies, Date: 01-07-2022, Booster Date: 01-07-2023, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 01-07-2022 Type: Other, Name: Bordatella 1 year, Date: 11-29-2021
3	21-211 Howie	Male	4 months	Mixed			Tests & Accessions: Test Name: Fecal, Result: Results pending, Test Date: 01-07-2022 Vaccinations: Type: Rabies, Date: 01-07-2022, Booster Date: 01-06-2023, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 01-07-2022 Type: Other, Name: Bordatella 1 year, Date: 11-29-2021

Louisiana Department of Agriculture and Forestry
Animal Health and Food Safety
5825 Florida Blvd, Suite 4000
Baton Rouge, LA 70806
(225) 925-3980

LOUISIANA CERTIFICATE OF VETERINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate-Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM
OFFICIAL USE ONLY: The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.

Certificate Number
72-2525-1643141340

ENTRY PERMIT #:

INSPECTION DATE: **01/25/2022**

SHIPMENT DATE: **01/26/2022**

○ Large Animal ◉ Small Animal

CONSIGNOR - Contact Person at Origin			CONSIGNEE - Contact Person at Destination			CARRIER (Transporter)
First Name: Jena	Last Name: Troxler	AND/OR	First Name: Colleen	Last Name: Harrington	AND/OR	Business Name: Greater Good Charities-Good Flights
Business Name: St Charles Parish Animal Shelter			Business Name: St Hubert'S			Physical Address: 600 University Street Suite 100
Physical Address of Animals: 921 Deputy Jeff G Watson Drive			Physical Address of Animals: 575 Woodland Avenue			City: Seattle / State: WA / Zip Code: 98101 / Phone Number: (619) 847-7969
City: Luling / State: LA / Zip Code: 70070 / County: St. Charles			City: Madison / State: NJ / Zip Code: 07940 / County:			Transport Method: Air / Purpose of Movement: Pet
Phone Number: (985) 783-5010	Location ID#:		Phone Number: (973) 377-2295	Location ID#:		☒ Interstate ☐ Intrastate
Consignor's Address (if different):			Consignee's Address (if different):		☐ Print Reconsigned	

Weather Acclimation Statement:

SPECIES	# OF ANIMALS	DESCRIPTION / BREED / MICROCHIP	AGE		SEX	RABIES VACC DATE	RABIES BOOSTER DUE	RABIES TAG NUMBER	RABIES SERIAL NUMBER	OTHER TESTS, VACCINATIONS/TREATMENT PLEASE LIST DATE & PRODUCT USED
Canine	1	BAMBAM/YORKIE/0A136B4742	10	Y	M	1/24/2022	1/24/2023	015404	12666	DHLPP (1/24/22), BORDETELLA (1/24/22), HEARTWORM TEST (-) (1/24/22), FECAL (1/24/22), HEARTGARD/NEXGARD (1/24/22)
Canine	1	PEBBLES/YORKIE/982091065980728	10	Y	F	1/24/2022	1/24/2023	015214	12666	DHLPP (1/24/22), BORDETELLA (1/24/22), HEARTWORM TEST (-) (1/24/22), FECAL (1/24/22), HEARTGARD/NEXGARD (1/24/22)
TOTAL	2									

OWNER/AGENT STATEMENT
"The animals in this shipment are those certified to and listed on this certificate."

11/25/2022
DATE

Jena Troxler, DVM
SIGNATURE

VETERINARY CERTIFICATION - I certify, as an accredited veterinarian that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease (except where noted). 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.

Date 03/19/2020 | Printed Name Jena Troxler, Dvm | Phone (985) 783-5010 | Email jtroxler@stcharlesgov.net

Address 921 Deputy Jeff G Watson Dr | City Luling | State LA | Zip 70070

USDA Accreditation # 0 3 5 7 5 8 | State of License LA | License # 0 0 0 2 5 2 5

Signature **Jena Troxler**

Digitally signed by Jena Troxler
Date: 2022.01.25 14:09:17 -06'00'

CERTIFICATE AND CERTIFICATE # OFFICIAL AFTER DIGITALLY SIGNED

Version 3.2

Certificate Signed ... Jena Troxler, D ... Date 03/19/2020 ... Certificate is only valid for 30 days from inspection ... Page 1 of 1

Contact State of Destination for Movement Requirements and Certificate Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM
OFFICIAL USE ONLY: The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.

Certificate Number
72-3040-1643039764

ENTRY PERMIT #:

INSPECTION DATE: **01/24/2022**	SHIPMENT DATE:	○ Large Animal ◉ Small Animal
CONSIGNOR - Contact Person at Origin	**CONSIGNEE - Contact Person at Destination**	**CARRIER (Transporter)**
First Name:	First Name: **Colleen**	Business Name:
Last Name:	Last Name: **Harrington**
AND/OR	AND/OR	Physical Address:
Business Name: **Lafayette Animal Shelter & Care Center**	Business Name: **St.Hubert'S Animal Welfare Center**	City / State / Zip Code / Phone Number:
Physical Address of Animals: **410 N.Dugas Rd.**	Physical Address of Animals: **575 Woodland Ave.**	Transport Method:
City: **Lafayette** State: **LA** Zip Code: **70507** County: **Lafayette**	City: **Madison** State: **NJ** Zip Code: **07940** County:	Purpose of Movement: **Pet**
Phone Number: **(337) 291-5644** Location ID#:	Phone Number: **(973) 377-2295** Location ID#:	☐ Interstate ☐ Intrastate
Consignor's Address (if different):	Consignee's Address (if different): ☐ Print Reconsigned	

Weather Acclimation Statement:

SPECIES	# OF ANIMALS	DESCRIPTION / BREED / MICROCHIP	AGE		SEX	RABIES VACC DATE	RABIES BOOSTER DUE	RABIES TAG NUMBER	RABIES SERIAL NUMBER	OTHER TESTS, VACCINATIONS/TREATMENT, PLEASE LIST DATE & PRODUCT USED
Canine	1	"KING", BLUE MERLE BEAGLE MIX, MC#981020045357455	3	Y	M	1/21/2022	1/21/2023	22-04808	18514	1- DHLPPV: 1-12-22 2- BORDETELLA: 1-12-22 3- PANACUR 5 DAYS: 1-12-22 4- REVOLUTION: 1-12-22 5- HEARTWORM TEST: 1-20-22, NEGATIVE
TOTAL	1									

OWNER/AGENT STATEMENT
"The animals in this shipment are those certified to and listed on this certificate."

DATE

SIGNATURE

VETERINARY CERTIFICATION - I certify, as an accredited veterinarian that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease (except where noted). 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.

Date **01/24/2022** Printed Name **Caroline A Landry, Dvm** Phone **(337) 291-5644** Email **calandry@lafayettela.gov**

Address **410 N.Dugas Rd.** City **Lafayette** State **LA** Zip **70507**

USDA Accreditation # **0 9 0 0 2 0** State of License **LA** License # **0 0 0 3 0 4 0**

Signature **Caroline A Landry, DVM** Digitally signed by Caroline A Landry, DVM Date: 2022.01.24 09:56:17 -06'00'

CERTIFICATE AND CERTIFICATE # OFFICIAL AFTER DIGITALLY SIGNED

Version 3.2

Certificate Signed by: **Caroline A Landry, Dvm** Date **01/24/2022** **Certificate is only valid for 30 days from inspection.**

Louisiana Department of Agriculture and Forestry
Animal Health and Food Safety
5825 Florida Blvd, Suite 4000
Baton Rouge, LA 70806
(225) 925-3980

LOUISIANA CERTIFICATE OF VETERINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM
OFFICIAL USE ONLY: The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.

Certificate Number
72-3040-1643038651

ENTRY PERMIT #:

INSPECTION DATE: **01/24/2022**

SHIPMENT DATE:

( ) Large Animal (•) Small Animal

CONSIGNOR - Contact Person at Origin

First Name: | Last Name: | AND/OR

Business Name: **Lafayette Animal Shelter & Care Center**

Physical Address of Animals: **410 N.Dugas Rd.**

City: **Lafayette** | State: **LA** | Zip Code: **70507** | County: **Lafayette**

Phone Number: **(337) 291-5644** | Location ID#:

Consignor's Address (if different):

CONSIGNEE - Contact Person at Destination

First Name: **Colleen** | Last Name: **Harrington** | AND/OR

Business Name: **St.Hubert'S Animal Welfare Center**

Physical Address of Animals: **575 Woodland Ave.**

City: **Madison** | State: **NJ** | Zip Code: **07940** | County:

Phone Number: **(973) 377-2295** | Location ID#:

Consignee's Address (if different): | [ ] Print Reconsigned

CARRIER (Transporter)

Business Name:

Physical Address:

City | State | Zip Code | Phone Number

Transport Method: | Purpose of Movement: **Pet**

[ ] Interstate [ ] Intrastate

Weather Acclimation Statement:

SPECIES	# OF ANIMALS	DESCRIPTION / BREED / MICROCHIP	AGE		SEX	RABIES VACC DATE	RABIES BOOSTER DUE	RABIES TAG NUMBER	RABIES SERIAL NUMBER	OTHER TESTS VACCINATIONS/TREATMENT PLEASE LIST DATE & PRODUCT USED	
Canine	1	"TRACKER", BROWN & BLACK AMERICAN FOXHOUND MIX. MC#981020041662970	1	Y	M	1/11/2022	1/11/2023	22-03749	18514	1- DHLPPV: 11-5-21, 11-19-21, 12-3-21 2- BORDETELLA: 11-5-21, 11-19-21 3- PREVENTION: SENTINEL, FRONTLINE 11-5-21: SENTINEL 12-5-21, 1-5-22 4- HEARTWORM TEST: 11-5-21 NEGATIVE	
TOTAL	1										

OWNER/AGENT STATEMENT
"The animals in this shipment are those certified to and listed on this certificate."

DATE

SIGNATURE

VETERINARY CERTIFICATION - I certify, as an accredited veterinarian that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease (except where noted). 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.

Date **01/24/2022** | Printed Name **Caroline A Landry, Dvm** | Phone **(337) 291-5644** | Email **calandry@lafayettela.gov**

Address **410 N.Dugas Rd.** | City **Lafayette** | State **LA** | Zip **70507**

USDA Accreditation # **0 9 0 0 2 0** | State of License **LA** | License # **0 0 0 3 0 4 0**

Signature **Caroline A Landry, DVM** Digitally signed by Caroline A Landry, DVM Date: 2022.01.24 09:37:41 -06'00'

CERTIFICATE AND CERTIFICATE # OFFICIAL AFTER DIGITALLY SIGNED

Version 3.2

Animal Health and Food Safety
5825 Florida Blvd, Suite 4000
Baton Rouge, LA 70806
(225) 925-3980

Contact State of Destination for Movement Requirements and Certificate Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM
OFFICIAL USE ONLY: The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.

Certificate Number
72-3040-1643040290

ENTRY PERMIT #:

INSPECTION DATE: **01/24/2022**

SHIPMENT DATE:

○ Large Animal ◉ Small Animal

CONSIGNOR - Contact Person at Origin	CONSIGNEE - Contact Person at Destination	CARRIER (Transporter)
First Name:	First Name: **Colleen**	Business Name:
Last Name:	Last Name: **Harrington**
AND/OR	AND/OR	Physical Address:
Business Name: **Lafayette Animal Shelter & Care Center**	Business Name: **St.Hubert'S Animal Welfare Center**	City / State / Zip Code / Phone Number:
Physical Address of Animals: **410 N.Dugas Rd.**	Physical Address of Animals: **575 Woodland Ave.**	Transport Method:
City: **Lafayette** State: **LA** Zip Code: **70507** County: **Lafayette**	City: **Madison** State: **NJ** Zip Code: **07940** County:	Purpose of Movement: **Pet**
Phone Number: **(337) 291-5644** Location ID#:	Phone Number: **(973) 377-2295** Location ID#:	☐ Interstate ☐ Intrastate
Consignor's Address (if different):	Consignee's Address (if different): ☐ Print Reconsigned	

Weather Acclimation Statement

SPECIES	# OF ANIMALS	DESCRIPTION / BREED / MICROCHIP	AGE		SEX	RABIES VACC DATE	RABIES BOOSTER DUE	RABIES TAG NUMBER	RABIES SERIAL NUMBER	OTHER TESTS, VACCINATIONS/TREATMENT PLEASE LIST DATE & PRODUCT USED	
Canine	1	"MJ", BROWN & WHITE TERRIER MIX, MC#981020045379179	9	M	M	1/21/2022	1/21/2023	22-04805	18514	1- DHLPPV: 1-12-22 2- BORDETELLA: 1-12-22 3- PANACUR, 5 DAYS: 1-12-22 4- REVOLUTION: 1-12-22 5- HEARTWORM TEST: 1-20-22, NEGATIVE	
TOTAL	1										

OWNER/AGENT STATEMENT
"The animals in this shipment are those certified to and listed on this certificate."

DATE

SIGNATURE

VETERINARY CERTIFICATION - I certify, as an accredited veterinarian that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease (except where noted). 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.

Date **01/24/2022** Printed Name **Caroline A Landry, Dvm** Phone **(337) 291-5644** Email **calandry@lafayettela.gov**

Address **410 N.Dugas Rd.** City **Lafayette** State **LA** Zip **70507**

USDA Accreditation # **0 9 0 0 2 0** State of License **LA** License # **0 0 0 3 0 4 0**

Signature **Caroline A Landry, DVM** Digitally signed by Caroline A Landry, DVM Date: 2022.01.24 10:05:01 -06'00'

CERTIFICATE AND CERTIFICATE # OFFICIAL AFTER DIGITALLY SIGNED

Version 3.2

Certificate Signed by: **Caroline A Landry, Dvm** Date **01/24/2022** **Certificate is only valid for 30 days from inspection.**

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 275390

Origin Contact PSPRescue/Julie Miller (704)779-4664 Destination Contact Monmouth SPCA (732) 542-0040

Origin Address 168 Highway 274 #311 Lake Wylie, SC 29710 Destination Address 260 Wall Street Eatontown, NJ 07724

AGE	SEX	DESCRIPTION – BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
24wks	MN	Kevin- Black/Tan German Shep/Lab Mix	12/17/2021	26435

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	1125 N. Anderson Road Rock Hill, SC 29730	2/18/2021
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 • 803.788.2260

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 275391

Origin Contact BP Rescue/Julie Hollar (803)719-4662 Destination Contact Monmouth SPCA (732) 542-0040

Origin Address 166 Highway 34 #311 Lake Wylie, SC 29710 Destination Address 200 Wall Street Eatontown, NJ 07724

AGE	SEX	DESCRIPTION – BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
8mths	MN	Deechgee Brown/White American Pit Mix	8/24/21	94130

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	1125 N Anderson Road Rock Hill, SC 29730	8/18/2021
SIGNATURE OF ACCREDITED VETERINARIAN	**TELEPHONE**	**FEDERAL ACCRED. #**
Jenna Blake, DVM	803 327 7387	028083

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

CERTIFICATE OF VETERINARY INSPECTION

Clemson Livestock Poultry Health
PO BOX 102406
Columbia, SC 29224-2406
Phone: 803-788-2260

Certificate #: 22-SC-0283-879AV
Issue Date: 02-24-2022
Entry Permit#:

Total # of Animals: 1
Inspection Date: 02-24-2022

Consignor	Location of Animals	Consignee	Destination of Shipment	Carrier (Transporter)
Julie Hollar/PSP Rescue 100 Leeward Lane Fort Mill, SC 29708 Phone: (704) 779-6662 County: York Premises ID:	Julie Hollar/PSP Rescue 100 Leeward Lane Fort Mill, SC 29708 Phone: (704) 779-6662 County: York Premises ID:	Monmouth County SPCA 260 Wall Street Eatontown, NJ 07724 Phone: (732) 818-8879 County: Premises ID:	Monmouth County SPCA 260 Wall Street Eatontown, NJ 07724 Phone: (732) 818-8879 County: Premises ID:	Shipment Date: 02-24-2022 Carrier: Consignor Phone: Transport Method: Car Moving: Interstate

Disease Certification Statements	Flock/Herd Accredited Free For	Current State / Area Status
		N/A

Owner Statement	Veterinary Certification
"The animals in this shipment are those certified to and listed on this certificate" Date: Signature:	"I certify, as an accredited veterinarian that the animals described on this certificate have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease (except where noted). 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"

Digitally Signed By:	Address:	City:	State:	Zip:
Maria Belu, DVM	2445 Ebenezer RD	Rock Hil	SC	29732
Date/Time:	**USDA Accreditation:**	**License State / #**	**Phone #:**	**Email:**
02-24-2022, 08:50 AM	090401	SC 4074	(180) 336-6195	drbelu@ebenezervets.com

Animal Details

Animal Type: Small Animal Species: Dogs Movement Purpose: Companion Animal

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
1	22-003 Rex	Male	14 weeks	Pointer Mix			Tests & Accessions: Test Name: Fecal, Result: Positive for Roundworms, Test Date: 02-10-2022 Test Name: Fecal, Result: Results pending, Test Date: 02-24-2022 Vaccinations: Type: Other, Name: DA2PP 3week, Date: 02-24-2022 Type: Other, Name: Bordatella 1 year, Date: 02-10-2022

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0036 and 0579-0333. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 21,43,9; CFR, Subchapter A, Part 2).

OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

UNITED STATES INTERSTATE AND INTERNATIONAL CERTIFICATE OF HEALTH EXAMINATION FOR SMALL ANIMALS

WARNING: Anyone who makes a false, fictitious, or fraudulent statement on this document, or uses such document knowing it to be false, fictitious, or fraudulent may be subject to a fine of not more than $10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 1001).

1. TYPE OF ANIMAL SHIPPED (select one only)
☑ Dog ☐ Cat ☐ Other_____
☐ Nonhuman Primate ☐ Ferret ☐ Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS
4

4. PAGE
1 of 1

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)

OLGA MARTE
BARCELONETA H-5
BARCELONETA, PR 0017

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)

MONMOUTH COUNTY SPCA
260 WALL ST
EATONTOWN, NJ 07724
732-542-0040

USDA License/or Registration Number (*if applicable*)

7. ANIMAL IDENTIFICATION / **8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY**

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION (☑ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS) Vaccination Date	RABIES VACCINATION Product	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS Date	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS Product Type and/or Results
(1) ISOBEL	LABRADOR	10W	F	TRICOLOR		TOO YOUNG FOR VACCINE	03-09-22	FECAL - NEGATIVO (1-2)
(2) LILITH	LABRADOR	10W	F	TRICOLOR		TOO YOUNG FOR VACCINE	03-09-22	WOOD TEST - NEGATIVE (1-2)
(3) BRADNEY	LABRADOR	10W	M	BLACK/WH	02-15-2022	ZOETIS	03-09-22	PONAZURIL (1-4)
(4) ZULIA	LABRADOR	10W	M	BLACK/WH	02-15-2022	ZOETIS		
(5)								
(6)								

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)

A. The pet is clinically healthy, free of signs of infectious and contagious disease, free of ticks and has no fresh wound or wound in the process of healing.

VETERINARY CERTIFICATION: I certify that the animals described in box 7 have been examined by me this date, that the information provided in box 8 is true and accurate to the best of my knowledge, and that the following findings have been made ("X" applicable statements).

☐ I have verified the presence of the microchip, if a microchip is listed in box 7.

☑ I certify that the animal(s) described above and on continuation sheet(s), if applicable, have been inspected by me on this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animal or other animals or would endanger public health.

☑ To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and has/have not been exposed to rabies.

ENDORSEMENT FOR INTERNATIONAL EXPORT (*IF NEEDED*)

PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

DR. ANTONIO L. RIVERA GUZMAN
AVIAN AND SMALL ANIMAL HOSPITAL
#1528 CALLE CAVALIERY, URB CARIBE
RIO PIEDRAS, PR 00926
787 759-6263

NOTE: International shipments may require certification by an accredited veterinarian.

LICENSE NUMBER AND STATE
169, PR

Accredited ☑ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
016319

SIGNATURE OF USDA VETERINARIAN *Apply USDA Seal or Stamp here*

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE
03-10-2022

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0036 and 0579-0333. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 21,43,9; CFR, Subchapter A, Part 2).

OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

UNITED STATES INTERSTATE AND INTERNATIONAL CERTIFICATE OF HEALTH EXAMINATION FOR SMALL ANIMALS

WARNING: Anyone who makes a false, fictitious, or fraudulent statement on this document, or uses such document knowing it to be false, fictitious, or fraudulent may be subject to a fine of not more than $10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 1001).

1. TYPE OF ANIMAL SHIPPED (select one only)
☑ Dog ☐ Cat ☐ Other_____
☐ Nonhuman Primate ☐ Ferret ☐ Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS
6

4. PAGE
1 of 1

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)

OLGA MARTE
BARCELONETA H-5
BARCELONETA, PR 0017

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)

MONMOUTH COUNTY SPCA
260 WALL ST
EATONTOWN, NJ 07724
732-542-0040

USDA License/or Registration Number (*if applicable*)

7. ANIMAL IDENTIFICATION

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1) AVNI	LABRADOR	10W	F	TRICOLOR
(2) LORELEI	LABRADOR	10W	F	BLACK/TAN
(3) AVBREY	LABRADOR	10W	M	CREAM/TAN
(4) KEMUEL	LABRADOR	10W	M	TAN
(5) ALBERN	LABRADOR	10W	M	WHITE
(6) ALWOOD	LABRADOR	10W	M	BROWN

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION ☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS

OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS

Vaccination Date	Product	Date	Product Type and/or Results
	TOO YOUNG FOR VACCINE	03-09-22	SKIN SCRAPE - NEGATIVE
	(1-6)	03-09-22	WOOD TEST - NEGATIVE (1-6)
		03-09-22	PONAZURIL (1-6)

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)

A. The pet is clinically healthy, free of signs of infectious and contagious disease, free of ticks and has no fresh wound or wound in the process of healing.

VETERINARY CERTIFICATION: I certify that the animals described in box 7 have been examined by me this date, that the information provided in box 8 is true and accurate to the best of my knowledge, and that the following findings have been made ("X" applicable statements).

☐ I have verified the presence of the microchip, if a microchip is listed in box 7.

☑ I certify that the animal(s) described above and on continuation sheet(s), if applicable, have been inspected by me on this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animal or other animals or would endanger public health.

☑ To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and has/have not been exposed to rabies.

ENDORSEMENT FOR INTERNATIONAL EXPORT (*IF NEEDED*)

PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

DR. ANTONIO L. RIVERA GUZMAN
AVIAN AND SMALL ANIMAL HOSPITAL
#1528 CALLE CAVALIERY, URB CARIBE
RIO PIEDRAS, PR 00926
787 759-6263

NOTE: International shipments may require certification by an accredited veterinarian.

LICENSE NUMBER AND STATE
169, PR

Accredited ☑ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
016319

SIGNATURE OF USDA VETERINARIAN *Apply USDA Seal or Stamp here*

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE
03-10-2022

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

CERTIFICATE OF VETERINARY INSPECTION

Clemson Livestock Poultry Health
PO BOX 102406
Columbia, SC 29224-2406
Phone: 803-788-2260

Certificate #: 22-SC-0286-370AV
Issue Date: 03-10-2022
Entry Permit#:

Total # of Animals: 1
Inspection Date: 03-07-2022

Consignor	Location of Animals	Consignee	Destination of Shipment	Carrier (Transporter)
Julie Hollar/PSP Rescue 100 Leeward Lane Fort Mill, SC 29708 Phone: (704) 779-6662 County: York Premises ID:	Julie Hollar/PSP Rescue 100 Leeward Lane Fort Mill, SC 29708 Phone: (704) 779-6662 County: York Premises ID:	Monmouth County SPCA 260 Wall Street Eatontown, NJ 07724 Phone: (732) 818-8879 County: Premises ID:	Monmouth County SPCA 260 Wall Street Eatontown, NJ 07724 Phone: (732) 818-8879 County: Premises ID:	Shipment Date: 03-13-2022 Carrier: Consignor Phone: Transport Method: Car Moving: Interstate

Disease Certification Statements	Flock/Herd Accredited Free For	Current State / Area Status
		N/A

Owner Statement	Veterinary Certification
"The animals in this shipment are those certified to and listed on this certificate" Date: Signature:	"I certify, as an accredited veterinarian that the animals described on this certificate have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease (except where noted). 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"

Digitally Signed By:	Address:	City:	State:	Zip:
Maria Belu, DVM	2445 Ebenezer RD	Rock Hil	SC	29732
Date/Time:	**USDA Accreditation:**	**License State / #**	**Phone #:**	**Email:**
03-10-2022, 03:08 PM	090401	SC 4074	(180) 336-6195	drbelu@ebenezervets.com

Animal Details

Animal Type: Small Animal Species: Dogs Movement Purpose: Companion Animal

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
1	22-005 Charlie	Male	16 weeks	Pitbull Mix			Tests & Accessions: Test Name: Fecal, Result: Negative, Test Date: 03-07-2022 Vaccinations: Type: Rabies, Date: 03-07-2022, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 03-07-2022

SMALL ANIMAL

HEALTH CERTIFICATE

STATE OF ALABAMA
Department of Agriculture and Industries
Animal Industry Division
1445 Federal Drive
Montgomery, Alabama 36107

AL-S 0045149

Date Issued 4-1-22

CONSIGNOR OR SHIPPER SAP

CONSIGNEE OR PURCHASER St. Hubert's

ORIGIN 206 Vulcan Way

DESTINATION 575 Woodland Ave.

COMPLETE PHYSICAL ADDRESS FOR CONSIGNOR

Dothan AL. 36303

COMPLETE PHYSICAL ADDRESS FOR CONSIGNEE

Madison, NJ. 07940

DESCRIPTION OF ANIMALS

	Species	Breed	Sex	Age	Color or Markings	Rabies Tag No.
(1)	K-9 Daisy	lab-etx	F	1yr	blk/wht	
(2)	K9 Artie	Lab-X	M	2yr	brn/wht/blk	
(3)	K9 minnie	Lab-x	F	5mo	blk/wht	
(4)	K9 Fiesta	Lab-x	F	4.5mo	wht/blk	

VACCINATION DATA

	TYPE (Circle One) Lot #	Date
Rabies	MLV-K 148 559528	4-1-22 (1-4)
DHLP	MLV-K (1) 3-23-22 (2)	3-23-22 (3) 3-25-22 (4) 3-25-22
FVRCP	MLV-K	
OTHER		

APPROVED BY:

I hereby certify that I have examined the above animal(s) and find it to be free of any symptoms of communicable disease. To my knowledge this animal(s) has not been exposed to rabies.

Accredited Veterinarian

Printed Signature Robert Syfert DVM

Telephone No. 334-677-0800

Veterinary Accreditation No. 031000

Address 7018 S. Post Taylor AL. 36301

Interstate Shipments:
original-accompany shipment, canary-State Veterinarian, pink-State Veterinarian, goldenrod-issuing veterinarian

Foreign Shipments:
original, canary and pink for USDA APHIS Veterinary Services 1445 Federal Drive, Montgomery, AL 36107-1123 goldenrod-issuing veterinarian

SMALL ANIMAL

HEALTH CERTIFICATE

STATE OF ALABAMA
Department of Agriculture and Industries
Animal Industry Division
1445 Federal Drive
Montgomery, Alabama 36107

AL-S 0045147

Date Issued 3-4-1-22

CONSIGNOR OR SHIPPER SAP

CONSIGNEE OR PURCHASER ST. Hubert's

ORIGIN 206 Vulcan Way

DESTINATION 575 Woodland Ave.

COMPLETE PHYSICAL ADDRESS FOR CONSIGNOR

Dothan AL. 36303

COMPLETE PHYSICAL ADDRESS FOR CONSIGNEE

Madison, NJ. 07940

DESCRIPTION OF ANIMALS

	Species	Breed	Sex	Age	Color or Markings	Rabies Tag No.
1	K-9 Chiquita	Corgi-X	F	3yr	brn-wht	
2	K-9 Coco	Terr-X	F	2yr	brn	
3	K-9 Bonbon	Terr-X	F	3yr	blk-Silv.	
4	K-9 Marco	Terr	M	2yr	Tan	

VACCINATION DATA

	TYPE (Circle One) LOT#	Date
Rabies	MLV-K 1ya 555528	4-1-22 (1-4)
DHLP	MLV-K (1) 3-17-22 (2)	3-22-22 (3) 3-25-22 (4) 3-28-22
FVRCP	MLV-K	
OTHER		

APPROVED BY:

I hereby certify that I have examined the above animal(s) and find it to be free of any symptoms of communicable disease. To my knowledge this animal(s) has not been exposed to rabies.

Accredited Veterinarian

Printed Signature Robert Scott DVM

Telephone No. 334-677-0800

Veterinary Accreditation No. 031000

Address 7018 S. Park Taylor AL. 36301

Interstate Shipments:
original-accompany shipment, canary-State Veterinarian, pink-State Veterinarian, goldenrod-issuing veterinarian

Foreign Shipments:
original, canary and pink for USDA APHIS Veterinary Services 1445 Federal Drive, Montgomery, AL 36107-1123 goldenrod-issuing veterinarian

SMALL ANIMAL

HEALTH CERTIFICATE

STATE OF ALABAMA
Department of Agriculture and Industries
Animal Industry Division
1445 Federal Drive
Montgomery, Alabama 36107

AL-S 0045150

Date Issued 4-1-22

CONSIGNOR OR SHIPPER SAP

CONSIGNEE OR PURCHASER St. Hubert's

ORIGIN 206 Vulcan Way

DESTINATION 575 Woodland Ave.

COMPLETE PHYSICAL ADDRESS FOR CONSIGNOR

Dothan Al. 36303

COMPLETE PHYSICAL ADDRESS FOR CONSIGNEE

Madison, NJ. 07940

DESCRIPTION OF ANIMALS

	Species	Breed	Sex	Age	Color or Markings	Rabies Tag No.
1	KS Falcon	Lab-X	M	4.5mo	blk.	
2	KS Fiona	Lab-X	F	4.5mo	Choc-Wht	
3	KS Spud	Lab-X	M	3.5mo	brn-wht	
4	KS Spotz	lab-X	M	3.5mo	wht-blk	

VACCINATION DATA

	TYPE (Circle One) Lot#	Date
Rabies	MLV-K 1418 5581528	4-1-22 (1-4)
DHLP	(MLV)-K (1) 3-25-22 (2) 3-25-22 (3) 4-1-22 (4) 4-1-22	
FVRCP	MLV-K	
OTHER		

APPROVED BY:

I hereby certify that I have examined the above animal(s) and find it to be free of any symptoms of communicable disease. To my knowledge this animal(s) has not been exposed to rabies.

Accredited Veterinarian [signature]

Veterinary Accreditation No. 031000

Printed Signature Robert Scott Dunn

Address 7018 S Park Taylor AL 36301

Telephone No. 334-671-0800

Interstate Shipments:
original-accompany shipment, canary-State Veterinarian, pink-State Veterinarian, goldenrod-issuing veterinarian

Foreign Shipments:
original, canary and pink for USDA APHIS Veterinary Services 1445 Federal Drive, Montgomery, AL 36107-1123 goldenrod-issuing veterinarian

SMALL ANIMAL

HEALTH CERTIFICATE

STATE OF ALABAMA
Department of Agriculture and Industries
Animal Industry Division
1445 Federal Drive
Montgomery, Alabama 36107

AL-S 0045148

Date Issued 4-1-22

CONSIGNOR OR SHIPPER SAP

CONSIGNEE OR PURCHASER St. Hubert's

ORIGIN 206 Vulcan way

DESTINATION 575 Woodland Ave.

COMPLETE PHYSICAL ADDRESS FOR CONSIGNOR

Dothan Al. 36303

COMPLETE PHYSICAL ADDRESS FOR CONSIGNEE

Madison, NJ. 07940

DESCRIPTION OF ANIMALS

	Species	Breed	Sex	Age	Color or Markings	Rabies Tag No.
(1)	kg Sky	Husky-x	F	2yr	blk-Grey	
(2)	kg Bella	Lab-x	F	2yr	Tan	
(3)	kg Keegan	lab-x	m	2yr	Tan	
(4)	kg Jackie	lab-x	F	1yr	Wht/Grey	

VACCINATION DATA

	TYPE (Circle One) Lot#	Date
Rabies	MLV (K) 1yr 559528	4-1-22
DHLP	(MLV) - K (1) 3-18-22 (2)	3-21-22
FVRCP	MLV - K	
OTHER		

APPROVED BY:

(1-4) (3) 3-19-22 (4) 3-22-22

I hereby certify that I have examined the above animal(s) and find it to be free of any symptoms of communicable disease. To my knowledge this animal(s) has not been exposed to rabies.

Accredited Veterinarian

Printed Signature Robert Syfrett DVM

Telephone No. 334-677-0800

Veterinary Accreditation No. 031000

Address 1018 S Park Taylor Al. 36301

Interstate Shipments:
original-accompany shipment, canary-State Veterinarian, pink-State Veterinarian, goldenrod-issuing veterinarian

*Foreign Shipments:
original, canary and pink for USDA APHIS Veterinary Services 1445 Federal Drive, Montgomery, AL 36107-1123 goldenrod-issuing veterinarian

Georgia Department of Agriculture
19 Martin Luther King Jr Dr SW
Atlanta, GA 30334
Phone: 404-656-3667
Fax: 404-651-9024
http://agr.georgia.gov/animal-health.aspx

CERTIFICATE OF VETERINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM
For Interstate Travel - Certificate Valid for 30 days from Inspection

CERTIFICATE NUMBER
22-GA-18490800

INSPECTION DATE	ISSUE DATE	ENTRY PERMIT NUMBER	BRAND INSPECTION NUMBER & ISSUE DATE
2022-04-18	2022-04-18		

OWNER / AGENT STATEMENT
The animals in this shipment are those certified to and listed on this certificate.
Signature **Date**

OFFICIAL USE ONLY
The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.

VETERINARIAN'S SIGNATURE:
This is a legally binding equivalent of a handwritten signature.

Jennifer House Jennifer House
2022-04-18 14:54:30 -05:00

VETERINARIAN CERTIFICATION - I certify, as an accredited Veterinarian, that the above animals have been inspected by me and that they are not showing signs of infectious, contagious, and/or communicable disease, (except where noted). 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.

Jennifer House
5235 Union Hill Rd.
Cumming, GA 30040
Phone: 770-613-0880

License Number and State: VET009412 - (
National Accreditation Number: 078467

Georgia Department of Agriculture
19 Martin Luther King Jr Dr SW
Atlanta, GA 30334
Phone: 404-656-3667
Fax: 404-651-9024
http://agr.georgia.gov/animal-health.aspx

CERTIFICATE OF VETERINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM
For Interstate Travel - Certificate Valid for 30 days from Inspection

CERTIFICATE NUMBER: 22-GA-18490800

INSPECTION DATE	ISSUE DATE	ENTRY PERMIT NUMBER	BRAND INSPECTION NUMBER & ISSUE DATE
2022-04-18	2022-04-18		

Name: Turtle | **DOB:** 2021-02-06 | **Color:** Multiple colors | **Gender:** Spayed female | **Breed:** Domestic Short Hair | **Head Count:** 1

Official ID Types: Microchip | **IDs:**
981020045331384

Remarks:

Vaccinations

Name	Type	Manufacturer/Product	Lot Number	Lot Expiration	Administered	Expiration	Remarks
FVRC(C)P		Zoetis	02071419a		2022-02-07	2023-02-07	
Rabies	Killed	Zoetis - Nobivac 1	354688a		2022-01-08	2023-01-08	

Name: Anvil | **DOB:** 2020-01-01 | **Color:** Black Tabby | **Gender:** Neutered male | **Breed:** Domestic Short Hair | **Head Count:** 1

Official ID Types: Microchip | **IDs:**
981020045517242

Remarks:

Vaccinations

Name	Type	Manufacturer/Product	Lot Number	Lot Expiration	Administered	Expiration	Remarks
Rabies	Killed	Zoetis - Nobivac 1	237832		2022-01-25	2023-01-25	
FVRC(C)P		Zoetis	02071420a		2022-02-11	2023-02-11	

Name: Amour | **DOB:** 2020-08-03 | **Color:** Buff | **Gender:** Spayed female | **Breed:** Domestic Short Hair | **Head Count:** 1

Official ID Types: | **IDs:**

Remarks:

Vaccinations

Name	Type	Manufacturer/Product	Lot Number	Lot Expiration	Administered	Expiration	Remarks
FVRC(C)P		Zoetis	02071420a		2022-03-08	2023-03-08	
Rabies	Killed	Zoetis - Nobivac 1	543936		2022-03-22	2023-03-22	

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Atlanta, GA 30334
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CERTIFICATE OF VETERINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM
For Interstate Travel - Certificate Valid for 30 days from Inspection

CERTIFICATE NUMBER
22-GA-18490800

INSPECTION DATE	ISSUE DATE	ENTRY PERMIT NUMBER	BRAND INSPECTION NUMBER & ISSUE DATE
2022-04-18	2022-04-18		

Name: Cerise | **DOB:** 2021-03-07 | **Color:** Black Tabby | **Gender:** Female | **Breed:** Domestic Short Hair | **Head Count:** 1

Official ID Types: | **IDs:**

Remarks:

Vaccinations

Name	Type	Manufacturer/Product	Lot Number	Lot Expiration	Administered	Expiration	Remarks
Rabies	Killed	Zoetis - Nobivac 1	543936		2022-04-18	2023-04-18	
FVRC(C)P		Zoetis	02071420a		2022-03-23	2023-03-23	

Name: Sapphire | **DOB:** 2022-02-07 | **Color:** Grey | **Gender:** Female | **Breed:** Domestic Short Hair | **Head Count:** 1

Official ID Types: Microchip | **IDs:**
981020047225865

Remarks:

Vaccinations

Name	Type	Manufacturer/Product	Lot Number	Lot Expiration	Administered	Expiration	Remarks
FVRC(C)P		Zoetis	02071420b		2022-04-18	2022-05-09	
FVRC(C)P		Zoetis	02071420a		2022-03-23	2022-04-13	

Name: Topaz | **DOB:** 2022-02-07 | **Color:** Multiple colors | **Gender:** Female | **Breed:** Domestic Short Hair | **Head Count:** 1

Official ID Types: Microchip | **IDs:**
981020047208519

Remarks:

Vaccinations

Name	Type	Manufacturer/Product	Lot Number	Lot Expiration	Administered	Expiration	Remarks
FVRC(C)P		Zoetis	02071420b		2022-04-18	2022-05-09	
FVRC(C)P		Zoetis	02071420a		2022-03-23	2022-04-13	

Georgia Department of Agriculture
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Atlanta, GA 30334
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CERTIFICATE OF VETERINARY INSPECTION

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CERTIFICATE NUMBER
22-GA-18490800

INSPECTION DATE	ISSUE DATE	ENTRY PERMIT NUMBER	BRAND INSPECTION NUMBER & ISSUE DATE
2022-04-18	2022-04-18		

ORIGIN OF SHIPMENT	CONSIGNOR, PRESENT OWNER OF SHIPMENT	DESTINATION OF SHIPMENT	CONSIGNEE, NEW OWNER OF SHIPMENT	CARRIER, TRANSPORTER
Furkids Inc. 5235 Union Hill Rd. Cumming, GA 30040 Georgia County Phone: 770-613-0880 PIN/LID: /	**Furkids Inc.** 5235 Union Hill Rd. Cumming, GA 30040 Georgia County Phone: 770-613-0880 PIN/LID: /	**Monmouth County SPCA** 260 Wall Street Eatontown, NJ 07724 Monmouth County Phone: 732-440-1523 PIN/LID: /	**Monmouth County SPCA** 260 Wall Street Eatontown, NJ 07724 Monmouth County Phone: 732-440-1523 PIN/LID: /	**Furkids Inc.** 5235 Union Hill Rd. Cumming, GA 30040 Georgia County Phone: 770-613-0880 PIN/LID: /

SPECIES - NUMBER IN SHIPMENT	PURPOSE(S) OF MOVEMENT	CARRIER TYPE	HERD STATUS NUMBER	HERD FREE FOR	CURRENT STATE/AREA ST.
Feline () - 8 animals	Adoption	Truck/Trailer			

REMARKS/ADDITIONAL CERTIFICATION STATEMENTS
Shipping Date: 2022-04-18

Name: Basket | **DOB:** 2020-10-04 | **Color:** Black/White | **Gender:** Neutered male | **Breed:** Domestic Short Hair | **Head Count:** 1

Official ID Types: Microchip | **IDs:**
981020047257666

Remarks:

Vaccinations

Name	Type	Manufacturer/Product	Lot Number	Lot Expiration	Administered	Expiration	Remarks
FVRC(C)P		Zoetis	02071420b		2022-04-05	2022-04-26	
Rabies	Killed	Zoetis - Nobivac 1	543936		2022-04-05	2023-04-05	

Name: Tulip | **DOB:** 2020-10-04 | **Color:** calico | **Gender:** Spayed female | **Breed:** Domestic Short Hair | **Head Count:** 1

Official ID Types: Microchip | **IDs:**
981020047285799

Remarks:

Vaccinations

Name	Type	Manufacturer/Product	Lot Number	Lot Expiration	Administered	Expiration	Remarks
FVRC(C)P		Zoetis	02071420b		2022-04-05	2022-04-26	
Rabies	Killed	Zoetis - Nobivac 1	543936		2022-04-05	2023-04-05	

AL-S 0001092

SMALL ANIMAL

HEALTH CERTIFICATE

STATE OF ALABAMA
Department of Agriculture and Industries
Animal Industry Division
1445 Federal Drive
Montgomery, Alabama 36107

Date Issued 4/8/22

CONSIGNOR OR SHIPPER Carolyn Morse CONSIGNEE OR PURCHASER St. Hubert's Animal Welfare Center

ORIGIN Glencoe, AL 35905 DESTINATION Madison, NJ 07940

COMPLETE PHYSICAL ADDRESS FOR CONSIGNOR
231 Big Oak Drive

COMPLETE PHYSICAL ADDRESS FOR CONSIGNEE
575 Woodland Ave

DESCRIPTION OF ANIMALS

	Species	Breed	Sex	Age	Color or Markings	Rabies Tag No.
Scooter	Canine	Schn. mix	N/M	9y	Black + Tan	26679
Angel	Canine	Schn. mix	S/F	9y	Black + Tan	26680
Buttercup	Canine	Lab Mix	F	18m	~~Brown~~ Tan	26737
Dutti	Canine	Hound mix	F	5m.	Brown	26736

VACCINATION DATA

	TYPE (Circle One) Buttercup Dutti	Date
Rabies	MLV - K 4/8/22	4/5/22
DHLP	MLV - K	4/5/22
FVRCP	MLV - K	
OTHER	Bordetella	4/5/22

Scooter Angel

APPROVED BY:

I hereby certify that I have examined the above animal(s) and find it to be free of any symptoms of communicable disease. To my knowledge this animal(s) has not been exposed to rabies.

Accredited Veterinarian Sarah Whanatamm Veterinary Accreditation No. 069527

Printed Signature Sarah Whanatamm Address 9689 Hwy 7 Westover AL 35185

Telephone No. 205-678-8253

Interstate Shipments:
original-accompany shipment, canary-State Veterinarian, pink-State Veterinarian, goldenrod-issuing veterinarian

Foreign Shipments:
original, canary and pink for USDA APHIS Veterinary Services 1445 Federal Drive, Montgomery, AL 36107-1123 goldenrod-issuing veterinarian

AL-S 0001094

SMALL ANIMAL

HEALTH CERTIFICATE

STATE OF ALABAMA
Department of Agriculture and Industries
Animal Industry Division
1445 Federal Drive
Montgomery, Alabama 36107

Date Issued 4/8/22

CONSIGNOR OR SHIPPER Carolyn Morse CONSIGNEE OR PURCHASER St. Hubert's Animal Welfare Center

ORIGIN Glenco, AL 35905 DESTINATION Madison, NJ 07940

COMPLETE PHYSICAL ADDRESS FOR CONSIGNOR
231 Big Oak Dr.

COMPLETE PHYSICAL ADDRESS FOR CONSIGNEE
575 Wood land Ave

DESCRIPTION OF ANIMALS

	Species	Breed	Sex	Age	Color or Markings	Rabies Tag No.
Debe Easton Beans Rue	Canine	Houndmix	M	5m	Brown	26742
	Canine	Hound mix	M	5m	Brown + White	26743
	Canine	Lab mix	F	9m	White & Brindle	26745
	Canine.	Lab mix	M	2y	Brown & Black	26746

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV (K)	4/8/22
DHLP	MLV – K	
FVRCP	MLV – K	
OTHER		

APPROVED BY:

I hereby certify that I have examined the above animal(s) and find it to be free of any symptoms of communicable disease. To my knowledge this animal(s) has not been exposed to rabies.

Accredited Veterinarian Sarah Julianna Hamm Veterinary Accreditation No. 0169537

Printed Signature Sarah Julianna Hamm Address 46089 Hwy 55 Westover, AL 35185

Telephone No. 205-678-8253

Interstate Shipments:
original-accompany shipment, canary-State Veterinarian, pink-State Veterinarian, goldenrod-issuing veterinarian

Foreign Shipments:
original, canary and pink for USDA APHIS Veterinary Services 1445 Federal Drive, Montgomery, AL 36107-1123 goldenrod-issuing veterinarian

AL-S 0001095

SMALL ANIMAL

HEALTH CERTIFICATE

STATE OF ALABAMA
Department of Agriculture and Industries
Animal Industry Division
1445 Federal Drive
Montgomery, Alabama 36107

Date Issued 4/8/22

CONSIGNOR OR SHIPPER Carolyn Morse CONSIGNEE OR PURCHASER St. Hubert's Animal Welfare Center

ORIGIN Glenco AL 35905 DESTINATION Madison NJ 07940

COMPLETE PHYSICAL ADDRESS FOR CONSIGNOR
231 Big Oak Drive

COMPLETE PHYSICAL ADDRESS FOR CONSIGNEE
575 Woodland Ave

DESCRIPTION OF ANIMALS

Species	Breed	Sex	Age	Color or Markings	Rabies Tag No.
Canine	Catahoula X	NM	18m	Merle	26747
Canine	Basset Mix	M	5yo	white + tan	26748

Wade
Sonny

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV-K	4/8/22
DHLP	MLV-K	
FVRCP	MLV-K	
OTHER		

APPROVED BY:

I hereby certify that I have examined the above animal(s) and find it to be free of any symptoms of communicable disease. To my knowledge this animal(s) has not been exposed to rabies.

Accredited Veterinarian Sarah Juliana Hamm Veterinary Accreditation No. 009537

Printed Signature Sarah Juliana Hamm Address 91089 Hwy 55 Westover, AL 35185

Telephone No. 205-678-8253

Interstate Shipments:
original-accompany shipment, canary-State Veterinarian, pink-State Veterinarian, goldenrod-issuing veterinarian

Foreign Shipments:
original, canary and pink for USDA APHIS Veterinary Services 1445 Federal Drive, Montgomery, AL 36107-1123 goldenrod-issuing veterinarian

SMALL ANIMAL
HEALTH CERTIFICATE

STATE OF ALABAMA

Department of Agriculture and Industries
Animal Industry Division
1445 Federal Drive
Montgomery, AL 36107

AL-S 0054829
Date Issued 4/15/22
Permit No. _____
(If required by state of destination)

CONSIGNOR OR SHIPPER GBHS
300 Snow Dr, Birmingham, AL 35209
COMPLETE PHYSICAL ORIGIN ADDRESS FOR CONSIGNOR

CONSIGNEE OR PURCHASER St Hubert's Animal welfare
575 Wood land Ave, Madison, NJ 07940
COMPLETE PHYSICAL DESTINATION ADDRESS FOR CONSIGNEE

DESCRIPTION OF ANIMALS

Species	Breed	Sex	Age	Color or Markings	Rabies Tag No.	Rabies Tag No.
Canine	Terrier X	FS	9W	Brown/White	N/A	N/A
Canine	Terrier X	FS	9W	Red/White	N/A	N/A
Canine	Lab/Chow X	FS	8W	Blonde/White	N/A	N/A
Canine	Retriever X	FS	8W	Red/White	N/A	N/A
Canine	Retriever X	FS	8W	Red/White	N/A	N/A

Colli: Twinkie, Mauyli, Hershey, Sue

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV-K	
DHLP	MLV-K	
FVRCP	MLV-K	
OTHER		

APPROVED BY:
Greater Birmingham Humane Society
Dr. Lindy Alvarsan, DVM

I hereby certify that I have examined the above animal(s) and find it to be free of any symptoms of communicable disease. To my knowledge this animal(s) has not been exposed to rabies.

Accredited Veterinarian Lindy Alvarsan, DVM
Printed Signature Lindy Alvarsan
Telephone No. (205) 582-5601

Veterinary Accreditation No. 05819
Address 300 Snow Dr, Bham, AL 35209

Interstate Shipments:
original - accompany shipment, canary and pink - State Veterinarian, golden - issuing veterinarian

SMALL ANIMAL
HEALTH CERTIFICATE

STATE OF ALABAMA

Department of Agriculture and Industries
Animal Industry Division
1445 Federal Drive
Montgomery, AL 36107

AL-S 0054828

Date Issued 4/15/23
Permit No. _____
(If required by state of destination)

CONSIGNOR OR SHIPPER CBHS
360 Snow Dr Birmingham, AL 35209
COMPLETE PHYSICAL ORIGIN ADDRESS FOR CONSIGNOR

CONSIGNEE OR PURCHASER St. Hubert's Animal welfare
575 Woodland Ave, Madison, NJ 07940
COMPLETE PHYSICAL DESTINATION ADDRESS FOR CONSIGNEE

DESCRIPTION OF ANIMALS

Species	Breed	Sex	Age	Color or Markings	Rabies Tag No.	Rabies Due
Canine (Matty)	Labx	4M	ES	Black/White	40856	4/11/23
Canine (Lindsay)	Terrier	10m	F	White/Black	40895	4/15/23
Canine (Liam)	Retriever x	3m	MN	White/Black	40863	4/15/23
Canine (Murray)	Pitx	3m	MN	White/Black	40896	4/15/23
Canine	Labx	9W	MN	Black/Brindle	N/A	N/A

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV-K	
DHLP	MLV-K	
FVRCP	MLV-K	
OTHER		

APPROVED BY:
Greater Birmingham Humane Society
Dr. Cindy Alverson, DVM

I hereby certify that I have examined the above animal(s) and find it to be free of any symptoms of communicable disease. To my knowledge this animal(s) has not been exposed to rabies.

Accredited Veterinarian Cindy Alverson, DVM
Printed Signature Cindy Alverson
Telephone No. (205) 982-6801

Veterinary Accreditation No. 01582
Address 360 Snow Dr, Birm, AL 35209

Interstate Shipments:
original - accompany shipment, canary and pink - State Veterinarian, golden - issuing veterinarian

SMALL ANIMAL
HEALTH CERTIFICATE

STATE OF ALABAMA

Department of Agriculture and Industries
Animal Industry Division
1445 Federal Drive
Montgomery, AL 36107

AL-S 0054827

Date Issued 4/15/22
Permit No. _____
(If required by state of destination)

CONSIGNOR OR SHIPPER BHS
350 Snow Dr, Birmingham, AL 35209
COMPLETE PHYSICAL ORIGIN ADDRESS FOR CONSIGNOR

CONSIGNEE OR PURCHASER St. Hubert's Animal Welfare
575 Woodland Ave, Madison, NJ 07940
COMPLETE PHYSICAL DESTINATION ADDRESS FOR CONSIGNEE

DESCRIPTION OF ANIMALS

Species	Breed	Sex	Age	Color or Markings	Rabies Tag No.	Rabies Due
Piper Canine	Lab Retriever X	FS	5m	Black/White	408608	4/15/23
Cony Canine	coonhound x	M	6m	Black/White	401892	4/15/23
Angela Canine	coonhound x	F	6m	Black/Tan	401893	4/15/23
Topaz Canine	coonhound X	F	6m	Black/White	401891	4/15/23
Nellybelly Canine	Hound x	MN	5m	Black/White	408593	4/13/23

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV-K	
DHLP	MLV-K	
FVRCP	MLV-K	
OTHER		

APPROVED BY:
Greater Birmingham Humane Society
Dr. Lindy Alverson, DVM

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Accredited Veterinarian Lindy Alverson, DVM
Printed Signature Lindy Alverson
Telephone No. (205) 982-6801

Veterinary Accreditation No. 01587
Address 350 Snow Dr, Bham, AL 35209

Interstate Shipments:
original - accompany shipment, canary and pink - State Veterinarian, golden - issuing veterinarian

SMALL ANIMAL
HEALTH CERTIFICATE

STATE OF ALABAMA
Department of Agriculture and Industries
Animal Industry Division
1445 Federal Drive
Montgomery, AL 36107

AL-S 0054826
Date Issued 4/18/22
Permit No. ______
(If required by state of destination)

CONSIGNOR OR SHIPPER GBHS
300 Snow dr, Birmingham, AL 35209
COMPLETE PHYSICAL ORIGIN ADDRESS FOR CONSIGNOR

CONSIGNEE OR PURCHASER St. Hubert's Animal welfare
575 Woodland Ave, Madison, NJ 07940
COMPLETE PHYSICAL DESTINATION ADDRESS FOR CONSIGNEE

DESCRIPTION OF ANIMALS

	Species	Breed	Sex	Age	Color or Markings	Rabies Tag No.	Rabies Due
Duke	canine	Shepherd x	MN	4y	Tan/Black	408567	4/11/23
Luna	canine	GSDx	FS	2y	Black/Blonde	408581	4/19/23
Shimmy	canine	Shepherd x	MN	16m	Black	408588	4/13/23
Jack	canine	Hound x	MN	4y	Brindle/White	408536	4/11/23
Violet	canine	Hound x	FS	5m	Brown/wht	408595	4/11/23

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV-K	
DHLP	MLV-K	
FVRCP	MLV-K	
OTHER		

APPROVED BY:
Greater Birmingham Humane Society
Dr. Lindy Alverson, DVM

I hereby certify that I have examined the above animal(s) and find it to be free of any symptoms of communicable disease. To my knowledge this animal(s) has not been exposed to rabies.

Accredited Veterinarian Lindy Alverson, DVM
Printed Signature Lindy Alverson
Telephone No. (205)942-6801

Veterinary Accreditation No. 05819
Address 300 Snow dr, Bham, AL 35209

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