CERTIFICATE OF VETERINARY INSPECTION

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

Certificate #: 21-SC-0164-624AV
Issue Date: 01-06-2021
Entry Permit#:

Total # of Animals: 2
Inspection Date: 01-05-2021

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
2	21-002-Douglas	Neutered Male	1 years	Hound Mix			Tests & Accessions: Test Name: 1dx, Result: Negative, Test Date: 12-04-2020 Vaccinations: Type: Rabies, Date: 12-30-2020, Booster Date: 12-30-2021, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 12-18-2020 Type: Other, Name: Bordatella, Date: 11-18-2020 Type: Other, Name: CIV 3 week, Date: 01-04-2021

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

Certificate #: 21-SC-0164-624AV
Issue Date: 01-06-2021
Entry Permit#:

Total # of Animals: 2
Inspection Date: 01-05-2021

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
2	21-002-Douglas	Neutered Male	1 years	Hound Mix			Tests & Accessions: Test Name: 1dx, Result: Negative, Test Date: 12-04-2020 Vaccinations: Type: Rabies, Date: 12-30-2020, Booster Date: 12-30-2021, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 12-18-2020 Type: Other, Name: Bordatella, Date: 11-18-2020 Type: Other, Name: CIV 3 week, Date: 01-04-2021

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PO BOX 102406
Columbia, SC 29224-2406
Phone: 803-788-2260

Certificate #: 21-SC-0164-624AV
Issue Date: 01-06-2021
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Total # of Animals: 2
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Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
2	21-002-Douglas	Neutered Male	1 years	Hound Mix			Tests & Accessions: Test Name: 1dx, Result: Negative, Test Date: 12-04-2020 Vaccinations: Type: Rabies, Date: 12-30-2020, Booster Date: 12-30-2021, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 12-18-2020 Type: Other, Name: Bordatella, Date: 11-18-2020 Type: Other, Name: CIV 3 week, Date: 01-04-2021

CERTIFICATE OF VETERINARY INSPECTION

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

Certificate #: 21-SC-0164-624AV
Issue Date: 01-06-2021
Entry Permit#:

Total # of Animals: 2
Inspection Date: 01-05-2021

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: 01-10-2021 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	drbelu@ebenezervets.com	drbelu@ebenezervets.com	SC	29732
Date/Time:	**USDA Accreditation:**	**License State / #**	**Phone #:**	**Email:**
01-06-2021, 01:11 PM	090401	SC 4074	(803) 366-1950	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	21-001 Juniper	Female	8 years	Hound Mix			Tests & Accessions: Test Name: 1dx, Result: Negative, Test Date: 12-04-2020 Vaccinations: Type: Rabies, Date: 01-04-2021, Booster Date: 01-04-2022, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 12-18-2020 Type: Other, Name: Bord, Date: 11-18-2020 Type: Other, Name: CIV 3 week, Date: 01-04-2021

CERTIFICATE OF VETERINARY INSPECTION

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

Certificate #: 21-SC-0164-624AV
Issue Date: 01-06-2021
Entry Permit#:

Total # of Animals: 2
Inspection Date: 01-05-2021

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: 01-10-2021 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
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Digitally Signed By:	Address:	City:	State:	Zip:
Maria Belu, DVM	drbelu@ebenezervets.com	drbelu@ebenezervets.com	SC	29732
Date/Time:	**USDA Accreditation:**	**License State / #**	**Phone #:**	**Email:**
01-06-2021, 01:11 PM	090401	SC 4074	(803) 366-1950	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	21-001 Juniper	Female	8 years	Hound Mix			Tests & Accessions: Test Name: 1dx, Result: Negative, Test Date: 12-04-2020 Vaccinations: Type: Rabies, Date: 01-04-2021, Booster Date: 01-04-2022, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 12-18-2020 Type: Other, Name: Bord, Date: 11-18-2020 Type: Other, Name: CIV 3 week, Date: 01-04-2021

CERTIFICATE OF VETERINARY INSPECTION

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PO BOX 102406
Columbia, SC 29224-2406
Phone: 803-788-2260

Certificate #: 21-SC-0164-624AV
Issue Date: 01-06-2021
Entry Permit#:

Total # of Animals: 2
Inspection Date: 01-05-2021

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: 01-10-2021 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	drbelu@ebenezervets.com	drbelu@ebenezervets.com	SC	29732
Date/Time:	**USDA Accreditation:**	**License State / #**	**Phone #:**	**Email:**
01-06-2021, 01:11 PM	090401	SC 4074	(803) 366-1950	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	21-001 Juniper	Female	8 years	Hound Mix			Tests & Accessions: Test Name: 1dx, Result: Negative, Test Date: 12-04-2020 Vaccinations: Type: Rabies, Date: 01-04-2021, Booster Date: 01-04-2022, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 12-18-2020 Type: Other, Name: Bord, Date: 11-18-2020 Type: Other, Name: CIV 3 week, Date: 01-04-2021

AgMoveCvi System ID: LORcDmYSR-MB

CERTIFICATE OF VETERINARY INSPECTION

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

Certificate #: 20-SC-0162-405AV
Issue Date: 12-28-2020
Entry Permit#:

Total # of Animals: 5
Inspection Date: 12-28-2020

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: 01-09-2021 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 Hreiz, DVM	2445 Ebenezer Rd.	Rock Hill	SC	29732
Date/Time:	**USDA Accreditation:**	**License State / #**	**Phone #:**	**Email:**
12-28-2020, 03:55 PM	004989	SC 2687	(803) 366-1950	drhreiz@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	20-325 Thor	Male	10-14-2020	Labrador Retriever Mix			Vaccinations: Type: Other, Name: DA2PP 3 Week, Date: 12-28-2020 Type: Other, Name: Bordetella IN 1 Year, Date: 12-28-2020
2	20-326 Bucky	Male	10-14-2020	Labrador Retriever Mix			Vaccinations: Type: Other, Name: DA2PP 3 Week, Date: 12-28-2020 Type: Other, Name: Bordetella IN 1 Year, Date: 12-28-2020

CERTIFICATE OF VETERINARY INSPECTION

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

Certificate #: 20-SC-0162-405AV
Issue Date: 12-28-2020
Entry Permit#:

Total # of Animals: 5
Inspection Date: 12-28-2020

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
3	20-330 Grace	Female	10-14-2020	Labrador Retriever Mix			Vaccinations: Type: Other, Name: Bordetella IN 1 Y, Date: 12-10-2020 Type: Other, Name: DA2PP 3 W, Date: 12-28-2020
4	20-327 Natalie	Female	10-14-2020	Labrador Retriever Mix			Vaccinations: Type: Other, Name: DA2PP 3 W, Date: 12-28-2020 Type: Other, Name: Bordetella IN 1 Y, Date: 12-10-2020
5	20-329 Noel	Female	10-14-2020	Labrador Retriever Mix			Vaccinations: Type: Other, Name: Bordetella IN 1 Y, Date: 12-10-2020 Type: Other, Name: DA2PP 3 W, Date: 12-28-2020

CERTIFICATE OF VETERINARY INSPECTION

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

Certificate #: 20-SC-0161-973AV
Issue Date: 12-23-2020
Entry Permit#:

Total # of Animals: 4
Inspection Date: 12-23-2020

Consignor	Location of Animals	Consignee	Destination of Shipment	Carrier (Transporter)
Chris Rizzo/PSP Rescue 1516 Village Harbor Lane Clover, SC 29710 Phone: (973) 534-7726 County: York Premises ID:	Chris Rizzo/PSP Rescue 1516 Village Harbor Lane Clover, SC 29710 Phone: (973) 534-7726 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: 01-09-2021 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	drbelu@ebenezervets.com	drbelu@ebenezervets.com	SC	29732
Date/Time:	**USDA Accreditation:**	**License State / #**	**Phone #:**	**Email:**
12-23-2020, 03:08 PM	090401	SC 4074	(803) 366-1950	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	20-323-Aspen	Spayed Female	16 weeks	Australian Shepherd Mix			Tests & Accessions: Test Name: Fecal, Result: Negative, Test Date: 12-23-2020 Vaccinations: Type: Rabies, Date: 12-23-2020, Booster Date: 12-23-2021, Vaccine Serial Number: 419399, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 12-23-2020 Type: Other, Name: Canine Influenza, Date: 12-23-2020 Type: Other, Name: Bordatella, Date: 12-04-2020

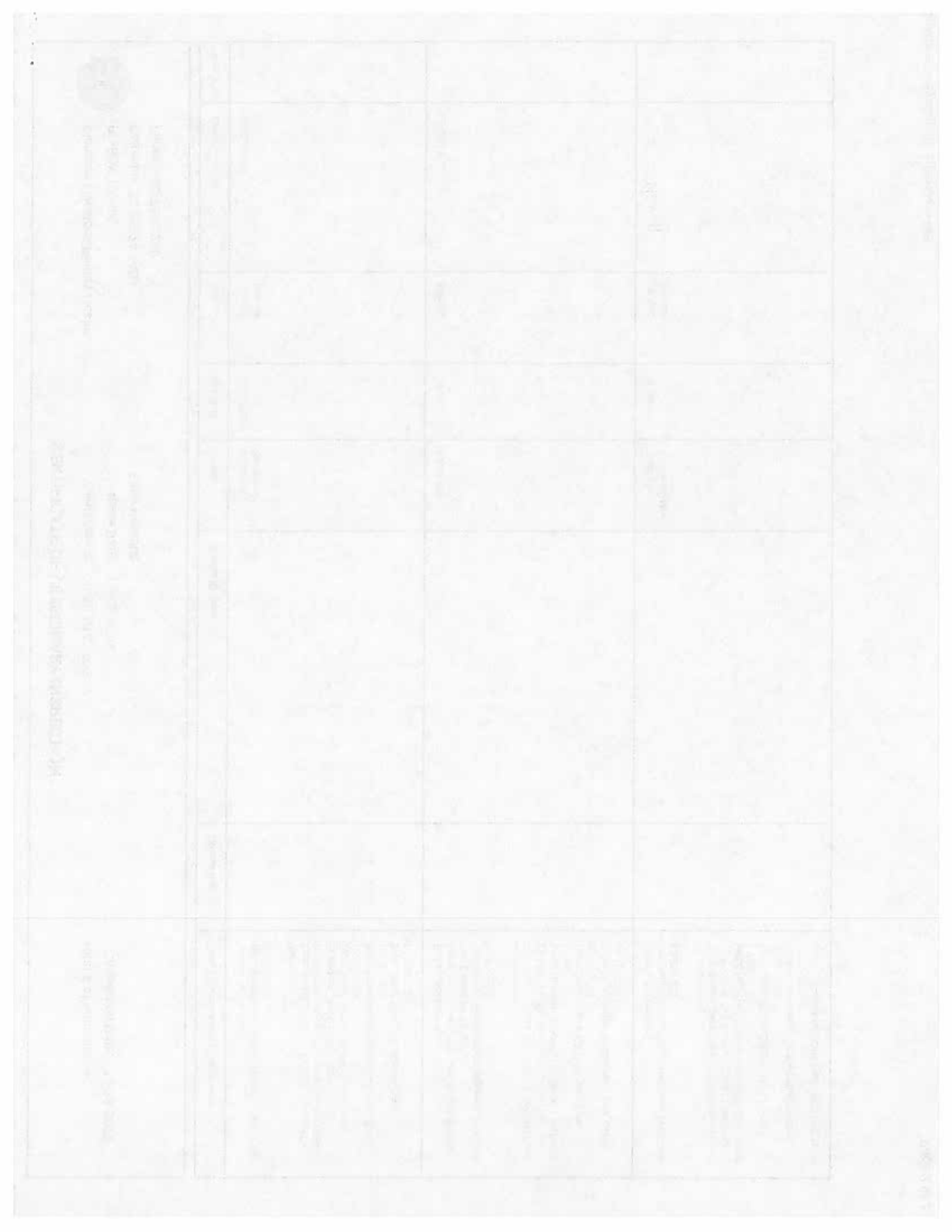
CERTIFICATE OF VETERINARY INSPECTION

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

Certificate #: 20-SC-0161-973AV
Issue Date: 12-23-2020
Entry Permit#:

Total # of Animals: 4
Inspection Date: 12-23-2020

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
2	20-324- Fern	Spayed Female	16 weeks	Australian Shepherd			Tests & Accessions: Test Name: Fecal, Result: Negative, Test Date: 12-23-2020 Vaccinations: Type: Rabies, Date: 12-23-2020, Booster Date: 12-23-2021, Vaccine Serial Number: 419399, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 12-23-2020 Type: Other, Name: Canine Influenza, Date: 12-23-2020 Type: Other, Name: Bordatella, Date: 12-04-2020
3	20-474-Y- Jolene	Female	2 years	Boxer Mix			Tests & Accessions: Test Name: Heartworm Test, Result: Positive, Test Date: 12-16-2020 Test Name: Fecal, Result: Negative, Test Date: 12-16-2020 Vaccinations: Type: Rabies, Date: 12-16-2020, Booster Date: 12-16-2021, Tag Number: 332137, Vaccine Serial Number: 419399, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 12-16-2020 Type: Other, Name: Bordatella 1 year, Date: 12-16-2020
4	20-322 - Honey	Spayed Female	16 weeks	Australian Shepherd Mix			Tests & Accessions: Test Name: Fecal, Result: Negative, Test Date: 12-23-2020 Vaccinations: Type: Rabies, Date: 12-23-2020, Booster Date: 12-23-2021, Tag Number: 332172, Vaccine Serial Number: 419399, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 12-23-2020 Type: Other, Name: Canine Influenza, Date: 12-23-2020 Type: Other, Name: Bord, Date: 12-04-2020



CERTIFICATE OF VETERINARY INSPECTION

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

Certificate #: 21-SC-0164-326AV
Issue Date: 01-05-2021
Entry Permit#:

Total # of Animals: 3
Inspection Date: 01-05-2021

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: 01-09-2021 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
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Digitally Signed By:	Address:	City:	State:	Zip:
Jay Hreiz, DVM	2445 Ebenezer Rd.	Rock Hill	SC	29732
Date/Time:	**USDA Accreditation:**	**License State / #**	**Phone #:**	**Email:**
01-05-2021, 02:02 PM	004989	SC 2687	(803) 366-1950	drhreiz@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	20-475-Y Dolly	Female	10-16-2020	Boxer Mix			Vaccinations: Type: Other, Name: DA2PP 3 Week, Date: 01-05-2021 Type: Other, Name: Bordetella IN 1 Year, Date: 12-16-2020
2	20-476-Y Miley	Female	10-16-2020	Boxer Mix			Vaccinations: Type: Other, Name: DA2PP 3 Week, Date: 01-05-2021 Type: Other, Name: Bordetella IN 1 Year, Date: 12-16-2020

CERTIFICATE OF VETERINARY INSPECTION

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

Certificate #: 21-SC-0164-326AV
Issue Date: 01-05-2021
Entry Permit#:

Total # of Animals: 3
Inspection Date: 01-05-2021

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
3	20-477-Y Stevie	Female	10-16-2020	Boxer Mix			Vaccinations: Type: Other, Name: DA2PP 3 Week, Date: 01-05-2021 Type: Other, Name: Bordetella IN 1 Year, Date: 12-16-2020

CERTIFICATE OF VETERINARY INSPECTION

CERTIFICATE NUMBER: 94-065310-233872-0

Contact State of Destination for Movement Requirements and Certificate Validity - Certificate is valid for thirty days from date of inspection

☐ INTERNATIONAL ☐ REGULAR HEALTH MAINTENANCE PROGRAM ☐ 72 Hour Hold

INSPECTION DATE	ISSUE DATE	SHIP DATE	ENTRY PERMIT #	BRAND INSPECTION FORM #	BRAND INSPECTION ISSUE DATE
Dec 22 2021	Dec 22 2021	Dec 27 2021			

E ORIGIN OF SHIPMENT	PHONE #	NAME DESTINATION OF SHIPMENT	PHONE #	NAME CARRIER (Transporter)	PHONE #
RLA PEREZ, HUELLITAS DE AMOR	787-388-3299	LESLIE SURBRUG, MONMOUTH COUNTY SF	732-995-1614	AMERICAN AIRLINES	

SICAL ADDRESS	PREMISES I.D.	PHYSICAL ADDRESS	PREMISES I.D.	PHYSICAL ADDRESS
RR 827 KM 1.6 BO ORTIZ SECT. LA VEGA LOT 1		260 WALL ST		

	STATE	ZIP	COUNTY	CITY	STATE	ZIP	COUNTY	CITY	STATE	ZIP	COUNTY
IA ALTA	PR	00953	USA	EATONTOWN,	NJ	07724	USA				

E CONSIGNOR PRESENT OWNER OF SHIPMENT	Same as above - ☐	NAME CONSIGNEE "NEW OWNER" OF SHIPMENT	Same as above - ☐	Origin of Shipment GPS Coordinates
RLA PEREZ, HUELLITAS DE AMOR		LESLIE SURBRUG, MONMOUTH		Latitude Longitude

SICAL ADDRESS	PHYSICAL ADDRESS	TEST RECORDS - Are legible copies of official charts (with individual animals identified and animals that are not shipped lined out) attached to all copies?
RR 827 KM 1.6 BO ORTIZ SECT. LA VEGA LOT 1	260 WALL ST	

	STATE	ZIP	COUNTY	CITY	STATE	ZIP	COUNTY	Herd / Flock #	Record #	YES / NO
IA ALTA	PR	00953	USA	EATONTOWN,	NJ	07724	USA			

Shipment						Purpose(s) of Movement (check all that apply)			Intra-state	Carrier			Flock / Herd Free For			Current State / Area Status	
eef Cattle	0	☐ Small Animals	0	☐ Cervids	0	☐ Show	☒ Pet	☐ Training		☐ Air	☐ Truck	☐ Mail	☐ TB Free	☐ Johne's	☐ NPIP	Tuberculosis ☐ Free	☐ MAA ☐ M
orses	0	☐ Dairy Cattle	0	☐ Camelids	0	☐ Race	☐ Breeding	☐ Slaughter	Inter-state	☐ Boat	☐ Rail	☐ Car	☐ Bruc.	☐ Scrapie	☐ PRV	Brucellosis ☐ Free	☐ Class A
oats	0	☐ Sheep	0	☐ Semen/Embryos	0	☐ Rodeo	☐ Feeding	☐ Medical		☐ Other			☐ Trich	☐ EIA	☐ Other	☐ PRV Free	☐ Other
vian	0	☒ Dogs & Cats	2	☐ Other	0	☐ Sale	☐ Grazing	☐ Other (specify below)									

RINARY CERTIFICATION EMENTS:

Qty	Species	OFFICIAL/FEDERAL EAR TAG # REGISTRATION TATTOO OR OTHER PERMANENT IDENTIFICATION *** You may place up to four unique animal identifiers with a comma between each entry ***	Age	Breed	Sex	Bruc Vac Tatto	Test Date	Test	Accession #	Results +/-	Lab	Other
1	CAN	ZEUS, TAN, LABRADOR MIX	5M	LAB M	Neutered M		12/22/2021	FECAL	NO EXPOSURE TO RABIE	N	11/30/2021	RABIES VAX
1	CAN	VENUS, BLACK, LABRADOR MIX	5M	LAB M	Other		12/22/2021	FECAL	NO EXPOSURE TO RABIE	N	11/30/2021	RABIES VAX

$2.00 4111055 $2.00

4111055

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

SIGNATURE DATE Dec 22 2021

BRAND SYMBOL

BRAND SYMBOL

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.

SIG

DATE Dec 22 2021

NAME Maria Benavent-Amaral
PHONE 787-279-9400
E-MAIL mt.benavent@gmail.com
USDA ACCR. # 065310

ADDRESS CARR 167 KM 16.5 BUENA VISTA
CITY BAYAMON STATE PR ZIP 00956
STATE OF LICENSE PR LICENSE # 458
CATEGORY II

OFFICIAL OFFICE USE ONLY

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

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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
SIX

4. PAGE
ONE OF ONE

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

VIVIAN RIVERA / THE FOSTER CLUB
AVENIDA DE LA CONSTITUCION
COND. MILLENIUM APT. 706
SAN JUAN P.R. 00901.
(787) 529-7024.-

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

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

Monmouth County SPCA
260 Wall St,
Eatontown, NJ 07724
Leslie Surbrug 732-995-1614

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		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
					Vaccination Date	Product	Date	Product Type and/or Results
(1) NINA	CHIHUAHUA MIXED	2.5MO	F	TRICOLOR	12/23/2021	TOO. YOUNG	12/13/2021	DA2PPL2(11/23-10/28)BORDETELLA(12/13)
(2) NINJA	CHIHUAHUA MIXED	2.5MO	F	WH-TAN	12/23/2021	TOO. YOUNG	12/13/2021	DA2PPL2(11/23-10/28)BORDETELLA(12/13)
(3) NEWMAN	CHIHUAHUA MIXED	2.5MO	M	BLK-WHCHEST	12/23/2021	TOO. YOUNG	12/13/2021	DA2PPL2(11/23-10/28)BORDETELLA(12/13)
(4) NUTTY	CHIHUAHUA MIXED	2.5MO	M	BR-WHCHEST	12/23/2021	TOO. YOUNG	12/13/2021	DA2PPL2(11/23-10/28)BORDETELLA(12/13)
(5) NORTH	CHIHUAHUA MIXED	2.5MO	M	BLK-WHCHEST	12/23/2021	TOO. YOUNG	12/13/2021	DA2PPL2(11/23-10/28)BORDETELLA(12/13)
(6) NOBLE	CHIHUAHUA MIXED	2.5MO	F	BLK-WHCHEST	12/23/2021	TOO. YOUNG	12/13/2021	DA2PPL2(11/23-10/28)BORDETELLA(12/13)

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

NO ENDO OR ECTOPARASITES WERE SEEN ON THE EXAM. THE PET (S) IS (ARE) HEALTHY AND ABLE TO BE TRANSPORTED (TRAVEL) VIA AIRPLANE AND TO HANDLE TEMPERATURES BETWEEN 20 TO 90 FARENHEIGHT DEGREES.-
ON MONTHLY HEARTWORM AND ECTOPARASITE PREVENTIVE.-
ALL PETS WERE TESTED FECAL FLOTATION : NEGATIVE AND
WOOD'S LAMP : NO FLUORESCENCY OBSERVED AT THE CURRENT DAY.-

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 ISSU

ALVARO SANTAELLA SANTE
CARR. 842 KM.1 CAIMITO , LOS ROMEROS
SAN JUAN P.R. 00926.-
TELF. (787) 731-8338.-

3902313

LICENSE NUMBER AND STATE
433 PTO.RICO EXP-OCT/17/2023

Accredited ☒ **Yes** ☐ **No**
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
058264

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

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

SIGNATURE OF ISSUING VETERINARIAN | **DATE** DEC/23/2021

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

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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

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3. TOTAL NUMBER OF ANIMALS
SIX

4. PAGE
ONE OF ONE

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

VIVIAN RIVERA / THE FOSTER CLUB
AVENIDA DE LA CONSTITUCION
COND. MILLENIUM APT. 706
SAN JUAN P.R. 00901.
(787) 529-7024.-

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

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

Monmouth County SPCA
260 Wall St,
Eatontown, NJ 07724
Leslie Surbrug 732-995-1614

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		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
					Vaccination Date	Product	Date	Product Type and/or Results
(1) NINA	CHIHUAHUA MIXED	2.5MO	F	TRICOLOR	12/23/2021	TOO. YOUNG	12/13/2021	DA2PPL2(11/23-10/28)BORDETELLA(12/13)
(2) NINJA	CHIHUAHUA MIXED	2.5MO	F	WH-TAN	12/23/2021	TOO. YOUNG	12/13/2021	DA2PPL2(11/23-10/28)BORDETELLA(12/13)
(3) NEWMAN	CHIHUAHUA MIXED	2.5MO	M	BLK-WHCHEST	12/23/2021	TOO. YOUNG	12/13/2021	DA2PPL2(11/23-10/28)BORDETELLA(12/13)
(4) NUTTY	CHIHUAHUA MIXED	2.5MO	M	BR-WHCHEST	12/23/2021	TOO. YOUNG	12/13/2021	DA2PPL2(11/23-10/28)BORDETELLA(12/13)
(5) NORTH	CHIHUAHUA MIXED	2.5MO	M	BLK-WHCHEST	12/23/2021	TOO. YOUNG	12/13/2021	DA2PPL2(11/23-10/28)BORDETELLA(12/13)
(6) NOBLE	CHIHUAHUA MIXED	2.5MO	F	BLK-WHCHEST	12/23/2021	TOO. YOUNG	12/13/2021	DA2PPL2(11/23-10/28)BORDETELLA(12/13)

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

NO ENDO OR ECTOPARASITES WERE SEEN ON THE EXAM. THE PET (S) IS (ARE) HEALTHY AND ABLE TO BE TRANSPORTED (TRAVEL) VIA AIRPLANE AND TO HANDLE TEMPERATURES BETWEEN 20 TO 90 FARENHEIGHT DEGREES.-
ON MONTHLY HEARTWORM AND ECTOPARASITE PREVENTIVE.-
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☒ 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

ALVARO SANTAELLA SANTE
CARR. 842 KM.1 CAIMITO , LOS ROMEROS
SAN JUAN P.R. 00926.-
TELF. (787) 731-8338.-

LICENSE NUMBER AND STATE
3902313 PTO.RICO EXP-OCT/17/2023

Accredited ☒ **Yes** ☐ **No**
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
058264

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

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

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE
DEC/23/2021

APHIS Form 7001
(NOV 2010)

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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

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☒ Dog ☐ Cat ☐ Other_____
☐ Nonhuman Primate ☐ Ferret ☐ Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS
SIX

4. PAGE
ONE OF ONE

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

VIVIAN RIVERA / THE FOSTER CLUB
AVENIDA DE LA CONSTITUCION
COND. MILLENIUM APT. 706
SAN JUAN P.R. 00901.
(787) 529-7024.-

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

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

MONMOUTH COUNTY SPCA
260 WALL STREET
EATONTOWN, NJ. 07724
(732) 542-0040.-

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		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
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(3) NEWMAN	CHIHUAHUA MIXED	2.5MO	M	BLK-WHCHEST	12/31/2021	TOO. YOUNG	12/13/2021	DA2PPL2 (11/23-10/28)- BORDETELLA
(4) NUTTY	CHIHUAHUA MIXED	2.5MO	M	BLK-WHCHEST	12/31/2021	TOO. YOUNG	12/13/2021	DA2PPL2 (11/23-10/28)- BORDETELLA
(5) NORTH	CHIHUAHUA MIXED	2.5MO	F	BLK-WHCHEST	12/31/2021	TOO. YOUNG	12/13/2021	DA2PPL2 (11/23-10/28)- BORDETELLA
(6) NOBLE	CHIHUAHUA MIXED	2.5MO	F	BLK-WHCHEST	12/31/2021	TOO. YOUNG	12/13/2021	DA2PPL2 (11/23-10/28)- BORDETELLA

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

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ON MONTHLY HEARTWORM AND ECTOPARASITE PREVENTIVE.-
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☒ 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. DR. ALVARO SANTAELLA SANT...

ENDORSEMENT FOR INTERNATIONAL EXPORT (*IF NEEDED*)

PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ...AN

ALVARO SANTAELLA SANTE
CARR. 842 KM.1 CAIMITO , LOS ROMEROS
SAN JUAN P.R. 00926.-
TELF. (787) 731-8338.-

LICENSE NUMBER AND STATE
433 PTO.RICO EXP-OCT/17/2023

Accredited ☒ **Yes** ☐ **No**
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
058264

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

SIGNATURE OF USDA VETERINARIAN *Apply USDA Seal or Stamp here*	DATE	SIGNATURE OF ISSUING VETERINARIAN	DATE
			DEC/31/2021

APHIS Form 7001
(NOV 2010)

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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

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3. TOTAL NUMBER OF ANIMALS
ONE

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ONE OF ONE

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

VIVIAN RIVERA / THE FOSTER CLUB
AVENIDA DE LA CONSTITUCION
COND. MILLENIUM APT. 706
SAN JUAN P.R. 00901.
(787) 529-7024.-

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

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Monmouth County SPCA
260 Wall St,
Eatontown, NJ 07724
Leslie Surbrug 732-995-1614.

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		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
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(2) -	-	-	-	-	-	-	-	-
(3) -	-	-	-	-	-	-	-	-
(4) -	-	-	-	-	-	-	-	-
(5) -	-	-	-	-	-	-	-	-
(6) -	-	-	-	-	-	-	-	-

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

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PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

ALVARO SANTAELLA SANTE
CARR. 842 KM.1 CAIMITO , LOS ROMEROS
SAN JUAN P.R. 00926.-
TELF. (787) 731-8338.-

R. ALVARO SANTAELLA SANTE
CARR. 842 KM 1 CAIMITO
SAN JUAN PR 00926
(787) 731-8338
3902325

LICENSE NUMBER AND STATE
433 PTO.RICO EXP-OCT/17/2023

Accredited ☒ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
058264

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

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE
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OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS

ONE

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ONE OF ONE

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

VIVIAN RIVERA / THE FOSTER CLUB
AVENIDA DE LA CONSTITUCION
COND. MILLENIUM APT. 706
SAN JUAN P.R. 00901.
(787) 529-7024.-

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

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MONMOUTH COUNTY SPCA
260 WALL STREET
EATONTOWN, NJ. 07724
(732) 542-0040.-

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)	NENA	CHIHUAHUA MIXED	2YRS	FS	TAN/WH
(2)	-	-	-	-	-
(3)	-	-	-	-	-
(4)	-	-	-	-	-
(5)	-	-	-	-	-
(6)	-	-	-	-	-

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
(1)	10/28/2021	NOBIVAC-1-ZOETIS	12/13/2021	DA2PPL2 (10/28)- BORDETELLA
(2)	-	-	-	-
(3)	-	-	-	-
(4)	-	-	-	-
(5)	-	-	-	-
(6)	-	-	-	-

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

NO ENDO OR ECTOPARASITES WERE SEEN ON THE EXAM. THE PET (S) IS (ARE) HEALTHY AND ABLE TO BE TRANSPORTED (TRAVEL) VIA AIRPLANE AND TO HANDLE TEMPERATURES BETWEEN 20 TO 90 FARENHEIGHT DEGREES.-
ON MONTHLY HEARTWORM AND ECTOPARASITE PREVENTIVE.-
ALL PETS WERE TESTED FECAL FLOTATION : NEGATIVE AND
WOOD'S LAMP : NO FLUORESCENCY OBSERVED AT THE CURRENT DAY.-

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

ALVARO SANTAELLA SANTE
CARR. 842 KM.1 CAIMITO , LOS ROMEROS
SAN JUAN P.R. 00926.-
TELF. (787) 731-8338.-

3902331

LICENSE NUMBER AND STATE

433 PTO.RICO EXP-OCT/17/2023

Accredited ☒ **Yes** ☐ **No**
If yes, please complete below

NATIONAL ACCREDITATION NUMBER

058264

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

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

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE

DEC/31/2021

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance