TEXAS ANIMAL HEALTH COMMISSION
P. O. Box 12966, Austin, TX 78711-2966
1-800-550-8242 x777 Fax (512) 719-0729

EQUINE
CERTIFICATE OF VETERINARY INSPECTION

74E- A343414

Consignor's Name: Humane Society of North Texas	Consignee or Destination: St. Hubert's Animal Welfare Center	Reconsigned To	Date Issued: 3-21-19
Address: 1840 E. Lancaster	Address: 575 Woodland Avenue,	Reconsigned Premises ID	Void After: 7 days
City and State / ZIP Code: Fort Worth, TX 76103	City and State / ZIP Code: Madison, New Jersey 07940	VACCINATION CODES: Eee, Vee, Wee; Flu, RABies, Rhino; Strep, Tetanus; PHF: Potomac Horse Fever; WNV: West Nile Virus	Entry Permit No.
County of Origin: Tarrant	Destination of Shipment		Purpose of Movement: ☐ Racing ☐ Exhibition ☐ Breeding ☐ Trailride ☐ Interstate ☒ Other
Origin Premises ID	Destination Premises ID		

	Name or Registry	Tattoo, Microchip, or Markings	Age	Color	Sex	Breed	Temp	Vaccinations Code	Vaccinations Date	EQUINE INFECTIOUS ANEMIA Accession No.	Date	Result	Lab
1	A41092898 Daisy	982126054897371	3y	Black/White	F	Chihuahua		RAB	3/17/19				
2	A41092899 Marvin	982126054896021	1y	Blond	M	Chihuahua		RAB	3/17/19				
3	A41094333 Shorty	982126054833344	8y	Brown	M	Dachshund		RAB	3/17/19				
4	A41101431 Chance	982126054897455	3y	Black/Brown	M	Beagle		RAB	3/18/19				
5	A40819047 Basil	982126052393549	8y	Tan/White	M	Chihuahua		RAB	2/21/19				
6	A40418942 Briley	982126052723711	3M	Blue	F	Terrier		RAB	3/20/19				
7	A38367318 Alina	982126051313167	1y	Tan	F	Chi/Dachshund		RAB	3/6/19				
8	A40993826 Brinley	982126058724517	10W	Brown/White	F	Boxermix							
9	A40875727 Aspen	982126054904937	2M	Tan/White	F	Retriever							
10	A40876498 Lily	982126054896159	2M	Tan	F	Retriever							
11	A40875645 Cora	982126054904945	2M	Brown/Tan	F	Retriever							
12	A40876379 Rayne	982126054895825	2M	Tan	F	Retriever							
13	A41078461 Angela	982126054906497	3y	Tan	F	Retriever		RAB	3/15/19				
14	A41077109 Patches	982126054906495	1y	Black/White	F	Amer. Blue Heeler		RAB	3/15/19				
15	A41059832 Spike	982126054904805	4y	Black/Tan	M	Chihuahua		RAB	3/13/19				

CERTIFICATION BY ISSUING VETERINARIAN

I certify, as an accredited veterinarian, that I have inspected the animals described here and found no signs of communicable disease (except where noted). Vaccinations and test results are as indicated. To the best of my knowledge, these animals meet federal interstate and destination state requirements. No further warranty is made or implied.

Owner / Agent Statement Required? (Veterinarian: Initial in blank) ☐ Yes _____ ☒ No CJ

Veterinarian Signature: Cynthia Jones

Printed Name: Cynthia Jones

Vet Code: 069997

Address: 1840 E. Lancaster

City, State, ZIP+4 Code: Fort Worth, TX 76103-2124

OWNER / AGENT STATEMENT

I certify that the animals in this shipment are those certified and listed here.

CARRIER:

☐ Truck ☒ Other air

Name: Wings of Rescue

Address:

386592TAHC-Form-99-08 (Revised 6/24/2005)

SHIPPING COPY

TEXAS ANIMAL HEALTH COMMISSION
P. O. Box 12966, Austin, TX 78711-2966
1-800-550-8242 x777 Fax (512) 719-0729

EQUINE
CERTIFICATE OF VETERINARY INSPECTION

74E- A343413

Consignor's Name	Consignee or Destination	Reconsigned To	Date Issued
Humane Society of North Texas	St. Hubert's Animal Welfare Center		3-21-19
Address	**Address**	**Reconsigned Premises ID**	**Void After**
1840 E Lancaster Ave	575 Woodland Avenue		7 days
City and State / ZIP Code	**City and State / ZIP Code**	**VACCINATION CODES**	**Entry Permit No.**
Fort Worth, TX 76103	Madison, New Jersey 07940	Eee, Vee, Wee; Flu, RABies, Rhino; Strep, Tetanus; PHF: Potomac Horse Fever; WNV: West Nile Virus	
County of Origin	**Destination of Shipment**		**Purpose of Movement**
Tarrant			☐ Racing ☐ Exhibition ☐ Breeding ☐ Trailride ☐ Interstate ☒ Other
Origin Premises ID	**Destination Premises ID**		

	Name or Registry	Tattoo, Microchip, or Markings	Age	Color	Sex	Breed	Temp	Vaccinations Code	Vaccinations Date	EQUINE INFECTIOUS ANEMIA Accession No.	Date	Result	Lab
1	A405583b5 Ivy	982126054379392	7y	Tan/White	F	Chihuahua		RAB	1/13/19				
2	A40704414 Benny	982126052723848	3y	Tan/White	M	Chihuahua		RAB	2/4/19				
3	A4088578 Jake	985112006528439	5y	Tan	M	Chihuahua		RAB	3/3/19				
4	A41010590 Dundee	982126054904987	3M	Black/Tan	M	Terrier/Blue Heeler		RAB	3/6/19				
5	A41010595 Sheila	982126054896161616	3M	Black/White	F	Terrier/Blue Heeler		RAB	3/6/19				
6	A41010596 Kiwi	982126054906312	3M	Sable/White	F	Terrier/Blue Heeler		RAB	3/6/19				
7	A41010599 Ozzie	982126054905178	3m	Brown/Black	M	Terrier/Blue Heeler		RAB	3/6/19				
8	A41010605 Koala	982126054897431	3m	Tan/White	F	Terrier/Blue Heeler		RAB	3/6/19				
9	A41010607 Dino	982126054898241	3M	Black/White	M	Terrier/Blue Heeler		RAB	3/6/19				
10	A41010612 Wallaby	982126054895649	3M	Black/Tan	M	Terrier/Blue Heeler		RAB	3/6/19				
11	A41020501 Red	985112007104514	2y	Brown	F	Chihuahua		RAB	3/7/19				
12	A41036378 Biscuit	982126052723520	3m	Brindle/White	F	Terrier/Retriever		RAB	3/10/19				
13	A41060809 Simba	982126052258726	3y	Blond	M	Dachshund		RAB	3/13/19				
14	A40885316 Rainbow Dash	982126054312117	7y	Black/Red	F	Min Pinscher		RAB	3/2/19				
15	A41061851 Mars	982126054906606	4m	Red	M	Terrier		RAB	3/14/19				

CERTIFICATION BY ISSUING VETERINARIAN

I certify, as an accredited veterinarian, that I have inspected the animals described here and found no signs of communicable disease (except where noted). Vaccinations and test results are as indicated. To the best of my knowledge, these animals meet federal interstate and destination state requirements. No further warranty is made or implied.

Owner / Agent Statement Required? (Veterinarian: Initial in blank) ☐ Yes _____ ☒ No CJ

OWNER / AGENT STATEMENT

I certify that the animals in this shipment are those certified and listed here.

CARRIER:

☐ Truck ☒ Other Air

Veterinarian Signature	Printed Name	Vet Code
Cynthia Jones	Cynthia Jones	069997
Address	**City, State, ZIP+4 Code**	**Name**
1840 E. Lancaster Ave	Fort Worth, TX 76103-2124	Wings of Rescue
		Address

386592TAHC-Form-99-08 (Revised 6/24/2005)

SHIPPING COPY

TEXAS ANIMAL HEALTH COMMISSION
P. O. Box 12966, Austin, TX 78711-2966
1-800-550-8242 x777 Fax (512) 719-0729

EQUINE
CERTIFICATE OF VETERINARY INSPECTION

74E- A343403

Consignor's Name: Humane Society of North Texas	Consignee or Destination: St. Hubert's Animal Welfare Center	Reconsigned To:	Date Issued: 3.21.19
Address: 1840 E. Lancaster Ave	Address: 575 Woodland Avenue	Reconsigned Premises ID:	Void After: 7days
City and State / ZIP Code: Fort Worth, TX 76103	City and State / ZIP Code: Madison, New Jersey 07940	VACCINATION CODES: Eee, Vee, Wee; Flu, RABies, Rhino; Strep, Tetanus; PHF: Potomac Horse Fever; WNV: West Nile Virus	Entry Permit No.
County of Origin: Tarrant	Destination of Shipment:		Purpose of Movement: ☐ Racing ☐ Exhibition ☐ Breeding ☐ Trailride ☐ Interstate ☒ Other
Origin Premises ID:	Destination Premises ID:		

	Name or Registry	Tattoo, Microchip, or Markings	Age	Color	Sex	Breed	Temp	Vaccinations Code	Vaccinations Date	EIA Accession No.	EIA Date	EIA Result	EIA Lab
1	A4111223 Creampuff	982000036497676841	6y	Tan	FS	Chihuahua		RAB	3.18.19				
2	A4111261 Sassy	982126053418163	11m	Choc tan	F	Ret		RAB	3.19.19				
3	A3994315 Charlie	982126051320837	6m	Black Brown	MN	Ret		RAB	3.14.19				
4	A4107101 Leo	956000010646146	9m	Brown	M	York Shi Tzu		RAB	3.14.19				
5	A4109755 Felipe	982126054895935	7y	Tan	M	Terrier		RAB	3.18.19				
6	A4111024 Hila	982126054896049	6y	BIK	F	Mini Samoa		RAB	3.20.19				
7	A4111801 Lucky	982126526512719	2y	BIK tan	F	manch terrier		RAB	3.20.19				
8	A4111802 Little Girl	982126052513173	1y	BIK white	MN	Ret		RAB	3.20.19				
9	A4111769 Sassy	982126052580974	6m	Brindle White	FS	Jack Russell		RAB	3.20.19				
10	A4111771 Harley	982126052579095	6y	BIK Silver	MN	Terrier Chi		RAB	3.20.19				
11	A4111769 Lilly	982126052581755	6y	Tan	FS	Chi		RAB	3.20.19				
12	A4111057 Sophie	982126054896046	5y	White	FS	Grt Pyr		RAB	3.20.19				
13	A4110853 Bobbie	982126054895921	2y	Golden White	F	Aust Shepherd		RAB	3.20.19				
14	A4055771 Buster	982126064378384	3y	Rust White	MN	Aust Cattle		RAB	1.13.19				
15	A4111570 Sparky	982126054897407	11y	Black White	MN	Aust Shep		RAB	3.2019				

CERTIFICATION BY ISSUING VETERINARIAN

I certify, as an accredited veterinarian, that I have inspected the animals described here and found no signs of communicable disease (except where noted). Vaccinations and test results are as indicated. To the best of my knowledge, these animals meet federal interstate and destination state requirements. No further warranty is made or implied.

Owner / Agent Statement Required? (Veterinarian: Initial in blank) ☐ Yes _____ ☒ No CJ

Veterinarian Signature: Cynthia Jones

Printed Name: Cynthia Jones

Vet Code: 069997

Address: 1840 E Lancaster Ave

City, State, ZIP+4 Code: Fort Worth, TX 76103-2124

OWNER / AGENT STATEMENT

I certify that the animals in this shipment are those certified and listed here.

CARRIER:

☐ Truck ☒ Other Air

Name: Wings of Rescue

Address:

386592TAHC-Form-99-08 (Revised 6/24/2005)

SHIPPING COPY

CERTIFICATE OF VETERINARY INSPECTION - ADDENDUM

MISSISSIPPI

No. 626372

 Date Issued 3/22/2019

CONSIGNOR:
Hoofbeats and Pawprints Rescue
17341 River Road
Natchez, MS 39120
601.303.0672

CONSIGNEE:
St Hubert's Animal Welfare Center
575 Woodland Avenue
Madison, NJ 07940
973.377.2295

ORIGIN OF SHIPMENT (NAME):
Hoofbeats and Pawprints Rescue

Species: Canine

Purpose of Movement: Shelter

No. animals in Shipment: 8

CARRIER: Truck

ENTRY PERMIT NO.

Individual ID	Animal Name	Microchip ID	Age	Sex	Breed	Weight	Colors / Markings	Rabies		Fecal		Temp.
						lbs		Date	Cert. No.	Date	+/-	°F
1 HPR-269	Cookie	X	1 y	F/S	Heeler mix	46	cream/red/brown	03/15/19	274	X	X	X
2 HPR-268	Hayden	X	1 y	M/N	Lab mix	45	white/bob tail	01/24/19	142	X	X	X
3 HPR-267	Brutus	X	6 m	M/N	Shepherd mix	31	black/tan/white	03/05/19	241	X	X	X
4 HPR-243	Otis	X	5 m	M	Cur mix	26	tan	03/09/19	23137	X	X	X
5 HPR-244	Owen	X	5 m	M	Cur mix	26	tan/white	03/09/19	23138	X	X	X
6 HPR-257	Rymer	X	5 m	F	Shepherd mix	20	tan	03/09/19	23151	X	X	X
7 HPR-259	Wilson	X	5 m	M	Lab/Terrier mix	15	black/white	03/09/19	23153	X	X	X
8 HPR-258	Dougy	X	5 m	M	Lab/Terrier mix	13	black/white	03/09/19	23152	X	X	X
9 X	X	X								X	X	X
10 X	X	X								X	X	X
11 X	X	X								X	X	X
12 X	X	X								X	X	X
13 X	X	X								X	X	X
14 X	X	X								X	X	X
15 X	X	X								X	X	X
16 X	X	X								X	X	X
17 X	X	X								X	X	X
18 X	X	X								X	X	X
19 X	X	X								X	X	X

Accredited Veterinarian (Signature)

MS 772 / USDA 075376

Owner / Agent (Signature)

MISSISSIPPI BOARD OF ANIMAL HEALTH
CERTIFICATE FOR INTERSTATE MOVEMENT

209734

FOR SMALL ANIMALS

BOX 3889, Jackson, MS 39207 - Ph. 601/359-1170

OWNER

Last Name	First	Middle Initial	Phone No.

Address (Street or RFD)	City	Zip Code	County

ANIMAL DESCRIPTION

Tag No.	Breed	Color	Sex	Age Years Mos.	Name

VACCINE USED

Manufacturer	Serial No.	Live ☐ CEO ☐ TC	Killed ☐ TC ☐ Murine ☐ Caprine

Vaccination Date_____ By _____ D.V.M._____
Miss. License Number

This Rabies Vaccination Expires_____

CONSIGNEE

Last Name	First	Middle Initial	Phone No.

Address (Street or RFD)	City	State	Zip Code

This is to certify that this animal was examined by me and is sufficiently healthy for shipment on the date. To my knowledge, this animal has not been exposed to rabies and did not originate from a rabies quarantined area.

_____ D.V.M. _____ _____ _____
Licensed Veterinarian | Date | Phone | National Accreditation Number

OWNER FOR TRANSPORTING ANIMAL

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
Calle Comerio 163
Bayamon, PR 00959
787-359-2029

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 — 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) Mariah	Lab. Retriever Mix	2yr	FS	B/W	3/4/2019	Novibac 1 yr	2/8/19	DHLPP, Bordetella
(2)							3/25/19	Fecal negative
(3) Monique	Lab. Retriever Mix	3m	F	Black	3/25/2019	Novibac 1yr	3/25/19	DHLPP last booster
(4) Mellie	Lab. Retriever Mix	3m	F	Tan	3/25/2019	Novibac 1yr	3/25/19	DHLPP last booster
(5) Maroon	Lab. Retriever Mix	3m	M	B/W	3/25/2019	Novibac 1yr	3/25/19	DHLPP last booster
(6)								

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
This pet may travel in temperatures of 20-85F.

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
ALEJANRINO ANIMAL HOSPITAL
B7 Ave. Alejandrino
Guaynabo, PR 00969
787-244-7477

LICENSE NUMBER AND STATE
PR 629

Accredited ☑ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
078661

NOTE: International shipments may require certification by a

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

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE
3/25/19

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.

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
SIX

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

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) GIGI	LABRADOR/MIX	8W	F	D BRN/WH
(2) GINGER	LABRADOR/MIX	8W	F	D BRN/WHT
(3) GRACIE	LABRADOR/MIX	8W	F	D BRN/WH
(4) GLO	LABRADOR/MIX	8W	F	D BRN/WH
(5) GUPI	LABRADOR/MIX	8W	F	BRINDLE
(6) GINA	LABRADOR/MIX	8W	F	BRINDLE

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
3-26-19	TOO YOUNG FOR RABIE	3-10-19	DHLPP + 4L (1-6)
	(1-6)	3-24-19	DHLPP + 4L (1-6)
		3-26-19	FECAL (1-6) NEGATIVE

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
I HEREBY CERTIFY THAT THE ANIMALS IN THIS SHIPMENT ARE TO THE BEST OF MY KNOWLEDGE ACCLIMATED TO AIR TEMPERATURES OF 20°F-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
PO BOX 332
MANATI PUERTO RICO 00674
787-691-4033

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

LICENSE NUMBER AND STATE
199

Accredited ☑ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
054221

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

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE
3-26-19

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

American Airlines Cargo

Acclimation letter

We want to provide as many tools as possible to ensure your pet, mammal, or bird check-in goes smoothly. Please feel free to provide your veterinarian with this temperature acclimation template **or use their respective version**. We use the below information to ensure the safest transport for your animal's journey.

Note: *An acclimation letter is only required when the outside temperatures are lower than 45° F at origin, connection, or destination cities.*

Olga Marte
Shipper's name

787 667 6328
Phone number

08295280
Air waybill #

Pet's Name	Breed	Dog	Cat	Other
Mariah	Labrador Retriever Mix	☒	☐	☐
N — Monique	Labrador Retriever Mix	☒	☐	☐
Maroon	Labrador Retriever Mix	☒	☐	☐
Mellie	Labrador Retriever Mix	☒	☐	☐

American Airlines temperature policy

- We transport pets/animals when the temperatures at the origin, connection, and destination are between 45° F and 85° F.
- We will **not** transport pets/animals when the temperatures at the origin, connection, and destination are above 85° F.
- A letter of acclimation letter is needed when the temperatures are 44° F or below.
- We will **not** transport pets/animals when the temperatures at the origin, connection, and destination are below 20° F.

Information for your veterinarian to complete:

The animal(s) in this shipment is/are acclimated to temperatures below 45° F down to 20 ° F.

A BOTTOM TEMPERATURE MUST BE LISTED

Signature of veterinarian

078661
Accreditation number

03/25/2019
Date

Note: If a temperature range is listed on the "letter/statement", American Airlines will adhere to the temperature range indicated by the veterinarian on the "letter/statement" of acclimation as long as it does not exceed the mandatory 20° F-85° F temperature range.

Why is a letter of acclimation required?

In accordance with U.S. government regulations, animals must not be subject to temperatures below 45° F (7.2° C) for longer than a 45-minute period during the transport of animals to and from aircraft to an animal holding area. We require this certificate for the safeguarding of the animal. Please be advised that all aircraft holds and animal holding areas are kept within the permitted parameters.

Fraudulent acts and/or misrepresentations for which American may seek recourse include without limitation (a) providing a health certificate that is false. intentionally incomplete. or prepared for a different animal. (b) providing false statements regarding the acclimation procedures previously performed and/or (c) providing false statements regarding the overall health or behavioral temperament of the animal.

(5) I authorize American at any point in my animal's travel to pursue emergency services as deemed necessary by American in its sole determination, including in the event of any incident or emergency that may concern my animal's health, by transporting my animal to a veterinary clinic, animal hospital or similar facility; and I agree to be responsible for any associated charges and to promptly reimburse American for any such charges it may incur.

(6) I authorize American to take my animal to a local kenneling facility if, in American's sole determination. temperatures become unsafe during travel: and I agree that I will be fully liable for any associated charges and to promptly reimburse American for any such charges it may incur.

(7) I authorize American. if necessary, to fully investigate the cause of any illness or abnormal condition resulting in injury or death, including by necropsy. in the unlikely event death occurs.

I acknowledge and agree that American will not be liable for any loss or expense arising out of failure to comply with any Applicable Regulations or American Policies or the provision of inaccurate. incomplete and/or misleading information in connection with my animal's travel, including if my animal is refused passage into or through any state or country. I agree to indemnify American and its affiliates. and hold them harmless from and against any cost, fine. penalty. or other damage or expense of any kind.(including attorney fees) arising out of or related to my failure to comply with any Applicable Regulations or American Policies and/or the provision of inaccurate, incomplete and/or misleading information in connection with the animal's travel and/or this Customer Acknowledgement Form (Animal Transportation).

If I am arranging for the transport of an animal on behalf of a third party, I represent and warrant that I have the knowledge and authority and have obtained the third party's consent to enter into and to make the certifications and agreements within this Customer Acknowledgement Form (Animal Transportation) on beha of myself and any such third party.

My signature below certifies that I have read and understood the risks and requirements provided by American ar agree to the terms and conditions set forth in this Customer Acknowledgment Form (Animal Transportation) as a condition of the transportation of any animal with American.

Shipper Signature

Edilia Vazquez

Shipper Agent Name

All Saints Rescue

Company (if applicable)

Title (if applicable)

702 667 6328

Phone number

4/1/19

Date

5 am

Time

Origin

Air Waybill #

For internal use only

December

FOR COMMERCIAL SHIPPERS

American Airlines Cargo

Documents to bring to your veterinarian

We want to ensure your pet(s) gets checked in without any headaches, so we are providing you with this template for your veterinarian to fill out and sign when you go in for the health certificate(s) within 10 days prior to flight departure.

Owner's name Olga Marte

Phone number 787 667 6328

Breed Restrictions

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.

Please ensure your veterinarian fills out the following:

This is to certify that the animal(s) in this shipment is not considered a brachycephalic or snub-nosed breed, or a mixed breed that includes a brachycephalic or snub-nosed breed.

Pet's name Mariah	Breed Labrador Retriever Mix	(Dog) / Cat	AWB 08295280
Pet's name Monique	Breed Labrador Retriever Mix	(Dog) / Cat	AWB 08295280
Pet's name Manon	Breed Labrador Retriever Mix	(Dog) / Cat	AWB 08295280
Pet's name Mellie	Breed Labrador Retriever Mix	(Dog) / Cat	AWB 08295280
Pet's name	Breed	Dog / Cat	AWB
Pet's name	Breed	Dog / Cat	AWB
Pet's name	Breed	Dog / Cat	AWB
Pet's name	Breed	Dog / Cat	AWB
Pet's name	Breed	Dog / Cat	AWB
Pet's name	Breed	Dog / Cat	AWB
Pet's name	Breed	Dog / Cat	AWB
Pet's name	Breed	Dog / Cat	AWB
Pet's name	Breed	Dog / Cat	AWB
Pet's name	Breed	Dog / Cat	AWB
Pet's name	Breed	Dog / Cat	AWB
Pet's name	Breed	Dog / Cat	AWB
Pet's name	Breed	Dog / Cat	AWB
Pet's name	Breed	Dog / Cat	AWB

Signature of veterinarian [signature] **Date** 03/25/2019

Accreditation number 07816161

Breed verification form

American Airlines Cargo

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**

352-617-1550 — **Phone #**

09295280 — **AWB # (if all in one awb)**

Pet's Name or Identification #	Breed	Dog	Cat	AWB
Gigi	Labrador - mix	☒	☐	
Ginger	Labrador - mix	☒	☐	
Gracie	Labrador - mix	☒	☐	
Gio	Labrador - mix	☒	☐	
Guapi	Labrador - mix	☒	☐	
Gina	Labrador - 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 85 F down to 20 °F. [A BOTTOM TEMPERATURE MUST BE LISTED]

Signature of veterinarian

054221 — **Accreditation number**

3/24/19 — **Date**

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
SIX

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

3392404

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) GIGI	LABRADOR/MIX	8W	F	D BRN/WH	3-26-19	TOO YOUNG FOR RABIE	3-10-19	DHLPP + 4L (1-6)
(2) GINGER	LABRADOR/MIX	8W	F	D BRN/WHT		(1-6)	3-24-19	DHLPP + 4L (1-6)
(3) GRACIE	LABRADOR/MIX	8W	F	D BRN/WH			3-26-19	FECAL (1-6) NEGATIVE
(4) GLO	LABRADOR/MIX	8W	F	D BRN/WH				
(5) GUPI	LABRADOR/MIX	8W	F	BRINDLE				
(6) GINA	LABRADOR/MIX	8W	F	BRINDLE				

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
I HEREBY CERTIFY THAT THE ANIMALS IN THIS SHIPMENT ARE TO THE BEST OF MY KNOWLEDGE ACCLIMATED TO AIR TEMPERATURES OF 20°F-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
PO BOX 332
MANATI PUERTO RICO 00674
787-691-4033

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
3-26-19

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
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
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

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) GIGI	LABRADOR/MIX	8W	F	D BRN/WH
(2) GINGER	LABRADOR/MIX	8W	F	D BRN/WH
(3) GRACIE	LABRADOR/MIX	8W	F	D BRN/WH
(4) GLO	LABRADOR/MIX	8W	F	D BRN/WH
(5) GUPI	LABRADOR/MIX	8W	F	BRINDLE
(6) GINA	LABRADOR/MIX	8W	F	BRINDLE

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
3-26-19	TOO YOUNG FOR RABIE	3-10-19	DHLPP + 4L (1-6)
	(1-6)	3-24-19	DHLPP + 4L (1-6)
		3-26-19	FECAL (1-6) NEGATIVE

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
I HEREBY CERTIFY THAT THE ANIMALS IN THIS SHIPMENT ARE TO THE BEST OF MY KNOWLEDGE ACCLIMATED TO AIR TEMPERATURES OF 20°F-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
PO BOX 332
MANATI PUERTO RICO 00674
787-691-4033

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
3-26-19

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
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
Calle Comerio 163
Bayamon, PR 00959
787-359-2029

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

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1) Mariah	Lab. Retriever Mix	2yr	FS	B/W
(2)				
N (3) Monique	Lab. Retriever Mix	3m	F	Black
(4) Mellie	Lab. Retriever Mix	3m	F	Tan
(5) Maroon	Lab. Retriever Mix	3m	M	B/W
(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
3/4/2019	Novibac 1 yr	2/8/19	DHLPP, Bordetella
		3/25/19	Fecal negative
3/25/2019	Novibac 1yr	3/25/19	DHLPP last booster
3/25/2019	Novibac 1yr	3/25/19	DHLPP last booster
3/25/2019	Novibac 1yr	3/25/19	DHLPP last booster

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)
This pet may travel in temperatures of 20-85F.

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
ALEJANRINO ANIMAL HOSPITAL
B7 Ave. Alejandrino
Guaynabo, PR 00969
787-244-7477

LICENSE NUMBER AND STATE
PR 629

Accredited ☑ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
078661

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

DATE

NOTE: International shipments may require certification by a

SIGNATURE OF ISSUING VETERINARIAN

DATE
3/25/19

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
SIX

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

3392404

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) GIGI	LABRADOR/MIX	8W	F	D BRN/WH	3-26-19	TOO YOUNG FOR RABIE	3-10-19	DHLPP + 4L (1-6)
(2) GINGER	LABRADOR/MIX	8W	F	D BRN/WH		(1-6)	3-24-19	DHLPP + 4L (1-6)
(3) GRACIE	LABRADOR/MIX	8W	F	D BRN/WH			3-26-19	FECAL (1-6) NEGATIVE
(4) GLO	LABRADOR/MIX	8W	F	D BRN/WH				
(5) GUPI	LABRADOR/MIX	8W	F	BRINDLE				
(6) GINA	LABRADOR/MIX	8W	F	BRINDLE				

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
I HEREBY CERTIFY THAT THE ANIMALS IN THIS SHIPMENT ARE TO THE BEST OF MY KNOWLEDGE ACCLIMATED TO AIR TEMPERATURES OF 20°F-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
PO BOX 332
MANATI PUERTO RICO 00674
787-691-4033

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
3-26-19

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
SIX

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

3392404

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) GIGI	LABRADOR/MIX	8W	F	D BRN/WH	3-26-19	TOO YOUNG FOR RABIE	3-10-19	DHLPP + 4L (1-6)
(2) GINGER	LABRADOR/MIX	8W	F	D BRN/WHT		(1-6)	3-24-19	DHLPP + 4L (1-6)
(3) GRACIE	LABRADOR/MIX	8W	F	D BRN/WH			3-26-19	FECAL (1-6) NEGATIVE
(4) GLO	LABRADOR/MIX	8W	F	D BRN/WH				
(5) GUPI	LABRADOR/MIX	8W	F	BRINDLE				
(6) GINA	LABRADOR/MIX	8W	F	BRINDLE				

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
I HEREBY CERTIFY THAT THE ANIMALS IN THIS SHIPMENT ARE TO THE BEST OF MY KNOWLEDGE ACCLIMATED TO AIR TEMPERATURES OF 20°F-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
PO BOX 332
MANATI PUERTO RICO 00674
787-691-4033

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

LICENSE NUMBER AND STATE
199

Accredited ☑ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
054221

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

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE
3-26-19

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.

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. 2143; 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
SIX

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

3392404

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) GIGI	LABRADOR/MIX	8W	F	D BRN/WH	3-26-19	TOO YOUNG FOR RABIE	3-10-19	DHLPP + 4L (1-6)
(2) GINGER	LABRADOR/MIX	8W	F	D BRN/WH		(1-6)	3-24-19	DHLPP + 4L (1-6)
(3) GRACIE	LABRADOR/MIX	8W	F	D BRN/WH			3-26-19	FECAL (1-6) NEGATIVE
(4) GLO	LABRADOR/MIX	8W	F	D BRN/WH				
(5) GUPI	LABRADOR/MIX	8W	F	BRINDLE				
(6) GINA	LABRADOR/MIX	8W	F	BRINDLE				

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
I HEREBY CERTIFY THAT THE ANIMALS IN THIS SHIPMENT ARE TO THE BEST OF MY KNOWLEDGE ACCLIMATED TO AIR TEMPERATURES OF 20°F-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
PO BOX 332
MANATI PUERTO RICO 00674
787-691-4033

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

LICENSE NUMBER AND STATE
199

Accredited ☑ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
054221

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

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE
3-26-19

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.

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
Calle Comerio 163
Bayamon, PR 00959
787-359-2029

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
Monmouth County SPCA
260 Wall Street
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) Mariah	Lab. Retriever Mix	2yr	FS	B/W	3/4/2019	Novibac 1 yr	2/8/19	DHLPP, Bordetella
(2)							3/25/19	Fecal negative
(3) Monique	Lab. Retriever Mix	3m	F	Black	3/25/2019	Novibac 1yr	3/25/19	DHLPP last booster
(4) Mellie	Lab. Retriever Mix	3m	F	Tan	3/25/2019	Novibac 1yr	3/25/19	DHLPP last booster
(5) Maroon	Lab. Retriever Mix	3m	M	B/W	3/25/2019	Novibac 1yr	3/25/19	DHLPP last booster
(6)								

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
This pet may travel in temperatures of 20-85F.

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

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

DATE

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN
ALEJANRINO ANIMAL HOSPITAL
B7 Ave. Alejandrino
Guaynabo, PR 00969
787-244-7477

LICENSE NUMBER AND STATE
PR 629

Accredited ☑ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
078661

NOTE: International shipments may require certification by a

SIGNATURE OF ISSUING VETERINARIAN

DATE
3/25/19

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

ALL SATO RESCUE
www.allsatorescue.org

Name/Nombre: Monique Millie Maroon age/edad: 3 Mo

weight/peso 12, 8.4, 12- sex/sexo: male/macho ✓ female/hembra ✓

Is the dog spayed or neutered?/Esta esterilizado?: Si___ No ✓

Breed description/Descripción de raza: Chihuahua Mix

VACCINATIONS/VACUNAS

DHLPP: date/fecha: 3/8/19 date/fecha: 3/2/19 date/fecha: 3/25/19

Rabies/Rabia: date/fecha: 3/2/19 Tag # 0323 0324 0325

Bordetella: date/fecha: 3/2/19 (IN) SQ) circle one/circule uno--------

TESTS/PRUEBAS

Fecal test/Prueba Fecal: date/fecha 3/25/19 result/resultado: (-)
(must be done at time of health certificate/debe hacerse al momento del certificado de viaje)
Treatment (if necessary)/Tratamiento (si necesita):

4DX: (must be **IDEXX** Snap Test: HW, Ehrlichia, Anaplasma & Lyme/debe ser **IDEXX** Snap Test: HW, Ehrlichia, Anaplasma & Lyme):
date/fecha: result/resultado:
Treatment given if positive results, indicate re-test date and results/Tratamiento dado si resultado salió positivo, indicar fecha y resultado de la prueba repetida:

Deworming/Desparsitante: date/fecha 2/8, 9, 10 product/producto: Pyrantel
date/fecha 3/2, 3, 4 product/producto: Panacur
date/fecha 3/25/19 product/producto: Panacur

Heartworm preventive/Preventivo Parásitos del Corazón: date/fecha:
product/producto

Other medical issues and/or treatments (including flea prevention)/alguna otra condición médica y/o tratamientos (incluyendo la prevncion de pulgas):

Personality: Does this dog get along with other dogs, cats, kids, people? Please provide a brief description/Personalidad: La mascota se lleva con otros perros, gatos, niños, personas? Por favor describa brevemente su personalidad.
Playful, active y curious

ALEJANDRINO ANIMAL HOSPITAL
alejandrinoanimalhospital@gmail.com
B7 Avenida Alejandrino
Guaynabo, PR 00969
(787) 244-7477

OLGA MARTE
CALLE COMERIO 163
Bayamon, PR 00959

Client ID: 10358
Invoice #: 1083
Date: 3/2/2019

Patient ID: 10744 | Species: Canine | Weight: 5.40 pounds
Patient Name: Mellie | Breed: Mixed | Birthday: 12/08/2018 | Sex: Female

	Description	Staff Name	Quantity	Total
3/2/2019	Medical Exam Rescue	DRA. ALEXIA SIMEONIDI	1.00	$14.00
	Rescue DHL4PP vaccine		1.00	$12.00
	Rescue Bordetella Vaccine		1.00	$12.00
			Patient Subtotal:	**$38.00**

Instructions

Es posible que su mascota sienta un poco de molestia en las áreas del cuerpo donde se administraron las vacunas y que la note un poco letárgica. Si estos síntomas duran por más de 24 horas, por favor comuníquese con nosotros. NO le administre ningún medicamento sin previa autorización médica.

Your pet may experience some lethargy or soreness from the vaccinations. If this persists longer than 24 hours, please call our office.

Reminder

03/01/2019 DHL2PP + CV Vaccination 2nd in Series

Gracias por permitirnos servirle a usted y a su mascota en el día de hoy. Le agradecemos infinitamente su confianza en nosotros. ¡Que tenga lindo día! -La familia de Alejandrino Animal Hospital

ALL SATO RESCUE
www.allsatorescue.org

Name/Nombre: Monique Millie Mayon age/edad: 3 No

weight/peso 12, 8.4, 12- sex/sexo: male/macho ✓ female/hembra ✓

Is the dog spayed or neutered?/Esta esterilizado?: Si___ No ✓

Breed description/Descripción de raza: Chihuahua Mix

VACCINATIONS/VACUNAS

DHLPP: date/fecha: 3/8/19 date/fecha: 3/2/19 date/fecha: 3/25/19

Rabies/Rabia: date/fecha: 3/2/19 Tag # 0323 0324 0325

Bordetella: date/fecha: 3/2/19 (IN) SQ) circle one/circule uno--------

TESTS/PRUEBAS

Fecal test/Prueba Fecal: date/fecha 3/25/19 result/resultado: (-)

(must be done at time of health certificate/debe hacerse al momento del certificado de viaje)

Treatment (if necessary)/Tratamiento (si necesita): ✓

4DX: (must be **IDEXX** Snap Test: HW, Ehrlichia, Anaplasma & Lyme/debe ser **IDEXX** Snap Test: HW, Ehrlichia, Anaplasma & Lyme):

date/fecha: ✓ result/resultado: ✓

Treatment given if positive results, indicate re-test date and results/Tratamiento dado si resultado salió positivo, indicar fecha y resultado de la prueba repetida: ✓

Deworming/Desparsitante: date/fecha 2/8, 9, 10 product/producto: Pyrantel

date/fecha 3/2, 3, 4 product/producto: Panacur

date/fecha 3/05/19 product/producto: Panacur

Heartworm preventive/Preventivo Parásitos del Corazón: date/fecha: ✓

product/producto ___

Other medical issues and/or treatments (including flea prevention)/alguna otra condición médica y/o tratamientos (incluyendo la prevncion de pulgas): ✓

Personality: Does this dog get along with other dogs, cats, kids, people? Please provide a brief description/Personalidad: La mascota se lleva con otros perros, gatos, niños, personas? Por favor describa brevemente su personalidad.

Happy, Relax y Amiga

FAMILIA
ALL FEMALES

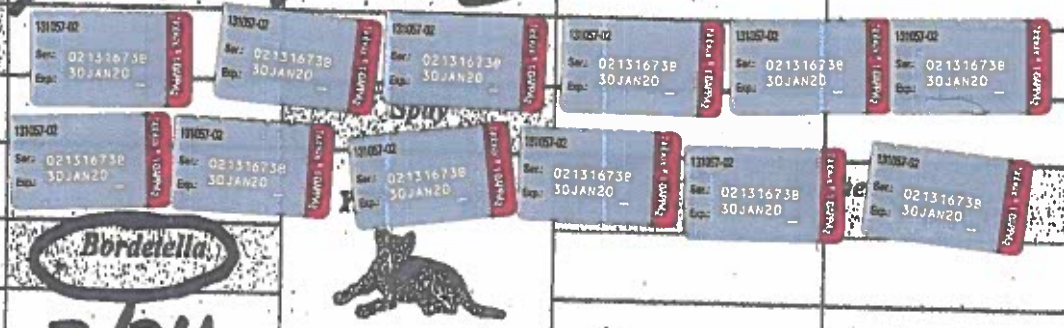
(2) GINGER - pink brown TWINS (5) GULPI - Brindle
(3) GRACIE - pink Brindle TWINS (6) GINA - Brindle
(4) 610 -

LABRADOR
(MD) Golden Retriever Mix

Nombre
Edad y peso
Lugar al que se envió

DOB: ± 1/27/19

Descripción
Rescatador
Tamaño de Jaula

Fecal	DHLPP	Rabia	Heartworm	Piel	Antibiótico
	3/10/19 L2				
Tratamiento					
3/24					
	Bordetella 3/24				
Paramite	Mitaban	Lyme Dip			
					

Comentarios

① Gigi – 9.5 lbs – DARK BROWN & white
② Ginger – 8.6 lbs – " "
③ GRACIE – 7.2 lbs
④ GLO – 7.2 lbs " "
⑤ GUPI – 7.2 lbs – BRINDLE
⑥ GINA – 7.2 lbs – BRINDLE

ALL SATO RESCUE
www.allsatorescue.org

Name/Nombre + age/edad: 8 WEEKS

weight/peso _____ sex/sexo: male/macho female/hembra ALL 6

Is the dog spayed or neutered?/Esta esterilizado?: Si No

Breed description/Descripción de raza: LAB MIX

VACCINATIONS/VACUNAS

DHLPP: date/fecha: 3/10/19 date/fecha: 3/24/19 date/fecha: _____

Rabies/Rabia: date/fecha: too young Tag # —

Bordetella: date/fecha: 3/24/19 (ORAL) (IN SQ) circle one/circule uno

TESTS/PRUEBAS

Fecal test/Prueba Fecal: date/fecha 3/26/19 result/resultado: NEG

(must be done at time of health certificate/debe hacerse al momento del certificado de viaje)

Treatment (if necessary)/Tratamiento (si necesita): _____

4DX: (must be **IDEXX** Snap Test: HW, Ehrlichia, Anaplasma & Lyme/debe ser **IDEXX** Snap Test: HW, Ehrlichia, Anaplasma & Lyme): date/fecha: — result/resultado: _____

Treatment given if positive results, indicate re-test date and results/Tratamiento dado si resultado salió positivo, indicar fecha y resultado de la prueba repetida:

_____

Deworming/Desparasitante: date/fecha 3/8, 9/10 product/producto: PYRANTEL

date/fecha 3/17, 18/19 product/producto: ALBON

date/fecha _____ product/producto: _____

Heartworm preventive/Preventivo Parásitos del Corazón: date/fecha: —

product/producto —

Other medical issues and/or treatments/alguna otra condición médica y/o tratamientos:

_____

_____

Personality: Does this dog get along with other dogs, cats, kids, people? Please provide a brief description/Personalidad: La mascota se lleva con otros perros, gatos, niños, personas? Por favor describa brevemente su personalidad.

Friendly and playful puppies! They are loving, love to play, love people!

PATRICIA ... ① GIGI ... ④ GIGI ...
ALL FEMALES ② GINGER - DARK BROWN TWINS ⑤ GULPI - BRINDLE
③ GRACIE - DARK BROWN TWINS ⑥ GINA - BRINDLE

Nombre ____
Edad y peso ____ DOB: ± 1/27/19
Lugar al que se envió ____

Descripción ~~____~~ (MD) LABRADOR Retriever Mix
Rescatador ____
Tamaño de jaula ____

Fecal	DHLPP	Rabia	Heartworm	Piel	Antibiótico
	3/10/19	LZ			
Tratamiento	131057-02 Ser: 021316738 Exp: 30JAN20	131057-02 Ser: 021316738 Exp: 30JAN20 / 131057-02 Ser: 021316738 Exp: 30JAN20	131057-02 Ser: 021316738 Exp: 30JAN20	131057-02 Ser: 021316738 Exp: 30JAN20 / 131057-02 Ser: 021316738 Exp: 30JAN20	
3/24	131057-02 Ser: 021316738 Exp: 30JAN20 / 131057-02 Ser: 021316738 Exp: 30JAN20	Spay 131057-02 Ser: 021316738 Exp: 30JAN20	131057-02 Ser: 021316738 Exp: 30JAN20 / 131057-02 Ser: 021316738 Exp: 30JAN20	131057-02 Ser: 021316738 Exp: 30JAN20	
	Bordetella				
	3/24				
Paramite	Mitaban	Lym Dip			
	150538-01 Ser: 02541114A Exp: 06DEC19 / 150538-01 Ser: 02541114A Exp: 06DEC19	150538-01 Ser: 02541114A Exp: 06DEC19	150538-01 Ser: 02541114A Exp: 06DEC19 / 150538-01 Ser: 02541114A Exp: 06DEC19	150538-01 Ser: 02541114A Exp: 06DEC19	

Comentarios

① Gigi – 9.5 lbs – DARK BROWN & white
② GINGER – 8.6 lbs – " "
③ GRACIE – 7.2 lbs " "
④ GLO – 7.2 lbs " "
⑤ GUPI – 7.2 lbs – BRINDLE
⑥ GINA – 7.2 lbs – BRINDLE

ALL SATO RESCUE
www.allsatorescue.org

Name/Nombre ALL 6 age/edad: + 8 WEEKS

weight/peso _____ sex/sexo: male/macho female/hembra

Is the dog spayed or neutered?/Esta esterilizado?: Si No

Breed description/Descripción de raza: LAB MIX

VACCINATIONS/VACUNAS

DHLPP: date/fecha: 3/19/19 date/fecha: 3/24/19 date/fecha: _____

Rabies/Rabia: date/fecha: too young Tag # —

Bordetella: date/fecha: 3/24/19 (ORAL) (IN SQ) circle one/circule uno

TESTS/PRUEBAS

Fecal test/Prueba Fecal: date/fecha 3/26/19 result/resultado: NEG
(must be done at time of health certificate/debe hacerse al momento del certificado de viaje)

Treatment (if necessary)/Tratamiento (si necesita): _____

4DX: (must be **IDEXX** Snap Test: HW, Ehrlichia, Anaplasma & Lyme/debe ser **IDEXX** Snap Test: HW, Ehrlichia, Anaplasma & Lyme): date/fecha: — result/resultado: _____

Treatment given if positive results, indicate re-test date and results/Tratamiento dado si resultado salió positivo, indicar fecha y resultado de la prueba repetida:

_____

Deworming/Desparasitante: date/fecha 3/8, 9/10 product/producto: PYRANTEL
date/fecha 3/17, 18/19 product/producto: ALBON
date/fecha _____ product/producto: _____

Heartworm preventive/Preventivo Parásitos del Corazón: date/fecha: —
product/producto —

Other medical issues and/or treatments/alguna otra condición médica y/o tratamientos:

_____

_____

sonality: Does this dog get along with other dogs, cats, kids, people? Please provide a description/Personalidad: La mascota se lleva con otros perros, gatos, niños, personas? vor describa brevemente su personalidad.

nd/ and playful puppies! They are loving, love to love people!

FAMILIA [illegible]
ALL FEMALES

(2) GINGER - [illegible] (4) GLO - [illegible]
(3) GRACIE - DARK BRINDLE TWINS (5) GUPI - Brindle
(6) GINA - Brindle

LABRADOR
(MD) [illegible] Retriever Mix

Nombre _____
Edad y peso _____ DOB: ± 1/27/19
Lugar al que se envió _____

Descripción _____
Rescatador _____
Tamaño de jaula _____

Fecal	DHLPP	Rabia	Heartworm	Piel	Antibiótico
	3/10/19 L2				
Tratamiento					
3/24					
	Bordetella				
	3/24				
Paramite	Mitaban	Lym Dip			

Comentarios

ALL SATO RESCUE
www.allsatorescue.org

① GIGI – 9.5 lbs – DARK BROWN & WHITE
② GINGER – 8.6 lbs – " "
③ GRACIE – 7.2 lbs " "
④ GLO – 7.2 lbs " "
⑤ GULPI – 7.2 lbs – BRINDLE
⑥ GINA – 7.2 lbs – BRINDLE

Name/Nombre ⑥ GINA age/edad: + 8 WEEKS

weight/peso _____ sex/sexo: male/macho ~~female/hembra~~ ALL 6

Is the dog spayed or neutered?/Esta esterilizado?: Si ~~No~~

Breed description/Descripción de raza: LAB MIX

VACCINATIONS/VACUNAS

DHLPP: date/fecha: 3/10/19 date/fecha: 3/24/19 date/fecha: _____

Rabies/Rabia: date/fecha: TOO YOUNG Tag # —

Bordetella: date/fecha: 3/24/19 (ORAL) (IN SQ) circle one/circule uno

TESTS/PRUEBAS

Fecal test/Prueba Fecal: date/fecha 3/26/19 result/resultado: NEG

(must be done at time of health certificate/debe hacerse al momento del certificado de viaje)

Treatment (if necessary)/Tratamiento (si necesita): _____

4DX: (must be **IDEXX** Snap Test: HW, Ehrlichia, Anaplasma & Lyme/debe ser **IDEXX** Snap Test: HW, Ehrlichia, Anaplasma & Lyme): date/fecha: — result/resultado: _____

Treatment given if positive results, indicate re-test date and results/Tratamiento dado si resultado salió positivo, indicar fecha y resultado de la prueba repetida:

_____

Deworming/Desparasitante: date/fecha 3/8, 9/10 product/producto: PYRANTEL

date/fecha 3/17, 18/19 product/producto: ALBON

date/fecha _____ product/producto: _____

Heartworm preventive/Preventivo Parásitos del Corazón: date/fecha: —

product/producto —

Other medical issues and/or treatments/alguna otra condición médica y/o tratamientos:

_____

_____

Personality: Does this dog get along with other dogs, cats, kids, people? Please provide a brief description/Personalidad: La mascota se lleva con otros perros, gatos, niños, personas? Por favor describa brevemente su personalidad.

Friendly and playful puppies! They are loving, love to play, love people!