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For 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).

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

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

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY
3392460

3. TOTAL NUMBER OF ANIMALS
FIVE

4. PAGE
1 of 1

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

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) 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	CHOCOLAT
(6)				

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION ☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS

Vaccination Date	Product
4-8-19	TOO YOUNG FOR RABIE
	(1-5)
3-30-19	BORDETELLA (1-5)

OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS

Date	Product Type and/or Results
3-23-19	DHLPP + 4L (1-5)
4-5-19	DHLPP + 4L (1-5)
4-8-19	FECAL (1-5)

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.

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 USDA VETERINARIAN *Apply USDA Seal or Stamp here*

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE
4-8-19

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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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
FIVE

4. PAGE
1 of 1

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

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
732-542-0040

339245.9

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

RABIES VACCINATION ☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS

Vaccination Date	Product	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS: Date	Product Type and/or Results
4-8-19	TOO YOUNG FOR RABIE	3-23-19	DHLPP + 4L (1-5)
	(1-5)	4-5-19	DHLPP + 4L (1-5)
		4-8-19	FECAL (1-5)
3-30-19	BORDETELLA (1-5)		

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

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 USDA VETERINARIAN *Apply USDA Seal or Stamp here*

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE
4-8-19

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

American Airlines Cargo

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

marta delgado — **Shipper's name**

787-617-1550 — **Phone #**

10388350 — **AWB # (if all in one awb)**

Pet's Name or Identification #	Breed	Dog	Cat	AWB
oliva	chihuahua - mix	☒	☐	
oliva	chihuahua - mix	☒	☐	
onie	chihuahua - mix	☒	☐	
ozzie	chihuahua - mix	☒	☐	
opal	chihuahua - mix	☒	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	

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]

[signature] — 054 221 — 4/8/19

American Airlines Cargo

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

Shipper's name	Phone #	AWB # (if all in one awb)
Marta Delgado	787-617-1550	10388350

Pet's Name or Identification #	Breed	Dog	Cat	AWB
Josie	chihuahua - mix	☑	☐	
Joy	chihuahua - mix	☑	☐	
Jade	chihuahua - mix	☑	☐	
Jake	chihuahua - mix	☑	☐	
Jack	chihuahua - mix	☑	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	

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]

Signature of veterinarian	Accreditation #	Date
[signature]	054221	4/8/19

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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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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
FIVE

4. PAGE
1 of 1

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

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
732-542-0040

$2.00 $2.00 3392459

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) OLIVIA	CHIHUAHUA/MIX	8W	F	BRN/WHT	4-8-19	TOO YOUNG FOR RABIE	3-23-19	DHLPP + 4L (1-5)
(2) OLIVE	CHIHUAHUA/MIX	8W	F	BLK/WHT		(1-5)	4-5-19	DHLPP + 4L (1-5)
(3) ONIE	CHIHUAHUA/MIX	8W	F	BRN/WHT			4-8-19	FECAL (1-5)
(4) OZZIE	CHIHUAHUA/MIX	8W	M	BLK/WHT	3-30-19	BORDETELLA (1-5)		
(5) OPAL	CHIHUAHUA/MIX	8W	F	TRI-COLOR				
(6)								

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
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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
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 USDA VETERINARIAN *Apply USDA Seal or Stamp here*

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE
4-8-19

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
FIVE

4. PAGE
1 of 1

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

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
732-542-0040

3392460

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
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(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	CHOCOLAT				
(6)								

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

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

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE
4-8-19

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(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
1

4. PAGE
1

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)
ACCT Philly
267-385-3800
111 W Hunting Park Ave
Phila PA 19140
USDA License/or Registration Number (*if applicable*)

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
MCSPCA
732-542-0040
3260 Wall St
Eatontown 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 A41267633	DSH	3yr	MN	blk/wht
(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)	4/11/19	Merck Animal	4/11/19	FVRCP
(2)				
(3)				
(4)				
(5)				
(6)				

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
Microchip 982000364958299

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

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN
Morgan Shafer
111 W. Hunting Park Ave
Phila PA 19140
267-385-3800
NOTE: International shipments may require certification by an accredited veterinarian.

LICENSE NUMBER AND STATE
BV014136

Accredited ☒ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
076378

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

DATE

SIGNATURE OF ISSUING VETERINARIAN
MCShafer

DATE

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

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. PAGE

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

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

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
MCSPCA
260 Wall St
Eatontown 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)	Fran	Canine/Pit Bull	2	M	Brindle
(2)					
(3)					
(4)					
(5)					
(6)					

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION ☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS

Vaccination Date	Product	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS Date	Product Type and/or Results
3/23/19	Merck Animal	3/23	Dhpp
		3/23	Bordetella

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 Shafer

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

DATE

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

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

LICENSE NUMBER AND STATE
BV0141136

Accredited ☒ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
0763?5

SIGNATURE OF ISSUING VETERINARIAN

DATE
4/18/19

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.

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OMB APPROVED
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☐ Nonhuman Primate ☐ Ferret ☐ Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS 1

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ACCT Philly
111 W. Hunting Park Ave
Phila, Pa 19140
USDA License/or Registration Number (*if applicable*)

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
MLSPCA
260 Wall St
Eatontown 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)	Harriet	Pit Bull Terrier	8Y	F	Gray/White
(2)	982126054815550				
(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)	3/28/19	Merck Animall	3/28	Bordetella (I/N)
(2)			3/28/19	DhpP
(3)				
(4)				
(5)				
(6)				

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PRINTED NAME OF USDA VETERINARIAN
Morgan Shafer

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

DATE

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN
Morgan Shafer
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

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

SIGNATURE OF ISSUING VETERINARIAN
MCShafer

DATE
4/18/19

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(NOV 2010)

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Phila PA 19140
USDA License/or Registration Number (*if applicable*)

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MCSPCA
260 Wall St
Eatontown 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)	Rex		4yr	M	Brn/Wht.
(2)	982000411350478				
(3)					
(4)					
(5)					
(6)					

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION ☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS

Vaccination Date	Product	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS Date	Product Type and/or Results
2/22/19	Merck Animal	2/22/19	Bordetella (I/N)
		2/22/19	Dhpp

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

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Morgan Shafer

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DATE

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

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

LICENSE NUMBER AND STATE
BV014136

Accredited ☒ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
076378

SIGNATURE OF ISSUING VETERINARIAN
MCSmith

DATE
4/18/19

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance