Waystation list

NOTES TO DRIVERS

Coordinator	**Colleen Harrington**	Charrington@sthuberts.org
Destination Shelter	**Monmouth County SPCA**	260 Wall St, Eatontown, NJ 07724
Destination Contact	**Leslie Surbrug**	leslie@monmouthcountyspca.org

I understand that ownership of all transported animals transfers to the destination shelter when animals are placed o

Destination Shelter Signature

Highlight groups who can live together on truck - use different colors for each grouping.

Heaviest to Lightest

TRUCK KENNEL #	Source Shelter Animal #	Animal Name	Breed	Age on Transport Date	Sex	Weight
	humphreys	Cheyenne	Pyreness	2Y	M	80
	valley river	Missy	Collie/Mix	1.5 yrs	F	55.4
	sylacauga	Muffin	Mountain Curr mix	1 yr	F	38#
	sylacauga	Miss Parker	border collie mix	1.5 yr	F	31#
	humphreys	Pam	Terrier Mix	10M	F	22
	humphreys	Gamora	Retriever	12W	F	10
	humphreys	Venom	Retriever	12W	M	10
	humphreys	Thanos	Retriever	12W	M	10

CONFIDENTIAL

n vehicle.

OS, Stray, Transfer, Other Intake Type	OS Reason	Date In	CBA,Small Dog or SAFER Name of Assessment and Date	Color or Colors, Pattern, etc.	DA2PPv Dates
OS	Too many dogs	3/26/19	CBA 3/29/19	White/Black	3/26/19
Stray		3/18/19		Black/Tan	03/21/2019
OS-can't keep		2/15/2019		Blonde	2/15/19
Stray		3/25/2019		Black/white	3/26/19
S		3/13/19	CBA 3/29/19	Tan/BL/White	3/13/19
S		3/25/19	N/A	Black	3/25/19; 4/8/19
S		3/25/19	N/A	Black	3/25/19; 4/8/19
S		3/25/19	N/A	Black	3/25/19; 4/8/19

Dogs 6 mos and older

If positive,
use red font color on
the entire row

Bordetella Date	Rabies Date	HW Status (+/-) and Date Tested	HW Preventative and Date(s) Given	MicroChip Number
3/26/19	4/5/2019	3/26/19(-)	Ivermectine 3/26/19	
3/21/19	3/21/19	03/21/2019(-)	Revolution 03/21/2019	
2/15/19		3/31/19 Negative		
3/26/19		3/26/19 negative		
3/13/19	4/5/2019	3/13/19(-)	Ivermectine 3/13/19	
3/25/19	4/5/2019	N/A	N/A	
3/25/19	4/5/2019	N/A	N/A	
3/25/19	4/5/2019	N/A	N/A	

	Rounds, Hooks	Coccicia,Giardia,etc.	
Flea Product and Date(s)	**Primary Dewormer and Dates**	**Other Internal Parasite Treatments and Dates**	**Health Cert Date**
Advantage 4/8/19	Strongid 3/26/19		4/5/2019
Revolution 03/21/2019	Strongid 03/21/2019	Praziquantel 03/21/2019	
2/15/19 Capstar	2/19,2/20,2/21 Safeguard		
4/1/19 frontline plus	3/26,3/27,3/28 Safeguard		
Advantage 4/8/19	Strongid 3/13/19		4/5/2019
Advantage 4/8/19	Strongid 3/25/19; 4/8/19	Marquix 3/25/19	4/5/2019
Advantage 4/8/19	Strongid 3/25/19; 4/8/19	Marquix 3/25/19	4/5/2019
Advantage 4/8/19	Strongid 3/25/19; 4/8/19	Marquix 3/25/19	4/5/2019

NOTES
Owner reducing the number of goats she has and is also reducing the number of Pyrenees that she has
very unique dog

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
6

4. PAGE
1

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)
Valley River Humane Society
7450 US Hwy 19
Marble, NC 28905

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
St. Hubert's Rescue
575 Woodland Ave
Madison, NJ 07940

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) Ralphy	Great Pyrenees/Mix	3y	M/N	
(2) Shelby	Redbone/Mix	6y	F/S	
(3) Missy	Collie/Mix	1y6m	F	
(4) Dixie	Feist/Mix	3y	F	
(5) Thor	Feist/Lab Retriever	2y10	M/N	
(6) Winston	Pointer/Mix	7m	M	

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
03/09/2019	Rabies	03/09/2019	DHPP/Bordetella
04/04/2019	Rabies	04/04/2019	DHPP/Bordetella
03/21/2019	Rabies	03/21/2019	DHPP/Bordetella
03/30/2019	Rabies	03/30/2019	DHPP/Bordetella
11/29/2019	Rabies	12/05/2018	DHPP/Bordetella
04/04/2019	Rabies	04/03/2019	DHPP/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

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN
Dr. Greg Cranford
Peachtree Animal Hospital
Hwy 141
Murphy, NC 28906

LICENSE NUMBER AND STATE
1556 NC

Accredited ☒ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
055347

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
John H Cranford DVM

DATE
4-6-19

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

61222

89

487

zip 38320

31

155

Tennessee Department of Agriculture
Consumer & Industry Services — Animal Health
Box 40627, Melrose Station
Nashville, TN 37204
615 837-5120

461223

Date Issued 4/5/19
Expiration 30 days after issuance

OFFICIAL INTERSTATE HEALTH CERTIFICATE OF DOGS, CATS AND OTHER NON-LIVESTOCK SPECIES

Owner Humphrey's Co Humane
Address 112 Young Road
City ~~Camden~~ Waverly
State TN
Telephone No. 931 296 7319

Consignee St Huberts Animal
Address 575 Woodland Drive
City Madison
State NJ Zip Code 07940
Telephone No. 973-377-2295

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #
Canine	Kodak	Shepherd mix	m	11w	Tan/Black		003820
Canine	Kash	Shepherd mix	m	11w	Tan/Black		003821
Canine	Kane	Shepherd mix	m	11w	Tan/Black		003819
Canine	Fredrick	Boxer mix	MN	7y	Red/Gray		113070
Canine	Gamora	Retriever	F	12w	Black		003811
Canine	Venom	Retriever	F	12w	Black		003810
Canine	Thanos	Retriever	m	12w	Black		003811
Canine	Diamond	Retriever	m	10w	Gray		
Canine	Mia	Retriever	F	10w	Blonde/White		
Canine	Maryah	Retriever	F	10w	Blonde/White		
Canine	Mobie	Retriever	F	10w	Gray		

Remarks eyes and ears clear

I certify that I am licensed and accredited in Tennessee and that I personally examined the 11 animal(s) described herein and found them to be free of evidence of infectious or communicable disease or exposure thereto. To the best of my knowledge, these animals meet the current import requirements of the State of Destination.

Vaccination Data				
Manufacturer	Serial #	Exp.	Type	Date
Zoetis	311623	2/20	killed	4/5

Accredited Veterinarian Vet Code
Lynn McHugh, DVM 035489
Type or Print
Signature Lynn McHugh DVM 035489
Address 310 Highway 641 N
City Camden State TN zip 38320
Email Address Vetwork310@gmail
Telephone: 731 212 2555

Distribution:

Interstate Shipments	
White	TN State Veterinarian
* Canary	Accompany Shipment
* Pink	TN State Veterinarian
Goldenrod	Retain

AG-0059 (Rev. 02/15)

RDA's pending

AL-S 0034117

SMALL ANIMAL

HEALTH CERTIFICATE

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

KPM
St. Huberts

Date Issued 4-5-19

CONSIGNOR OR SHIPPER Sylacauga Animal Shelter

CONSIGNEE OR PURCHASER

ORIGIN Sylacauga AL 35150

DESTINATION ~~Madison~~ Madison NJ 07940 KPM

COMPLETE PHYSICAL ADDRESS FOR CONSIGNOR
1213 Wynette Road

COMPLETE PHYSICAL ADDRESS FOR CONSIGNEE
575 Woodland Ave

DESCRIPTION OF ANIMALS

Species	Breed	Sex	Age	Color or Markings	Rabies Tag No.
Canine	Collie Mix	F	1 yr	Black/white Mrs Patra	183123
Canine	Curr Mix	F	1yr	Blonde (muffin)	183058
Canine	Lab mix	F/S	1yr	Black (Kaydee)	183341
Canine	Heelamix	M	1yr	Blw (Charlie)	183338

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV - K	4-5-19
DHLP	MLV - K	
FVRCP	MLV - K	
OTHER		

APPROVED BY:

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

Accredited Veterinarian Kevin Mauldin DVM
Printed Signature Kevin Mauldin, DVM
Telephone No. 256-378-7016

Veterinary Accreditation No. 020047
Address 1440 Cosa Pines Drive Childersburg, AL 35044

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

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

DO NOT STAPLE

SUBMIT WITHIN 7 DAYS OF DATE ISSUE

STATE OF SOUTH CAROLINA

COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
(REV 02/16)

☐ CANINE ☐ FELINE ☐ PET BIRD

No. A 252423

Origin Contact _____ Destination Contact _____

Origin Address _____ Destination Address _____

AGE	SEX	DESCRIPTION – BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.

STATE VET USE ONLY

NAME OF ACCREDITED VETERINARIAN (PRINT)	ADDRESS OF ACCREDITED VETERINARIAN	DATE
SIGNATURE OF ACCREDITED VETERINARIAN	**TELEPHONE**	**FEDERAL ACCRED. #**

Clemson Livestock Poultry Health • P.O. Box 102406 • Columbia, SC 29224 • 803.788.2260

DISTRIBUTION: ORIGINAL WHITE (1) & CANARY (2) TO STATE VET – PINK (3) TO ACCOMPANY SHIPMENT – GOLDENROD (4) VETERINARIAN'S COPY

DO NOT STAPLE

SUBMIT WITHIN 7 DAYS OF DATE ISSUE

STATE OF SOUTH CAROLINA

COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
(REV 02/16)

☐ CANINE ☐ FELINE ☐ PET BIRD

No. A 252427

Origin Contact _____ Destination Contact _____

Origin Address _____ Destination Address _____

AGE	SEX	DESCRIPTION – BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
4yr	F	Lab/Pit mix	2/28/19	165

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.

STATE VET USE ONLY

NAME OF ACCREDITED VETERINARIAN (PRINT)	ADDRESS OF ACCREDITED VETERINARIAN	DATE
[illegible]	[illegible]	2/28/19

SIGNATURE OF ACCREDITED VETERINARIAN	TELEPHONE	FEDERAL ACCRED. #
Dr. [illegible]	[illegible]	[illegible]

Clemson Livestock Poultry Health • P.O. Box 102406 • Columbia, SC 29224 • 803.788.2260

DISTRIBUTION: ORIGINAL WHITE (1) & CANARY (2) TO STATE VET – PINK (3) TO ACCOMPANY SHIPMENT – GOLDENROD (4) VETERINARIAN'S COPY

DO NOT STAPLE

SUBMIT WITHIN 7 DAYS OF DATE ISSUE

STATE OF SOUTH CAROLINA

COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
(REV 02/16)

☑ CANINE ☐ FELINE ☐ PET BIRD

No. A 252417

Origin Contact _____ Destination Contact _____

Origin Address _____ Destination Address _____

AGE	SEX	DESCRIPTION – BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
4yr	M	Yorkie / Red & White	2/28/19	164
1yr	F	Boxer / Red & White	2/28/19	163
1yr	F	Boxer / Red & White	2/28/19	162
6yr	F	Boxer / Red & White	2/28/19	161

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.

STATE VET USE ONLY

NAME OF ACCREDITED VETERINARIAN (PRINT)	ADDRESS OF ACCREDITED VETERINARIAN	DATE
[illegible]	[illegible]	2/28/19

SIGNATURE OF ACCREDITED VETERINARIAN	TELEPHONE	FEDERAL ACCRED. #
Dr. [illegible]	[illegible]	[illegible]

Clemson Livestock Poultry Health • P.O. Box 102406 • Columbia, SC 29224 • 803.788.2260

DISTRIBUTION: ORIGINAL WHITE (1) & CANARY (2) TO STATE VET – PINK (3) TO ACCOMPANY SHIPMENT – GOLDENROD (4) VETERINARIAN'S COPY

DO NOT STAPLE

SUBMIT WITHIN 7 DAYS OF DATE ISSUED

STATE OF SOUTH CAROLINA

COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149 (REV 02/16)

☑ CANINE ☐ FELINE ☐ PET BIRD

No. A 252422

Origin Contact _____ Destination Contact _____

Origin Address _____ Destination Address _____

AGE	SEX	DESCRIPTION – BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.

STATE VET USE ONLY

NAME OF ACCREDITED VETERINARIAN (PRINT)	ADDRESS OF ACCREDITED VETERINARIAN	DATE
		3/20/19
SIGNATURE OF ACCREDITED VETERINARIAN	**TELEPHONE**	**FEDERAL ACCRED. #**
Dr Paula Wallace		

Clemson Livestock Poultry Health • P.O. Box 102406 • Columbia, SC 29224 • 803.788.2260

DISTRIBUTION: ORIGINAL WHITE (1) & CANARY (2) TO STATE VET – PINK (3) TO ACCOMPANY SHIPMENT – GOLDENROD (4) VETERINARIAN'S COPY

DO NOT STAPLE

SUBMIT WITHIN 7 DAYS OF DATE ISSUE

STATE OF SOUTH CAROLINA

COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 14[illegible] (REV 02/16)

☒ CANINE ☐ FELINE ☐ PET BIRD

No. A 252424

Origin Contact _____ Destination Contact _____

Origin Address _____ Destination Address _____

AGE	SEX	DESCRIPTION – BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.

STATE VET USE ONLY

NAME OF ACCREDITED VETERINARIAN (PRINT)	ADDRESS OF ACCREDITED VETERINARIAN	DATE
		3/28/19
SIGNATURE OF ACCREDITED VETERINARIAN	**TELEPHONE**	**FEDERAL ACCRED. #**
Dr Paula Wallace		

Clemson Livestock Poultry Health • P.O. Box 102406 • Columbia, SC 29224 • 803.788.2260

DISTRIBUTION: ORIGINAL WHITE (1) & CANARY (2) TO STATE VET – PINK (3) TO ACCOMPANY SHIPMENT – GOLDENROD (4) VETERINARIAN'S COPY