

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor an information collection unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0033. It is estimated to average 10 minutes per response, including the time for reviewing existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington, D.C. 20503.

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION

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

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)
MARTA DELGADO
PO BOX 141507
ARECIBO PUERTO RICO 00614
787-617-1550

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

3. TOTAL NUMBER OF ANIMALS
FIVE

4. PAGE
1 of 1

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/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) JOSIE	CHIHUAHUA/MIX	8W	F	BLACK
(2) JOY	CHIHUAHUA/MIX	8W	F	BLACK
(3) JADE	CHIHUAHUA/MIX	8W	F	GOLDEN
(4) JAKE	CHIHUAHUA/MIX	8W	M	TAN
(5) JACK	CHIHUAHUA/MIX	8W	M	CHOCOLA
(6)				

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

I HEREBY CERTIFY THAT THE ANIMAL IN THIS SHIPMENT IS TO THE BEST OF MY KNOWLEDGE ACCLIMATED TO AIR TEMPERATURES OF 20°-85°F

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS	Vaccination Date	Product	Product Type and/or Results
☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS	4-8-19	TOO YOUNG FOR RABIES (1-5)	DHLPP + 4L (1-5)
		(1-5)	DHLPP + 4L (1-5)
	3-30-19	BORDETELLA (1-5)	FECAL (1-5)

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.

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN
DR. HECTOR J. GARCIA 787-691-4033
PO BOX 332
ROAD #2 KM 50.8
MANATI PUERTO RICO 00674

ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)
PRINTED NAME OF USDA VETERINARIAN

LICENSE NUMBER AND STATE
199

Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
054221

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

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here DATE 4-8-19

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 number for this information collection is 0579-0036 and 0579-0033. 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.

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).

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
UNITED STATES INTERSTATE AND INTERNATIONAL
CERTIFICATE OF HEALTH EXAMINATION
FOR SMALL ANIMALS

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

MARTA DELGADO
PO BOX 141507
ARECIBO PUERTO RICO 00614
787-617-1550

1. TYPE OF ANIMAL SHIPPED (select one only)

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

3. TOTAL NUMBER OF ANIMALS

FIVE

4. PAGE

1 of 1

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

MONMOUTH COUNTY SPCA
260 WALL ST
EATONTOWN NJ 07724
732-642-0040

USDA License/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) OLIVIA	CHIHUAHUA/MIX	8W	F	BRN/WHT
(2) OLIVE	CHIHUAHUA/MIX	8W	F	BLK/WHT
(3) ONIE	CHIHUAHUA/MIX	8W	F	BRN/WHT
(4) OZZIE	CHIHUAHUA/MIX	8W	M	BLK/WHT
(5) OPAL	CHIHUAHUA/MIX	8W	F	TRI-COLOR
(6)				

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	RABIES VACCINATION ☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS	OTHER VACCINATIONS TREATMENT, AND/OR TESTS AND RESULTS	
		Product	Product Type and/or Results
(1) OLIVIA	4-8-19	TOO YOUNG FOR RABIES (1-5)	DHLPP + 4L (1-5)
(2) OLIVE			DHLPP + 4L (1-5)
(3) ONIE			FECAL (1-5)
(4) OZZIE	3-30-19	BORDETELLA (1-5)	
(5) OPAL			
(6)			

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

I HEREBY CERTIFY THAT THE ANIMAL IN THIS SHIPMENT IS TO THE BEST OF MY KNOWLEDGE ACCLIMATED TO AIR TEMPERATURES OF 20° - 85°F

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.

☒ 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. HECTOR J. GARCIA 787-691-4033
PO BOX 332
ROAD #2 KM 50.8
MANATI PUERTO RICO 00674

LICENSE NUMBER AND STATE

199

Accredited ☒ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER

054221

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

SIGNATURE OF ISSUING VETERINARIAN

DATE

Apply USDA Seal or Stamp here

SIGNATURE OF USDA VETERINARIAN

DATE

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

4-8-19

Breed verification form

FOR COMMERCIAL SHIPPERS

To ensure the well-being of all animals, American restricts certain breeds and mixes of brachycephalic and snub-nosed cats and dogs, and will not accept them for travel due to the risks associated with their hereditary respiratory issues

Shippin's name Amity Degrado

Phone # 781-417-1550

AWB # (if all in one awb) 10388350

Pet's Name or Identification #	Breed	Dog	Cat	AWB
<u>0119</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0118</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0117</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0116</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0115</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0114</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0113</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0112</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0111</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0110</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0109</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0108</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0107</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0106</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0105</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0104</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0103</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0102</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0101</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0100</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0099</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0098</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0097</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0096</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0095</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0094</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0093</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0092</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0091</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0090</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0089</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0088</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0087</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0086</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0085</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0084</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0083</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0082</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0081</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0080</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0079</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0078</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0077</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0076</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0075</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0074</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0073</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0072</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0071</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0070</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0069</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0068</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0067</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0066</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0065</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0064</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0063</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0062</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0061</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0060</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0059</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0058</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0057</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0056</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0055</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0054</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0053</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0052</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0051</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0050</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0049</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0048</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0047</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0046</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0045</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0044</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0043</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0042</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0041</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0040</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0039</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0038</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0037</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0036</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0035</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0034</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0033</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0032</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0031</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0030</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0029</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0028</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0027</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0026</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0025</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0024</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0023</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0022</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0021</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0020</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0019</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0018</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0017</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0016</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0015</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0014</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0013</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0012</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0011</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0010</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0009</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0008</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0007</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0006</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0005</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0004</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0003</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0002</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>
<u>0001</u>	<u>Chihuahua - mix</u>	☒	☐	<u>AWB</u>

Information for your veterinarian to complete:

I certify the above mentioned animals are not a brachycephalic or snub-nosed breed named on the Restricted Breed list. ☒ Yes ☐ No

I certify the above mentioned animals do not exhibit any signs or characteristics associated with brachycephalic syndrome. ☒ Yes ☐ No

I certify the above mentioned animals are safe to travel and have no breathing risks arising from brachycephalic syndrome. ☒ Yes ☐ No

The animals in this shipment are acclimated to temperatures below 45° F down to 20° F. [A BOTTOM TEMPERATURE MUST BE LISTED]

054 221

418119

Breed verification form

FOR COMMERCIAL SHIPPERS

To ensure the well-being of all animals, American restricts certain breeds and mixes of brachycephalic and snub-nosed cats and dogs, and will not accept them for travel due to the risks associated with their hereditary respiratory issues

AWB # (if all in one awb)

10388350

Phone #

281-417-1550

Shipper's name

Wendy Delgado

Pet's Name or Identification #

304

Pet's Name or Identification #

302

Pet's Name or Identification #

302

Pet's Name or Identification #

302

Pet's Name or Identification #

Chihuahua - mix

Breed

☒ Dog

AWB

Pet's Name or Identification #

Chihuahua - mix

Breed

☒ Dog

AWB

Pet's Name or Identification #

Breed

☐ Dog

AWB

Pet's Name or Identification #

Breed

☐ Dog

AWB

Pet's Name or Identification #

Breed

☐ Dog

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Pet's Name or Identification #

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AWB

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Breed

☐ Dog

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Breed

☐ Dog

AWB

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☒ Yes ☐ No

I certify the above mentioned animals do not exhibit any signs or characteristics associated with brachycephalic syndrome.

☒ Yes ☐ No

I certify the above mentioned animals are safe to travel and have no breathing risks arising from brachycephalic syndrome.

☒ Yes ☐ No

The animals in this shipment are confirmed to temperatures below 45° F down to 30° F. [A BOTTOM TEMPERATURE MUST BE LISTED]

4/8/19

054221

Signature of veterinarian

[Signature]

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 number for this information collection is 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.

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

MARTA DELGADO
PO BOX 141507
ARECIBO PUERTO RICO 00614
787-617-1550

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

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

7. ANIMAL IDENTIFICATION

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

I HEREBY CERTIFY THAT THE ANIMAL IN THIS SHIPMENT IS TO THE
BEST OF MY KNOWLEDGE ACCLIMATED TO AIR TEMPERATURES OF
20°-85°F

10. SIGNATURE OF USDA VETERINARIAN

11. DATE

12. SIGNATURE OF ISSUING VETERINARIAN

13. DATE

14. NATIONAL ACCREDITATION NUMBER

15. LICENSE NUMBER AND STATE

16. NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

17. DR. HECTOR J. GARCIA 787-691-4033

18. PO BOX 332

19. ROAD #2 KM 50.8

20. MANATI PUERTO RICO 00674

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

22. SIGNATURE OF ISSUING VETERINARIAN

23. DATE

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254. NATIONAL ACCREDITATION NUMBER

255. LICENSE NUMBER AND STATE

256. NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

257. DR. HECTOR J. GARCIA 787-691-40

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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).

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
UNITED STATES INTERSTATE AND INTERNATIONAL
CERTIFICATE OF HEALTH EXAMINATION
FOR SMALL ANIMALS

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)
MARTA DELGADO
PO BOX 141507
ARECIBO PUERTO RICO 00614
787-617-1550

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)
MONMOUTH COUNTY SPCA
260 WALL ST
EATONTOWN NJ 07724
732-542-0040

1. TYPE OF ANIMAL SHIPPED (select one only)
☒ Dog ☐ Cat ☐ Other _____
☐ Nonhuman Primate ☐ Ferret ☐ Rodent

3. TOTAL NUMBER OF ANIMALS
FIVE

4. PAGE 1 of 1

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

OMB APPROVED
0579-0036
0579-0333

USDA License/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	RABIES VACCINATION ☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS
(1) JOSIE	CHIHUAHUA/MIX	8W	F	BLACK	4-8-19	TOO YOUNG FOR RABIES 3-23-19 DHLPP + 4L (1-5)
(2) JOY	CHIHUAHUA/MIX	8W	F	BLACK	(1-5)	4-5-19 DHLPP + 4L (1-5)
(3) JADE	CHIHUAHUA/MIX	8W	F	GOLDEN		4-8-19 FECAL (1-5)
(4) JAKE	CHIHUAHUA/MIX	8W	M	TAN	3-30-19	BORDETELLA (1-5)
(5) JACK	CHIHUAHUA/MIX	8W	M	CHOCOLATE		
(6)						

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)
I HEREBY CERTIFY THAT THE ANIMAL IN THIS SHIPMENT IS TO THE BEST OF MY KNOWLEDGE ACCLIMATED TO AIR TEMPERATURES OF 20°-85°F

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.

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN
DR. HECTOR J. GARCIA 787-691-4033
PO BOX 332
ROAD #2 KM 50.8
MANATI PUERTO RICO 00674

LICENSE NUMBER AND STATE
199

Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
054221

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

SIGNATURE OF ISSUING VETERINARIAN

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here

DATE

DATE 4-8-19

APHIS Form 7001 (NOV 2010)

This certificate is valid for 30 days after issuance

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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. PAGE

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

ACCT Philly 267-385-3800

111 W Hunting Park Ave

Phila PA 19140

USDA License/Registration Number (if applicable)

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

ME SPCA 732-542-0040

2600 Wall St

Paterson NJ 07724

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) Batman A4267633 DSH 3yr MN blk/wh

(2)

(3)

(4)

(5)

(6)

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION

OTHER VACCINATIONS

TREATMENT, AND/OR TESTS AND RESULTS

1 YEAR ☒ 2 YEARS ☐ 3 YEARS ☐

Vaccination Date

Product

Date

Product Type and/or Results

4/11/19 Merck Animal 4/11/19 FURCP

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

Microchip 182000304958299

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.

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

LICENSE NUMBER AND STATE

Accredited ☒ Yes ☐ No

If yes, please complete below

NATIONAL ACCREDITATION NUMBER

DATE

Signature of Issuing Veterinarian

Signature of USDA Veterinarian

Apply USDA Seal or Stamp here

DATE

APHIS Form 7001 (NOV 2010)

This certificate is valid for 30 days after issuance

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UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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. PAGE

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)
ACCT Philly
111 W. Hunting Park Ave
Phila, Pa 19140

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)
MCSPCA
2500 Wall St
Eaton town NJ 07724

USDA License/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	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
(1) Fran	Canine/pit Bull	2	M	Brindle	Vaccination Date 3/23/19	Product Merck Animal	Date 3/23
(2)							3/23 Bordetella
(3)							
(4)							
(5)							
(6)							

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)
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 only).
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☒ 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
Morgan Shater

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN
Morgan Shater
111 W. Hunting Park Ave
267 385 3800

LICENSE NUMBER AND STATE
BV04136

Accredited ☒ Yes ☐ No
if yes, please complete below
NATIONAL ACCREDITATION NUMBER
076378

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here
DATE
4/18/19

NOTE: International shipments may require certification by an accredited veterinarian.
SIGNATURE OF ISSUING VETERINARIAN
MCS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS

4. PAGE

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)
ACCT Philly
111 W. Hunting Park Ave
Phila, Pa 19140
USDA License/Registration Number (if applicable)

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)
MESA
260 Wall St
Eaton town NJ 07724

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	Product Type and/or Results
(1) Hamlet	Pit Bull Terrier	8 H	F	Gray/white	3/28/19	Merck Animal	3/28 Bordetella (1/N)
(2) 982126054015550					3/28/19	Dhnp	
(3)							
(4)							
(5)							
(6)							

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

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)

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ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)
PRINTED NAME OF USDA VETERINARIAN
Morgan Shater

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN
Morgan Shater
111 W. Hunting Park Ave
267 385 3800

LICENSE NUMBER AND STATE
Bv014136

Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
076376

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here
Morgan Shater

DATE
4/18/19

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 number for this information collection is 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.

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

ACCT Philly
111 W. Hunting Park Ave
Phila PA 19140
USDA License/Registration Number (if applicable)

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

ME SPCA
260 Wall St
Baton Rouge NJ 07724

7. ANIMAL IDENTIFICATION

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION

BREED - COMMON OR SCIENTIFIC NAME

AGE

SEX

COLOR OR DISTINCTIVE MARKS OR MICROCHIP

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION

1 YEAR ☐ 2 YEARS ☐ 3 YEARS ☐

Vaccination Date

Product

Date

Product Type and/or Results

OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

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

Morgan Shater

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

Morgan Shater
111 W. Hunting Park Ave
Phila, Pa 19140

LICENSE NUMBER AND STATE

BV 014136

Accredited ☒ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER

076378

SIGNATURE OF USDA VETERINARIAN

Apply USDA Seal or Stamp here

DATE

4/18/19

APHIS Form 7001 (NOV 2010)

This certificate is valid for 30 days after issuance

