# SMALL ANIMAL CERTIFICATE OF VETERINARY INSPECTION

**OHIO DEPARTMENT OF AGRICULTURE**
**ANIMAL HEALTH**
**REYNOLDSBURG, OHIO 43068**

PINK – TO ACCOMPANY SHIPMENT
CANARY – TO STATE OFFICIAL AT DESTINATION
GOLDENROD – HOME OFFICE COPY

DATE 3-12-19

CONSIGNOR Sierra's Haven
ADDRESS 80 Easter Dr. Portsmouth OH 45662

CONSIGNEE St. Huberts AWC
ADDRESS 575 Woodland Ave, Madison NJ 07940

| SPECIES | BREED | SEX | AGE | COLOR & MARKINGS | RABIES VAC DATE | RABIES TAG NO. |
|---|---|---|---|---|---|---|
| K9 | Chihuahua | M | 9 | White White Boy | 2-26-19 | 168957 |
| K9 | | | | | | |
| K9 | | | | | | |

OTHER VACCINATIONS

OTP Date

Date

Date

Date

Owner/Agent Statement
(Where applicable):
The animals in this shipment are those certified to and listed on this certificate.

Date

Owner

Certificate of Veterinarian.
"I certify, as a licensed veterinarian, that the above-described animals have been inspected by me and that they are not showing signs of infectious, contagious, or communicable disease, (except where noted). The known vaccinations and results of tests are indicated on the certificate. No warranty is made or implied."

Angela Sherman
Licensed Veterinarian

101 Bierly Rd
Address

Portsmouth, OH 45662

Agr-0259 (Rev. 5/02)

# SMALL ANIMAL CERTIFICATE OF VETERINARY INSPECTION

**OHIO DEPARTMENT OF AGRICULTURE**
ANIMAL HEALTH
REYNOLDSBURG, OHIO 43068

PINK – TO ACCOMPANY SHIPMENT
CANARY – TO STATE OFFICIAL AT DESTINATION
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DATE 3-12-19

CONSIGNOR Sierras Haven
ADDRESS 80 Easter Dr. Portsmouth OH 45662

CONSIGNEE St. Huberts AWC
ADDRESS 575 Woodland Ave, Madison NJ 07940

| SPECIES | BREED | SEX | AGE | COLOR & MARKINGS | | RABIES VAC DATE | RABIES TAG NO. |
|---|---|---|---|---|---|---|---|
| K-9 | Rott/Doberman | M | 3y | Black/Rust | Roscoe | 2-8-[illegible] | 168945 |
| K-9 | Aussie Mix | F | 2y | Tricolor | Luna | 3-11-19 | 168946 |
| K-9 | [illegible] | F | 1y | Brown/Blk | Scraps | 11-26-18 | 620041 |

OTHER VACCINATIONS

_____ Date _____

UTD
_____ Date _____

_____ Date _____

_____ Date _____

Owner/Agent Statement
(Where applicable):
The animals in this shipment are those certified to and listed on this certificate.

_____
Date

_____
Owner

Certificate of Veterinarian.
"I certify, as a licensed veterinarian, that the above-described animals have been inspected by me and that they are not showing signs of infectious, contagious, or communicable disease, (except where noted). The known vaccinations and results of tests are indicated on the certificate. No warranty is made or implied."

Angela Sherman
Licensed Veterinarian

161 Bierly Rd
Address

Portsmouth, OH 45662

Agr-0259 (Rev. 5/02)

COMMONWEALTH OF KENTUCKY • Department of Agriculture
Office of the State Veterinarian • 100 Fair Oaks Lane, Suite 252, Frankfort, KY 40601 • Phone (502) 564-3956

SA- 193313

# SMALL ANIMAL CERTIFICATE OF VETERINARY INSPECTION

| | |
|---|---|
| Owner: Jennifer D. Arnold Snyder | Consignee: [illegible] |
| Address: 351 Little Eagle Lane; P.O. Box 75 | Address: 575 Industrial Rd #159 |
| City, State, ZIP: Flemingsburg KY 41041 Phone #: (606) 748-8 | City, State, ZIP: Madison NJ [illegible] Phone #: 973-377-2[illegible] |
| County: Fleming Premises #: | County: Premises #: |

**Species:** ☒ Canine ☐ Feline ☐ Avian ☐ Other: _____

**Reason For Movement:** ☐ Traveling w/owner ☐ Exhibition ☐ Sale ☒ Other: Adoption

**Transported By:** ☒ Car ☐ Air ☐ Rail ☐ Truck

| Animal's Name/ID | Breed | Age | Sex | Color | Date of Rabies Vaccination | Type of Vaccine | Other Vaccinations |
|---|---|---|---|---|---|---|---|
| Shadow | Shep X | 3yrs | M | tri/tan | 3/11/19 | [illegible] | Rabies 3/6/19 Other vaccinations by Snyder |
| Ranger | Coonhound | 5yrs | MN | blk/tan | 11/21/19 | | Rabies 11/19, 3yr |
| Hunter | collie | 7yrs | MN | wht/tan | 10/26/19 | | Rabies 10/20a/3yr |
| Brayden | Griffon/hound x | 5mos | M | tan/wht | 3/7/19 | | NA |
| Brittany | Griffon/hound x Bros | F | | bl/w | 3/7/19 | | NA |

Remarks: _____

To the best of my knowledge and belief, animals in this shipment are free from contagious disease or exposure thereto.

Date: 3/11/19 Veterinarian: C. R. Anderson DVM Vet Code: [illegible] Phone # 606 674 66[illegible]

Clinic Name: Bath Vet Clinic Address: 6[illegible] Hwy 36

City, State, ZIP: Owingsville KY 40360 County: Bath

Kentucky Proud

KYSV-74 Rev. 4/11

**Distribution:** White – KDA Office of the State Veterinarian Canary – Owner
Pink – State of Destination Goldenrod – Issuing Veterinarian

Tennessee Department of Agriculture
Consumer & Industry Services – Animal Health
Nashville, TN 37204
615 837-5120

466854
Date Issued 3-13-19
Expiration 30 days after issuance

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

Owner MCHS
Address 170 Kelauver Ln
City Madisonville
State TN 37354
Telephone No. 423 442-1015

Consignee St. Huberts Animal Welfare Center
Address 505 Woodland Ave
City Madison
State NJ Zip Code 07940
Telephone No. 973-377 2295

| Species | Name | Breed | Sex | Age | Color & Markings | Micro chip ID | Rabies Tag # |
|---|---|---|---|---|---|---|---|
| K9 | Daisy | mix | F | 5m | blk/tan/wh | — | 054177 |
| K9 | Denise | mix | F | 5m | blk/wh | — | 054179 |
| K9 | Tayle | Ret mix | F | 2yr | blk/wh | — | 054183 |
| K9 | Melonna | Ret mix | F | 7wks | blk/wh | — | too young |
| K9 | Mocha | Ret mix | m | 7wks | blk/wh | — | |
| K9 | Mac | Ret mix | m | 7wks | blk/wh | — | |
| K9 | Major | Ret mix | m | 7wks | blk/wh | — | |
| K9 | Maddie | Ret mix | F | 7wks | blk/wh | — | |
| K9 | Mabel | Ret mix | F | 7wks | blk/wh | — | |
| K9 | Mary | Ret mix | F | 7wks | blk/wh | — | |
| K9 | Mikey | Ret mix | m | 7wks | blk/wh/merle | — | too young |

Remarks Exam make on all of the animals

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 |
| Merial 2cats | 12L3F1 | 4/19 | K | 3/6/19 |
| Merial 2cats | 12L3F1 | 4/19 | K | 3-13-19 |
| | | | | |

Accredited Veterinarian Amanda Dykstra Vet Code 00216.7
Type or Print
Signature
Address 170 Kelauver Ln
City Madisonville State TN zip 37354
Email Address
Telephone: 423-442-1015

Distribution:
Interstate Shipments
White — TN State Veterinarian
Canary — Accompany Shipment
Pink — TN State Veterinarian
Goldenrod — Retain

AG-0059 (Rev. 02/15)

RDA's pending

Tennessee Department of Agriculture
Consumer & Industry Services – Animal Health
Nashville, TN 37204
615 837-5120

496957

Date Issued 3/13/19
Expiration 30 days after issuance

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

Owner MCHS

Address 170 Kefauver Ln

City Madisonville

State TN 37354

Telephone No. 423-442-1015

Consignee St Hubert's Animal Welfare Center

Address 505 Woodland Ave

City Madison

State NJ Zip Code 07940

Telephone No. 973-377-2895

| Species | Name | Breed | Sex | Age | Color & Markings | Micro chip ID | Rabies Tag # |
|---|---|---|---|---|---|---|---|
| K9 | Marie | Red mix | F | 7wks | blk/wh | — | too young |
| K9 | Carly | Bass mix | MN | 3yr | red/brown | — | 054143 |
| K9 | Rosie | Shep mix | FS | 1yr | blk/tan | — | 431643 |
| K9 | Niko | Shep mix | m | 10m | blk/tan | — | 054191 |
| ~~K9~~ | ~~Santord~~ | | | | | | |
| K9 | Damon | mix | m | 5m | blk/brn/wh | — | 054178 |
| K9 | Della | mix | F | 5m | blk/wht/br | — | 054176 |
| K9 | North | plott hound | m | 4yr | brindle | — | 054174 |
| K9 | George | hound | MN | 3yr | brindle | — | 038316 |
| K9 | Hank | hound | m | 4yr | red | — | 054149 |
| K9 | Olivia | bass mix | F | 2yr | blk/tan | — | 054142 |

Remarks Also notes on all individual records

I certify that I am licensed and accredited in Tennessee and that I personally examined the 14 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 |
|---|---|---|---|---|
| BI | 413029A | 12/19 | K | 11/1/18 |
| Zoetis | 397C09 | 12/19 | K | 9/1/18 |
| Merial | 126359 | 4/19 | K | 3/6/18 |
| Merial | 126355 | 04/19 | K | 9/19/18 |

Accredited Veterinarian Amanda Ivy USDA 002467
Type or Print

Signature

Vet Code

Address 170 Kefauver Ln

City Madisonville State TN zip 37354

Email Address

Telephone: 423-442-1015

Distribution:

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

AG-0059 (Rev. 02/15)

RDA's pending

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 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)**
[X] Dog [ ] Cat [ ] Other _____
[ ] Nonhuman Primate [ ] Ferret [ ] Rodent

**2. CERTIFICATE NUMBER – OFFICIAL USE ONLY**

**3. TOTAL NUMBER OF ANIMALS**
5

**4. PAGE**
1

**5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)**
Project Safe Pet
1516 Village Harbor Lane
Lake Wylie, SC 29710
973-534-7729

**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**

| | NAME AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION | BREED – COMMON OR SCIENTIFIC NAME | AGE | SEX | COLOR OR DISTINCTIVE MARKS OR MICROCHIP |
|---|---|---|---|---|---|
| (1) | 19-095-Y Gracie | Mixed | 8wks | F | Brown |
| (2) | 19-096-Y Molly | Mixed | 8wks | F | White/Brown |
| (3) | 19-097-Y Tucker | Mixed | 8wks | M | Brown |
| (4) | 19-098-Y Jake | Mixed | 8wks | M | Brown |
| (5) | 19-099-Y Lulu | Mixed | 8wks | F | White |
| (6) | | | | | |

**8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY**

RABIES VACCINATION
[ ] 1 YEAR [ ] 2 YEARS [ ] 3 YEARS

| Vaccination Date | Product | OTHER VACCINATIONS, TREATMENT, AND TESTS AND RESULTS: Date | Product, Type and/or Results |
|---|---|---|---|
| | | 3/13/19 | DA2PP Live Bord |
| | | 3/13/19 | DA2PP Live Bord |
| | | 3/13/19 | DA2PP Live Bord |
| | | 3/13/19 | DA2PP Live Bord |
| | | 3/13/19 | DA2PP Live Bord |

**9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)**
3-13-19 Fecal = negative Prophylactic dewormed with strongid, Iverhart Max and Simparica administered

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.

[X] 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) render the animal or other animals or would endanger public health.

[X] To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from a state/area free of rabies for rabies and has/have not been exposed to rabies.

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

**NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN**
Lauren Cline, DVM
2445 Ebenezer Rd
Rock Hill, SC 29732
803-366-1950

**LICENSE NUMBER AND STATE**
SC 3630

Accredited [X] Yes [ ] No
If yes, please complete below:
**NATIONAL ACCREDITATION NUMBER**
079345

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**
Lauren Cline

**DATE**
3/13/19

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 NO. 0579-0036

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**
1 SHIPPED

**4. PAGE**
1

**5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)**
Project Safe Pet
1516 Village Harbor Lane
Lake Wylie SC 29710
973-534-7726

**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**

| NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION | BREED – COMMON OR SCIENTIFIC NAME | AGE | SEX | COLOR OR DISTINCTIVE MARKS OR MICROCHIP |
|---|---|---|---|---|
| (1) 19-115-Y Hannah | Hound Mix | 13 W | M | Red |
| (2) 19-114-Y Dexter | Hound Mix | 13 W | M | Red |
| (3) 19-113-Y Manny | Hound Mix | 13 W | M | Red |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

**8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY**

| RABIES VACCINATION (☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS) | | OTHER VACCINATION, TREATMENT, AND/OR TESTS AND RESULTS | |
|---|---|---|---|
| Vaccination Date | Product | Date | Product Type and/or Test Results |
| | | 3/5,18/19 | CIV H3N2 3W, Bordetella & DHPPiA |
| | | 3/5,18/19 | CIV H3N2 3W, Bordetella & DHPPiA |
| | | 3/5,18/19 | CIV H3N2 3W, Bordetella & DHPPiA |
| | | | |
| | | | |
| | | | |

**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 noted ("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**
Jay E Hreiz, VMD
2445 Ebenezer Rd.
Rock Hill, SC 29732
803-366-1950

**LICENSE NUMBER AND STATE**
SC 2687

Accredited ☒ Yes ☐ No
If yes, please complete:
NATIONAL ACCREDITATION NUMBER
004989

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**

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

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**1. TYPE OF ANIMAL SHIPPED (select one only)**
[X] Dog [ ] Cat [ ] Other _____
[ ] Nonhuman Primate [ ] Ferret [ ] Rodent

**2. CERTIFICATE NUMBER / OFFICIAL USE ONLY**

**3. TOTAL NUMBER OF ANIMALS**
5

**4. PAGE**
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**5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)**
Project Safe Pet
1516 Village Harbor Lane
Lake Wylie, SC 29710
973-534-7726

**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**

| | NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION | BREED – COMMON OR SCIENTIFIC NAME | AGE | SEX | COLOR OR DISTINCTIVE MARKS OR MICROCHIP |
|---|---|---|---|---|---|
| (1) | 19-082-y Sam | beagle | 9wks | m | Tri |
| (2) | 19-083-y Sparky | beagle | 9wks | m | tri |
| (3) | 19-084-y Bailey | beagle | 9wks | m | tri |
| (4) | 19-085-y Kiker | beagle | 9wks | m | tri |
| (5) | 19-086-y Chewie | beagle | 9wks | m | tri |
| (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) | | | 3/18/19 | DA2PP 3wk, Bord IN 1yr (2/28/19), Fecal-negative |
| (2) | | | 3/18/19 | DA2PP 3wk, Bord IN 1yr (2/28/19), Fecal-negative |
| (3) | | | 3/18/19 | DA2PP 3wk, Bord IN 1yr (2/28/19), Fecal-negative |
| (4) | | | 3/18/19 | DA2PP 3wk, Bord IN 1yr (2/28/19), Fecal-negative |
| (5) | | | 3/18/19 | DA2PP 3wk, Bord IN 1yr (2/28/19), Fecal-negative |
| (6) | | | | |

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

VETERINARY CERTIFICATION I certify that the animals described in box 7 have been examined by me on this date, that 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 at a microchip is listed in box 7.

[X] 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.

[X] 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**
Lauren Cline Dvm
2445 Ebenezer Rd
Rock Hill, SC 29732
803-366-1950

**LICENSE NUMBER AND STATE**
SC 3439

Accredited [X] Yes [ ] No
If yes, please complete below.
**NATIONAL ACCREDITATION NUMBER**
079345

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**
Lauren Cline

**DATE**
3/20/19

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

SMALL ANIMAL

HEALTH CERTIFICATE

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

AL-S 0034110

Date Issued 3/14/19

CONSIGNOR OR SHIPPER Sylacauga Animal Shelter

CONSIGNEE OR PURCHASER St. Hubertis Animal Welfare

ORIGIN Sylacauga, AL 35150

DESTINATION Madison, NJ 07940

COMPLETE PHYSICAL ADDRESS FOR CONSIGNOR
1212 Wynnette Rd.

COMPLETE PHYSICAL ADDRESS FOR CONSIGNEE
575 Woodland Ave

DESCRIPTION OF ANIMALS

| Species | Breed | Sex | Age | Color or Markings | Rabies Tag No. |
|---|---|---|---|---|---|
| Canine | Pit Bull | M | 12 wks | Tan/White | 182988 |
| Canine | Pit Bull | F | 12 wks | Tan/White | 182994 |
| Canine | Shep X | M | 11 wks | Black/Tan (Brindle) | 182622 |
| Canine | Collie X | M | 2 yrs | Tan/White (Collie) | 182985 |

VACCINATION DATA

| | TYPE (Circle One) | Date |
|---|---|---|
| Rabies | MLV - K | 3/14/19 |
| DHLP | MLV - K | 3/9/19 |
| FVRCP | MLV - K | N/A |
| OTHER | Bordetella | 2/20/19 |

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 Mauin DVM

Printed Signature Kevin Mauin, DVM

Telephone No. 256-378-7066

Veterinary Accreditation No. 020047

Address 1440 Coosa 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

SMALL ANIMAL

HEALTH CERTIFICATE

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

AL-S 0034110

Date Issued 3/14/19

CONSIGNOR OR SHIPPER Sylacauga Animal Shelter

CONSIGNEE OR PURCHASER St. Huberts Animal Welfare

ORIGIN Sylacauga, AL 35150

DESTINATION Madison, NJ 07940

COMPLETE PHYSICAL ADDRESS FOR CONSIGNOR
1212 Wynette Rd.

COMPLETE PHYSICAL ADDRESS FOR CONSIGNEE
575 Woodland Ave

DESCRIPTION OF ANIMALS

| Species | Breed | Sex | Age | Color or Markings | Rabies Tag No. |
|---|---|---|---|---|---|
| Canine | Pit Bull | M | 12 wks | Tan/White Brin | 182988 |
| Canine | Pit Bull | F | 12 wks | Tan/White Brin | 182994 |
| Canine | Sheep X | M | 16 wks | Black/Tan (Fawn) | 182632 |
| Canine | Collie X | M | 2 yrs | Tan/White (Collie) | 182985 |

VACCINATION DATA

| | TYPE (Circle One) | Date |
|---|---|---|
| Rabies | MLV - K | 3/14/19 |
| DHLP | MLV - K | 3/9/19 |
| FVRCP | MLV - K | N/A |
| OTHER | Bordetella | 2/20/19 |

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 Kent P. Moulin DVM

Printed Signature Kent Moulin, DVM

Telephone No. 256-378-9166

Veterinary Accreditation No. 020047

Address 1440 Coosa 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

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
6

4. PAGE
1 of 2

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)
Valley River Humane Society
7450 US Hwy 19
Marble, NC 28905
828-837-2304

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

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
St. Huberts
575 Woodland Avenue
Madison, NJ 07940

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) Boo | Hound/Mix | 6y | F | Tri-colored |
| (2) Buck | Heeler/Mix | 3y | M | Tri-colored |
| (3) Rudy | Plott Hound/Mix | 5y | Y | Brindle |
| (4) Trisket | Plott Hound/Mix | 2y | M | Black/Brindle |
| (5) Jessie | Beagle/Mix | 4y | F | Tri-colored |
| (6) Julie | Beagle/Mix | 6.5y | F | Tri-colored |

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 |
|---|---|---|---|
| 02/07/2019 | Rabies | 02/07/2019 | DHPP/Bordetella |
| 02/28/2019 | Rabies | 02/26/2019 | DHPP/Bordetella |
| 02/21/2019 | Rabies | 02/16/2019 | DHPP/Bordetella |
| 02/26/2019 | Rabies | 02/22/2019 | DHPP/Bordetella |
| 03/05/2019 | Rabies | 03/01/2019 | DHPP/Bordetella |
| 03/05/2019 | Rabies | 03/01/2019 | 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, originates 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
1555 North Carolina

Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
055047

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: 3/5/19

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**
Five

**4. PAGE**
1 of 1

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

All Sato Rescue
Calle Emmanuelli 212
San Juan, P.R. 00917
Tel.787-667-6328

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

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

Monmouth County SPCA
[illegible] Wall Street
[illegible]town, NJ 07724
Phone: 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) Mia | Labrador Retriever Mix | 8w | F | |
| (2) Leo | Labrador Retriever Mix | 8w | M | |
| (3) Milo | Labrador Retriever Mix | 8w | M | |
| (4) Beto | Labrador Retriever Mix | 8w | M | |
| (5) Maja | Labrador Retriever Mix | 8w | F | |
| (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 |
| | Too young for Rabies | 03-15-19 | Fecal: nos / Pyrantel |
| | Too young for Rabies | 03-15-19 | Fecal: nos / Pyrantel |
| | Too young for Rabies | 03-15-19 | Fecal: nos / Pyrantel |
| | Too young for Rabies | 03-15-19 | Fecal: nos / Pyrantel |
| | Too young for Rabies | 03-15-19 | Fecal: nos / Pyrantel |
| | | | |

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

Mia, Leo, Milo, Beto and Maja : Dhlpp 02-20-19 and 03-08-19
Bordetella: 02-20-19

The above described animals are able to withstand temperatures between 20F-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**

Dr. Jose A. Nieves Rodriguez
1155 Carr 848 Apt 37
Trujillo Alto, P.R. 00976
Tel. 787-617-1044

**LICENSE NUMBER AND STATE**
646 P.R.

Accredited ☑ Yes ☐ No
If yes, please complete below
**NATIONAL ACCREDITATION NUMBER**
084400

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**
03-15-19

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

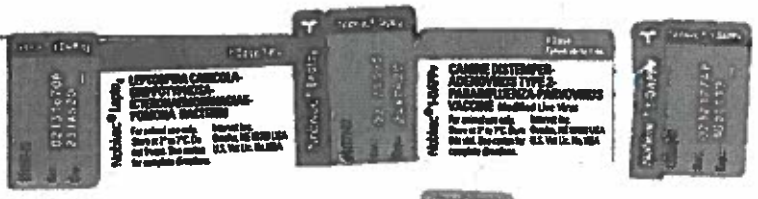
212 Emmanuelli Norte Street
San Juan, PR 00917
787-525-5387
www.allsatorescue.org

Dog's Name Milo

Age: 8 weeks Weight 8.4 Sex: (M) F NM SF

Breed description: Bridle — (Circle one) ----

DHLPP: Date: 2/20/19
Date: 3/8/19
Date: _____



Rabies Vax : Date: _____ Tag # _____
Bordetella Date: 2/20/19 (IN SQ) Circle one-------

Deworming & Date _____ Product: _____
Dewormer : Date _____ Product: _____
Date _____ Product _____

Fecal Test: Date 3/15/19 Result: Positive + hooks & worms (Must be done at time of Health Cert

Treatment (if needed)
Panacur 3/2/19 3/3/19 3/4/19
Pyrantel 3cc 3/15/19 Prnyent 3/15/19

4DX Test (must be **IDEXX** Snap Test: HW, Ehrlichia, Anaplasma & Lyme):
Date: _____ Result: _____
Treatment given if positive results, indicate re-test date and results:

Heartworm Prevention: Date: _____ Product _____
Other Medical issues and/or treatments:
None

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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 (6)

**4. PAGE**
1 of 1

**5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)**
MARTA DELGADO
PO BOX 141507
ARECIBO PR 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** / **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 Result |
|---|---|---|---|---|---|---|---|---|
| (1) SASHA | CHIHUAHUA/MIX | 9W | F | BROWN | 3-15-19 | TOO YOUNG FOR RABIE | 2-22-19 | DHLPP + 4L (1-6) |
| (2) CHOOKI | CHIHUAHUA/MIX | 9W | F | BLK/TAN | | | 3-8-19 | DHLPP + 4L (1-6) |
| (3) LALO | CHIHUAHUA/MIX | 9W | M | TRI-COLOR | | | 3-15-19 | FECAL (1-6) |
| (4) COCO | CHIHUAHUA/MIX | 9W | M | BROWN | 3-8-19 | BORDETELLA | | |
| (5) LITO | CHIHUAHUA/MIX | 9W | M | BROWN | | (1-6) | | |
| (6) CACHITO | CHIHUAHUYA/MIX | 9W | M | BLK/TAN | | | | |

**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-°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 human, 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**
3-15-19

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**
2

**4. PAGE**
1 of 1

**5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)**
Project Safe Pet
Chris Rizzo
1379 Morgans Bend
Rock Hill, SC 29732
973-534-7726

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

**6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)**
Monmouth 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) Sandy | Dachshund Mix | 9w | F | Tan |
| (2) Rizzo | Dachshund Mix | 9w | F | Tan / White |
| (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 |
|---|---|---|---|
| Too Young | | 3/19/19 | DAPP-Nobivac, Bordetell-Bronchicine Fecal = Neg |
| Too Young | | 3/19/19 | DAPP-Nobivac, Bordetell-Bronchicine Fecal = Neg |
| | | | |
| | | | |
| | | | |
| | | | |

**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. Jenna Blake, DVM
1125 N. Anderson Rd, Ste 101
Rock Hill, SC 29730
803-327-7387

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

**LICENSE NUMBER AND STATE**
SC 3778

Accredited ☑ Yes ☐ No
If yes, please complete below

**NATIONAL ACCREDITATION NUMBER**
028883

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

**DATE**

**SIGNATURE OF ISSUING VETERINARIAN**
Jenna Blake, DVM

**DATE**
3/19/19

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

Department of Agriculture — Animal Health
Rm 40827, Melrose Station
Nashville, TN 37204
615 837-5120

Date Issued
Expiration 30 days after issuance

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

Owner

Address

City

State

Telephone No.

Consignee

Address

City

State Zip Code

Telephone No.

| Species | Name | Breed | Sex | Age | Color & Markings | Micro chip ID | Rabies Tag # |
|---|---|---|---|---|---|---|---|
| Canine | Buddy | Mix | M | 1Y | Black & white | | 1e02154 |
| Canine | Nala | Mix | MN | 3Y | Black & white | | 1e02153 |
| Canine | mac | Mix | M | 1Y | Black | | 1e02169 |
| Canine | Sam | Mix | M | 2Y | White | | 1e02156 |
| Canine | Spot | Mix | M | 2Y | White & Brown | | 1e02157 |
| Canine | Heidi | GS | F | 1em | Black | | 1e02158 |
| Canine | Lucy | Mix | F | 1Y | Black | | 1e02159 |
| Canine | Petra | Heeler | F | 20w | Red and white | | 1e02160 |
| Canine | Chloe | JRT | FS | 2Y | Black and White | | 1e02161 |
| Canine | Pepper | JRT | F | 3Y | White | | 1e02162 |
| Canine | Shea | Mix | F | 1Yw | Yellow | | — |

Remarks

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 |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| Merial | 31693 | [illegible] | [illegible] | [illegible] |
| | | | | |

Accredited Veterinarian

Vet Code

Type or Print

Signature

Address

City State zip

Email Address

Telephone:

Distribution:

**Interstate Shipments**

| | |
|---|---|
| White | TN State Veterinarian |
| * Canary | Accompany Shipment |
| * Pink | TN State Veterinarian |
| Goldenrod | Retain |

AG-0059 (Rev. 02/15)

RDA's pending

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
Address: 1710 E. Lancaster
City and State: Fort Worth, TX ZIP Code: 76103
County of Origin: Tarrant
Origin Premises ID:

Consignee or Destination: St. Hubert's Animal Welfare Center
Address: 515 Woodland Avenue
City and State: Madison, New Jersey ZIP Code: 07940
Destination of Shipment:
Destination Premises ID:

Reconsigned To:
Reconsigned Premises ID:

VACCINATION CODES
Eee Flu Strep
Vee RABies Tetanus
Wee Rhino
PHF: Potomac Horse Fever
WNV: West Nile Virus

Date Issued: 3-21-19
Void After: 7 days
Entry Permit No.:

Purpose of Movement
☐ Racing ☐ Trailride
☐ Exhibition ☐ Interstate
☐ Breeding ☒ Other

| | 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 | AH0992898 Daisy | 982126054B97371 | 3y | Black/White | F | Chihuahua | | RAB | 3/17/19 | | | | |
| 2 | AH0992893 Marvin | 982126054896021 | 1y | Blond | M | Chihuahua | | RAB | 3/17/19 | | | | |
| 3 | AH0994333 Shorty | 982126054833344 | 8y | Brown | M | Dachshund | | RAB | 3/19/19 | | | | |
| 4 | AH0991431 Chance | 982126054897455 | 3y | Black/Brown | M | Beagle | | RAB | 3/18/19 | | | | |
| 5 | AH0989017 Basil | 982126052393549 | 8y | Tan/White | M | Chihuahua | | RAB | 2/21/19 | | | | |
| 6 | AH0998942 Briley | 982126052723711 | 3m | Blue | F | Terrier | | RAB | 3/20/19 | | | | |
| 7 | AH0996731 Mina | 982126051313167 | 1y | Tan | F | Chi/Dachshund | | RAB | 3/6/19 | | | | |
| 8 | AH0993826 Brinley | 982126058724517 | 10w | Brown/White | F | Boxermix | | | | | | | |
| 9 | AH0816727 Aspen | 982126054904937 | 2m | Tan/White | F | Retriever | | | | | | | |
| 10 | AH0815493 Lily | 982126054896159 | 2m | Tan | F | Retriever | | | | | | | |
| 11 | AH0815495 Cora | 982126054904945 | 2m | Brown/Tan | F | Retriever | | | | | | | |
| 12 | AH0816377 Rayne | 982126054895825 | 2m | Tan | F | Retriever | | | | | | | |
| 13 | AH0778401 Angela | 982126054906497 | 3y | Tan | F | Retriever | | RAB | 3/15/19 | | | | |
| 14 | AH0777109 Patches | 982126054906495 | 1y | Black/White | F | Amer. Blue Heeler | | RAB | 3/15/19 | | | | |
| 15 | AH0598893 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:
Address: 1710 E. Lancaster
Printed Name: Cynthia Sykes
City, State, ZIP+4 Code: FOB Worth, TX 76103-2124
Vet Code: 069997

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:

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: 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: 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 | A405583b5 Ivy | 982126054379392 | 7y | Tan/White | F | Chihuahua | | RAB | 1/13/19 | | | | |
| 2 | A40704414 Bendy | 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 | 982126054896166 | 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 | A41060851 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: Cynthia Jones | Printed Name: Cynthia Jones | Vet Code: 069997 | Name: Wings of Rescue |
| Address: 1840 E. Lancaster Ave | City, State, ZIP+4 Code: Fort Worth, TX 76103-2124 | | 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, Flu, Strep, Vee, RABies, Tetanus, Wee, Rhino | Entry Permit No. |
| County of Origin: Tarrant | Destination of Shipment: | PHF: Potomac Horse Fever; WNV: West Nile Virus | Purpose of Movement: ☐ Racing ☐ Trailride ☐ Exhibition ☐ Interstate ☒ Other ☐ Breeding |
| 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 | AH112823 Creampuff | 982000036497168 41 | 6y | Tan | FS | Chihuahua | | RAB | 3.18.19 | | | | |
| 2 | AH112611 Rosie | 982126053416 1163 | 11m | Chocolate tan | F | Ret | | RAB | 3.19.19 | | | | |
| 3 | A3994515 Charlie | 982126051320837 | 10m | Black Brown | MN | Ret | | RAB | 3.14.19 | | | | |
| 4 | AH10710 Leo | 956000010164611446 | 9m | Brown | M | Yorky Brindle | | RAB | 3.14.19 | | | | |
| 5 | AH109755 Felipe | 982126054895935 | 7y | Tan | M | Terrier | | RAB | 3.18.19 | | | | |
| 6 | AH110949 Hila | 982126054896049 | 6y | BIK | F | Mini Sonoen | | RAB | 3.20.19 | | | | |
| 7 | AH118013 Lucky | 982126052612719 | 2y | BIK tan | F | merch terrier | | RAB | 3.20.19 | | | | |
| 8 | AH118029 Ellie | 982126052513173 | 1y | BIK White | MN | Ret | | RAB | 3.20.19 | | | | |
| 9 | AH117690 Sassy | 982126052580974 | 6m | Brindle White | FS | Jack Russell | | RAB | 3.20.19 | | | | |
| 10 | AH117719 Harley | 982126052579095 | 6y | BIK Silver | MN | Terrier Chi | | RAB | 3.20.19 | | | | |
| 11 | AH117689 Lily | 982126052581755 | 6y | Tan | FS | Chi | | RAB | 3.20.19 | | | | |
| 12 | AH110578 Sharon | 982126054896046 | 5y | White | FS | Brt Pur | | RAB | 3.20.19 | | | | |
| 13 | AH109539 Bobbie | 982126054895921 | 2y | Golden White | F | Aust Shepherd | | RAB | 3.20.19 | | | | |
| 14 | AH105677 Bubba Buster | 982126064378384 | 3y | Rust White | MN | Aust Cattle | | RAB | 1.13.19 | | | | |
| 15 | AH111570 Sparky | 982126054897407 | 11y | Black White | MN | Aust Shep | | RAB | 3.20.19 | | | | |

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

# 3888ETAHC-Form-00-00 (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 | Purpose of Movement | No. animals in Shipment: | CARRIER: | ENTRY PERMIT NO. |
|---|---|---|---|---|
| Canine | Shelter | 8 | Truck | |

| | 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

Kathy Fitch
Owner / Agent (Signature)

Scanned with CamScanner

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 - APHIS USE ONLY**

**3. TOTAL NUMBER OF ANIMALS**

6

**4. PAGE**

1

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

Project Sute Pet
1516 Village Harbor Lane
Lake Wylie, SC 29710
973-534-7726

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

Monmouth County SPCA
260 Wall Street
Eatontown, NJ 07724
732-542-0340

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) 19-100-Y "Brandi" | lab x | 11wks | F | Black |
| (2) 19-101-Y "Betty" | lab x | 11wks | F | Black |
| (3) 19-063-R "Sarah" | lab x | 8mo | F | White/tan |
| (4) 19-059-R "Calvin" | lab x | 8mo | M | Yellow |
| (5) 19-117-Y "Lucas" | lab x | 2yr | MN | Blonde |
| (6) 19-118-Y "Alice" 98212605481043 | husky x | 6mo | F | White |

**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 |
| | | | 3/22/19 | DA2PP 3wk, CIV 1yr Fecal-negative |
| | | | 3/22/19 | DA2PP 3wk, CIV 1yr |
| 2/5/19 | | ZOE | 2/5/19 | DA2PP 1Y, Bord IN 1yr, CIV 3wk, |
| 2/5/19 | | ZOE | 2/5/19 | DA2PP 1Y, Bord IN 1yr, CIV 3wk, |
| 11/19/18 | | ZOE | 3/22/19 | Bord 1yr IN, DHLPP (11/19/18) |
| 3/22/19 | | BOE | 3/22/19 | DAPP 1yr, Bord 1yr IN |

**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 statements are correct ("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 has not occurred, nor does 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 that is not known 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**

Lauren Cline Dvm
2445 Ebenezer Rd.
Rock Hill, SC 29732
803-366-1950

**LICENSE NUMBER AND STATE**

SC: 3638

Accredited ☒ Yes ☐ No
If yes, please complete below

**NATIONAL ACCREDITATION NUMBER**

0793-5

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

**SIGNATURE OF ISSUING VETERINARIAN**

Lauren Cline

**DATE**

03/22/19

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

# MISSISSIPPI BOARD OF ANIMAL HEALTH
## CERTIFICATE FOR INTERSTATE MOVEMENT

20734

### 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 dogs, cats, 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)
[X] 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*)**
Project Safe Pet
1516 Village Harbor Lane
Lake Wylie, SC 29710
973-534-7726

**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**

| | NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION | BREED – COMMON OR SCIENTIFIC NAME | AGE | SEX | COLOR OR DISTINCTIVE MARKS OR MICROCHIP |
|---|---|---|---|---|---|
| (1) | 19-100-Y "Brandi" | lab x | 11wks | F | Black |
| (2) | 19-101-Y "Betty" | lab x | 11wks | F | Black |
| (3) | 19-063-R "Sarah" | lab x | 8mo | F | White/tan |
| (4) | 19-059-R "Calvin" | lab x | 8mo | M | Yellow |
| (5) | 19-117-Y "Lucas" | lab x | 2yr | MN | Blonde |
| (6) | 19-118-Y "Alice" 98212605481043 | husky x | 6mo | F | White |

**8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY**

| | RABIES VACCINATION [X] 1 YEAR [ ] 2 YEARS [ ] 3 YEARS | | | OTHER VACCINATIONS TREATMENT AND/OR TESTS AND RESULTS | |
|---|---|---|---|---|---|
| | Vaccination Date | | Product | Date | Product Type and/or Results |
| (1) | | | | 3/22/19 | DA2PP 3wk, CV/1yr, oral-cocci |
| (2) | | | | 3/22/19 | DA2PP 3wk, CV 1yr |
| (3) | 2/5/19 | | ZOE | 2/5/19 | DA2PP 1Y, Bord IN 1yr, CV 3wk |
| (4) | 2/5/19 | | ZOE | 2/5/19 | DA2PP 1Y, Bord IN 1yr, CV 3wk |
| (5) | 11/19/18 | | ZOE | 3/22/19 | Bord 1yr IN, DHLPP (11/19/18) |
| (6) | 3/22/19 | | BOE | 3/22/19 | DAPP 1yr, Bord 1yr IN |

**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.

[X] I certify that the animal(s) described in box 7 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.

[X] 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**
Lauren Cline Dvm
2445 Ebenezer Rd
Rock Hill, SC 29732
803-366-1950

**LICENSE NUMBER AND STATE**
SC. 3636

Accredited [X] Yes [ ] No
If yes, please complete below.
**NATIONAL ACCREDITATION NUMBER**
079345

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**
Lauren Cline

**DATE**
03/22/19

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 or 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)
[X] 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*)**
Project Safe Pet
1516 Village Harbor Lane
Lake Wylie, SC 29710
973-534-7726

**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**

| NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION | BREED – COMMON OR SCIENTIFIC NAME | AGE | SEX | COLOR OR DISTINCTIVE MARKS OR MICROCHIP |
|---|---|---|---|---|
| (1) 19-100-Y "Brandi" | lab x | 11wks | F | Black |
| (2) 19-101-Y "Betty" | lab x | 11wks | F | Black |
| (3) 19-063-R "Saran" | lab x | 8mo | F | White/tan |
| (4) 19-059-R "Calvin" | lab x | 8mo | M | Yellow |
| (5) 19-117-Y "Lucas" | lab x | 2yr | MN | Blonde |
| (6) 19-118-Y "Alice" 98212605481043 | husky x | 6mo | F | White |

**8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY**

RABIES VACCINATION [X] 1 YEAR [ ] 2 YEARS [ ] 3 YEARS

| Vaccination Date | Product | OTHER VACCINATIONS, TREATMENT AND/OR TESTS AND RESULTS: Date | Product Type and/or Results |
|---|---|---|---|
| | | 3/22/19 | DA2PP 3wk, CIV/hyr, Fecal-negative |
| | | 3/22/19 | DA2PP 3wk, CIV 1yr |
| 2/5/19 | ZOE | 2/5/19 | DA2PP 1Y, Bord IN 1yr, CIV 3wk |
| 2/5/19 | ZOE | 2/5/19 | DA2PP 1Y, Bord IN 1yr, CIV 3wk |
| 11/19/18 | ZOE | 3/22/19 | Bord 1yr IN, DHLPP (11/19/18) |
| 3/22/19 | BOE | 3/22/19 | DAPP 1yr, Bord 1yr IN |

**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.

[X] 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, within 30 days, to the animal or other animals or would endanger public health.

[X] To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from an area free of rabies for rabies and has/have not been exposed to rabies.

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

**NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN**
Lauren Cline Dvm
2445 Ebenezer Rd
Rock Hill, SC 29732
803-366-1950

**LICENSE NUMBER AND STATE**
SC: 3639

Accredited [X] Yes [ ] No
If yes, please complete below.
**NATIONAL ACCREDITATION NUMBER**
079345

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**
Lauren Cline

**DATE**
03/22/19

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)**
[X] 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*)**

Project Safe Pet
1379 Morgans Bend
Rock Hill, SC 29732
973-534-7726

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

**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) Mable | Beagle Mix | 1y 7m | F | Tri |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

**8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY**

RABIES VACCINATION: [X] 1 YEAR [ ] 2 YEARS [ ] 3 YEARS

| Vaccination Date | Product | OTHER VACCINATIONS, TREATMENT AND/OR TESTS AND RESULTS: Date | Product Type and/or Results |
|---|---|---|---|
| 03/90/2020 | Zoetis | 3/20/19 | CIV 1yr (Bord 1yr IN, Da2pp 1yr SQ, Rab 3yr SQ) |

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

Negative fecal 03/02/19
Heartworm negative 03/05/19

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 apply (*"X" applicable statements*).

[ ] I have verified the presence of the microchip, if a microchip is listed in box 7.

[X] 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.

[X] To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from a rabies-free area 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**

Scarlett Springate, DVM
2445 Ebenezer Rd.
Rock Hill, SC 29732
803-366-1950

**LICENSE NUMBER AND STATE**
SC 3491

Accredited [X] Yes [ ] No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
076141

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**
Scarlett Springate

**DATE**
3/20/19

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

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No dog, cat, nonhuman primate, or additional kinds or classes of animals specified 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 APPROVAL NO. 0579-0036
EXPIRATION DATE: 03/31/2020

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**
1

**5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)**
Project Safe Pet
1516 Village Harbor Lane
Lake Wylie, SC 29710
973-534-7726

**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 | Product | OTHER VACCINATIONS, TREATMENT AND/OR TESTS AND RESULTS Date | Product Type and/or Results |
|---|---|---|---|---|---|---|---|---|
| (1) 19-100-Y "Brandi" | lab x | 11wks | F | Black | | | 3/22/19 | DA2PP 3wk, CIV 1yr, Fecal negative |
| (2) 19-101-Y "Betty" | lab x | 11wks | F | Black | | | 3/22/19 | DA2PP 3wk, CIV 1yr |
| (3) 19-063-R "Sarah" | lab x | 8mo | F | White/tan | 2/5/19 | ZOE | 2/5/19 | DA2PP 1Y, Bord IN 1yr, CIV 1wk |
| (4) 19-059-R "Calvin" | lab x | 8mo | M | Yellow | 2/5/19 | ZOE | 2/5/19 | DA2PP 1Y, Bord IN 1yr, CIV 1wk |
| (5) 19-117-Y "Lucas" | lab x | 2yr | MN | Blonde | 11/19/18 | ZOE | 3/22/19 | Bord 1yr IN, DHLPP 11/19/18 |
| (6) 19-118-Y "Alice" 98212605481043 | husky x | 6mo | F | White | 3/22/19 | BOE | 3/22/19 | DAPP 1yr, Bord 1yr IN |

**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**
Lauren Cline Dvm
2445 Ebenezer Rd.
Rock Hill, SC 29732
803-366-1950

**LICENSE NUMBER AND STATE**
SC 3839

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

**NATIONAL ACCREDITATION NUMBER**
079345

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**
Lauren Cline

**DATE**
03/22/19

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

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No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler, for movement in transportation in commerce, unless accompanied by a health certificate executed as issued by a licensed veterinarian (7 U.S.C. 2143; 9 CFR, Subchapter A, Part 2).

OMB APPROVED
OMB
0579-0

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**

6

**4. PAGE**

1

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

Project Safe Pet
1516 Village Harbor Lane
Lake Wylie, SC 29710
973-534-7725

**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**

| NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION | BREED – COMMON OR SCIENTIFIC NAME | AGE | SEX | COLOR OR DISTINCTIVE MARKS OR MICROCHIP |
|---|---|---|---|---|
| (1) 19-100-Y "Brandi" | lab x | 11wks | F | Black |
| (2) 19-101-Y "Betty" | lab x | 11wks | F | Black |
| (3) 19-063-R "Sarah" | lab x | 8mo | F | White/tan |
| (4) 19-059-R "Calvin" | lab x | 8mo | M | Yellow |
| (5) 19-117-Y "Lucas" | lab x | 2yr | MN | Blonde |
| (6) 19-118-Y "Alice" 982126054810 43 | husky x | 6mo | F | White |

**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 |
|---|---|---|---|
| | | 3/22/19 | DA2PP 3wk, CV 1yr, Fecal-negative |
| | | 3/22/19 | DA2PP 3wk, CV 1yr |
| 2/5/19 | ZOE | 2/5/19 | DA2PP 1Y, Bord IN, CV 3wk |
| 2/5/19 | ZOE | 2/5/19 | DA2PP 1Y, Bord IN, CV 3wk |
| 11/19/18 | ZOE | 3/22/19 | Bord 1yr IN, DHLPP (-) 1yr, IN |
| 3/22/19 | ZOE | 3/22/19 | DAPP 1yr, Bord 1yr IN |

**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**

Lauren Cline Dvm
2445 Ebenezer Rd
Rock Hill, SC 29732
803-366-1950

**LICENSE NUMBER AND STATE**

SC 3669

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

**NATIONAL ACCREDITATION NUMBER**

079345

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**

Lauren Cline

**DATE**

03/22/19

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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**1. TYPE OF ANIMAL SHIPPED (select one only)**
[X] 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)**
Project Safe Pet
1516 Village Harbor Lane
Lake Wylie SC 29710
973-534-7726

**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 [X] 1 YEAR [ ] 2 YEARS [ ] 3 YEARS — Vaccination Date | Product | OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS — Date | Product Type and/or Results |
|---|---|---|---|---|---|---|---|---|---|
| (1) | 19-100-Y "Brandi" | lab x | 11wks | F | Black | | | 3/22/19 | DA2PP 3wk, CIV1yr |
| (2) | 19-101-Y "Betty" | lab x | 11wks | F | Black | | | 3/22/19 | DA2PP 3wk, CIV 1yr |
| (3) | 19-053-R "Saran" | lab x | 8mo | F | White/tan | 2/5/19 | ZOE | 2/5/19 | DA2PP 1Y, Bord IN 1yr, CIV 3wk |
| (4) | 19-059-R "Calvin" | lab x | 8mo | M | Yellow | 2/5/19 | ZOE | 2/5/19 | DA2PP 1Y, Bord IN 1yr, CIV 3wk |
| (5) | 19-117-Y "Lucas" | lab x | 2yr | M/I | Blonde | 11/19/18 | ZOE | 3/22/19 | Bord 1yr IN, DHLPP (11/19/18) |
| (6) | 19-116-Y "Alice" 982126054810 43 | husky x | 6mo | F | White | 3/22/19 | BOE | 3/22/19 | DAPP 1yr, Bord 1yr IN |

**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 noted ("X" applicable statements).

[ ] I have verified the presence of the microchip, if a microchip is listed in box 7

[X] I certify that the animal(s) described above and on continuation sheet(s), if applicable, have been inspected by me at the time of appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger other animal or other animals or would endanger public health

[X] To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from an area that is not 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**
Lauren Cline Dvm
2445 Ebenezer Rd.
Rock Hill, SC 29732
803-366-1950

**LICENSE NUMBER AND STATE**
SC 3839

Accredited [X] Yes [ ] No
If yes, please complete below

**NATIONAL ACCREDITATION NUMBER**
379345

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**
Lauren Cline

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance