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 223918

Origin Contact _____ Destination Contact _____

Origin Address _____ Destination Address _____

AGE	SEX	DESCRIPTION – BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
7m	M	Chocolate + 102.1	11/19	013
2y	F	Nilla + 102.7	11/19	014
6m	F	Coco + 103	11/19	015
4m	F	Luna + 102.2	11/19	

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.

NAME OF ACCREDITED VETERINARIAN (PRINT)	ADDRESS OF ACCREDITED VETERINARIAN	DATE
Paula Watkins	[illegible]	11/19

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

STATE VET USE ONLY

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 231785

Origin Contact [illegible] Destination Contact

Origin Address Destination Address [illegible]

AGE	SEX	DESCRIPTION – BREED	RABIES VACCINE ADMINISTERED DATE	RABIES VACCINE ADMINISTERED TAG NUMBER
[illegible]	[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	[illegible]	

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]	[illegible]

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

No. A 223917

Origin Contact [illegible] Destination Contact [illegible]

Origin Address [illegible] Destination Address [illegible]

AGE	SEX	DESCRIPTION – BREED	RABIES VACCINE ADMINISTERED DATE	RABIES VACCINE ADMINISTERED TAG NUMBER
[illegible]	F	[illegible]	1/3/19	C18
[illegible]	F	[illegible]	1/3/19	C19
[illegible]	M	[illegible]	1/3/19	[illegible]
[illegible]	M	[illegible]	1/3/19	C16

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
Paula Watkins	[illegible]	1/2/19

SIGNATURE OF ACCREDITED VETERINARIAN	TELEPHONE	FEDERAL ACCRED. #
Paula Watkins	[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. A223913

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.

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

STATE VET USE ONLY

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. A223919

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.

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

STATE VET USE ONLY

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)

No. A223913

☐ CANINE ☐ FELINE ☐ PET BIRD

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.

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

STATE VET USE ONLY

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)

No. A223919

☐ CANINE ☐ FELINE ☐ PET BIRD

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.

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

STATE VET USE ONLY

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 231785

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.

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

STATE VET USE ONLY

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 223917

Origin Contact _____ Destination Contact _____

Origin Address _____ Destination Address _____

AGE	SEX	DESCRIPTION – BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
4(m)	F	Pointer + 100.4	1/2/19	012
1y	F	Hound + CAT	1/2/19	013
1yr	m	Pecan + 101.1	1/2/19	011
3m	m	French + 10[illegible]	1/3/19	010

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.

NAME OF ACCREDITED VETERINARIAN (PRINT)	ADDRESS OF ACCREDITED VETERINARIAN	DATE
Paula Workman	[illegible]	1/3/19
SIGNATURE OF ACCREDITED VETERINARIAN	**TELEPHONE**	**FEDERAL ACCRED. #**
Paula Workman	[illegible]	[illegible]

STATE VET USE ONLY

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

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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 223918

Origin Contact _____ Destination Contact _____

Origin Address _____ Destination Address _____

AGE	SEX	DESCRIPTION – BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
4m	M	Chicago + 103.1	1/2/19	013
2y	F	Nilla + 100.7	1/2/19	014
10m	F	Ace + 101.3	1/2/19	015
6m	F	Lucy + 100.2	1/3/19	

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.

NAME OF ACCREDITED VETERINARIAN (PRINT)	ADDRESS OF ACCREDITED VETERINARIAN	DATE
Paula Watkins	[illegible]	1/2/19

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

STATE VET USE ONLY

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

ARKANSAS LIVESTOCK AND POULTRY COMMISSION

STATE VETERINARIAN
LITTLE ROCK, ARKANSAS

No. A 533677

OFFICIAL INTERSTATE SMALL ANIMAL HEALTH CERTIFICATE

Consignor Humane Society of the Delta
Address POBox 3218 West Helena, AR 72
870-753-2119
Shipped by Wings

Date 1-3-19 c/o Colleen Harrington
Consignee St. Hubert's Animal Welfare Center
Address 575 Woodland Rd #159 Madison, New Jersey 07940
973-377-2295

Age	Sex	Description	Breed	Rabies Vaccine Administered Date	Type	Tag Number
yrdee 2yrs	F	Black/tan	G. Shepherd	11/23/18	Rabvac	1015
cld 2yrs	M	Black/tan	G. Shepherd	10/20/18	Rabvac	137464
n/a 3yrs	F	Black/white	Lab mix	10/31/18	Rabvac	0893

I hereby certify that I have examined the above described animal and find same to be free of any communicable disease, and to the best of my knowledge have not been exposed to Distemper, Rabies, other communicable disease, and did not originate within Rabies quarantined area.

Send Two Copies To:
State Veterinarian
One Copy Accompanies Animal

Veterinarian

2020 MLK Drive Helena, AR 72342
Address

MISSISSIPPI BOARD OF ANIMAL HEALTH
CERTIFICATE FOR INTERSTATE MOVEMENT

291963

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

MISSISSIPPI BOARD OF ANIMAL HEALTH
CERTIFICATE FOR INTERSTATE MOVEMENT

291958

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

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

Date Issued 1/7/19
Expiration 30 days after issuance

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

Owner Humphreys County Humane
Address 113 Young Ave
City Waverly
State TN
Telephone No. 931-296-7733

Consignee St. Hubert's Animal Welfare
Address 575 Woodland Ave
City Madison
State NJ Zip Code 07940
Telephone No. 973-377-2096

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #
K9	Yeti	Pyrenees	M	[illegible]	White		600163
K9	Sammy	Lab	NM	2Y	Yellow		237178
K9	Jersey	Heeler	F	2Y	Black/White		600175
K9	Abby	Beagle	F	2Y	Brown/White		600176
K9	Zianna	Terrier	FS	3Y	Brown		531647
K9	India	Basset	F	8m	Tan/White		600178
K9	Kimmie	Terrier	F	2Y	Tan		600165
K9	Praline	Husk	F	7m	White		600183
K9	Pookie	Beagle	F	9Y	Blk/Brown/White		600184
K9	Izzie	Terrier	F	4m	Blk/White		600168
K9	Levi	Pug mix	M	3Y	Black		600173

Remarks Eyes / 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
Nobivac	117109	3/11/19	[illegible]	[illegible]
Nobivac	261394	[illegible]	[illegible]	[illegible]
Nobivac	237178	7/20/19	[illegible]	[illegible]

Accredited Veterinarian Michael Nolan (Type or Print)
Vet Code 137015
Signature [signature]
Address 310 Highway 641 N
City Camden State TN zip 38320
Email Address Vetdoct
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

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

461183

Date Issued 1/7/19
Expiration 30 days after issuance

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

Owner Humphreys County Humane
Address 110 Henry Rd
City Waverly
State TN
Telephone No. 931 296 7133

Consignee St Hubert's Animal Welfare
Address 575 Woodbury
City Madison
State TN Zip Code 37960
Telephone No. 615-377-2296

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #
K-9	Mitchell	Feist	M	9yo	Blk Tan/White		
K-9	Quinn	JRT	M	3Y	Gold Brk		602185
K-9	Rebecca	Boxer	F	2Y	Brick		602179
K-9	Norbert	Feist	M	12yo	Gold Tan		602167
K-9	Bella	Feist	M	12yo	Tan		602171
K-9	Hank	Lab X	M	9yo	Black		
K-9	Logan	Lab X	M	9yo	Black		
K-9	Raven	Feist	F	11yo	Black		
K-9	Trooper	Feist	M	11yo	Chocolate		
K-9	Yuki	Feist	M	11yo	Yellow		
K-9	Sandy	Feist	F	11yo	Yellow		

Remarks Eyes + 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
Nobivac	117109	2/1/21	DA2PP	1/7/19

Accredited Veterinarian Michael Bolin Vet Code 10015
Type or Print
Signature
Address 310 Highway 641 N
City Camden State TN zip 38320
Email Address vetwork316@gmail
Telephone: 731 213 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

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

461103

Date Issued 1/7/19
Expiration 30 days after issuance

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

Owner Humphreys County Humane
Address 112 Yuma Rd
City Dickson
State TN
Telephone No. 931-796-7733

Consignee St Hubert's Animal Welfare
Address 575 Woodland
City Madison
State NJ Zip Code 07960
Telephone No. 973-377-2296

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #
K-9	Marshall	Terrier	M	9w	Blk/Brn/Brindle		
K-9	Quinn	JRT	M	3Y	Wht/Brn		602185
K-9	Precious	Terrier	F	2Y	Black		602179
K-9	Nicholas	Terrier	M	12w	Wht/TAN		602167
K-9	Duke	Terrier	M	12w	TAN		602171
K-9	Hunk	Lab X	M	9w	Black		
K-9	Logan	Lab X	M	9w	Black		
K-9	Raven	Fox T	F	11w	Black		
K-9	Trooper	Fox T	M	11w	Chocolate		
K-9	Yuki	Fox T	M	11w	Yellow		
K-9	Sassy	Fox T	F	11w	Yellow		

Remarks Eyes + 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
Nobivac	117129	3/1/19	K9	1/7/19

Accredited Veterinarian Michael Bailey Vet Code 07015
Type or Print
Signature
Address 310 Highway 641 N
City Camden State TN zip 38320
Email Address vetwork316@gmail
Telephone: 731.213.2555

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

AG-0059 (Rev. 02/15)

RDA's pending

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

461162

Date Issued 1/7/19
Expiration 30 days after issuance

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

Owner Humphreys County Humane
Address 112 Young Ave
City Waverly
State TN
Telephone No. 931 296 7733

Consignee St Hubert's Animal Welfare
Address 575 Woodland Ave
City Madison
State NJ Zip Code 07940
Telephone No. 973-377-2096

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #
K-9	Yeti	Huskies	M	1Y	White		600163
K-9	Sunny	Lab	MN	2Y	Yellow		237178
K-9	Jersey	Heeler	F	2Y	Blk/Wht		602175
K-9	Abby	Beagle	F	2Y	Brown/Wht		602176
K-9	Zuma	Terrier	FS	3Y	Brown		531047
K-9	Indy	Basset	F	5m	Tan/Wht		602178
K-9	Khaki	Terrier	F	2Y	Tan		600165
K-9	Padme	Husk	F	7m	White		602183
K-9	Peorhe	Beagle	F	9Y	Blk/Brown/Wht		602184
K-9	Lola	Terrier	F	4m	Blk/White		602168
K-9	Leo	Pugwi	M	2Y	Black		602173

Remarks Eyes I 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
Nobivac	117109	3/1/19	DHPP	7/19
Nobivac	261351	3/20/19	Rabies	2/20/18
Nobivac	237118	3/20/19	Rabies	2/13/18

Accredited Veterinarian Michael Nolan Vet Code 03015
(Type or Print)
Signature Michael Nolan DVM
Address 310 Highway 641 N
City Camden State TN zip 38320
Email Address Vetwork
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

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0036 and 0579-0333. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 21,43,9; CFR, Subchapter A, Part 2).

OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

WARNING: Anyone who makes a false, fictitious, or fraudulent statement on this document, or uses such document knowing it to be false, fictitious, or fraudulent may be subject to a fine of not more than $10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 1001).

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

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS

4. PAGE
1

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)
AIKEN COUNTY ANIMAL SHELTER
333 WIRE ROAD
AIKEN, SC 29803
803-642-1537

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
ST. HUBERT'S ANIMAL WELFARE CENTER
BECKY BURTON
400 WOODLAND AVENUE
MADISON, NEW JERSEY 07940
973-877-2295

USDA Licensefor 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) MARGO 40205469	MIXED BREED	1+M	F	BRN/WHT
(2) CLARK 40205471	MIXED BREED	1+M	M	BLOND
(3) NORA 40205475	MIXED BREED	1+M	F	BROWN
(4) RUBY SUE 40205477	MIXED BREED	1+M	F	BRN/WHT
(5) EMMA 40450279	RETRIEVER MIX	7+M	F	052643511
(6) BAILEY 40450293	RETRIEVER MIX	7+M	M	054083640

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
TOO YOUNG			
TOO YOUNG			
TOO YOUNG			
TOO YOUNG			
12/31/18	NOBIVAC		
12/31/18	NOBIVAC		

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. LISA LEVY, DVM
333 WIRE ROAD
AIKEN, SC 29801
803-642-1537

LICENSE NUMBER AND STATE
SC 1898

Accredited ☒ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
020522

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
Lisa Levy DVM

DATE
01/10/2019

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0036 and 0579-0333. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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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*)
AIKEN COUNTY ANIMAL SHELTER
333 WIRE ROAD
AIKEN, SC 29803
803-642-1537

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

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
ST. HUBERT'S ANIMAL WELFARE CENTER
BECKY BURTON
[illegible] WOODLAND AVENUE
MADISON, NEW JERSEY 07940
973-877-2295

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) MARGO 40205469	MIXED BREED	1+M	F	BRN/WHT
(2) CLARK 40205471	MIXED BREED	1+M	M	BLOND
(3) NORA 40205475	MIXED BREED	1+M	F	BROWN
(4) RUBY SUE 40205477	MIXED BREED	1+M	F	BRN/WHT
(5) EMMA 40450279	RETRIEVER MIX	7+M	F	052643511
(6) BAILEY 40450293	RETRIEVER MIX	7+M	M	054083640

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			
TOO YOUNG			
TOO YOUNG			
TOO YOUNG			
12/31/18	NOBIVAC		
12/31/18	NOBIVAC		

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

VETERINARY CERTIFICATION: I certify that the animals described in box 7 have been examined by me this date, that the information provided in box 8 is true and accurate to the best of my knowledge, and that the following findings have been made ("X" applicable statements).

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☒ 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. LISA LEVY, DVM
333 WIRE ROAD
AIKEN, SC 29801
803-642-1537

LICENSE NUMBER AND STATE
SC 1898

Accredited ☒ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
020522

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
Lisa Levy DVM

DATE
01/10/2019

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

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5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)
AIKEN COUNTY ANIMAL SHELTER
333 WIRE ROAD
AIKEN, SC 29803
803-642-1537

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
ST. HUBERTS ANIMAL WELFARE CENTER
[illegible]
[illegible] WOODLAND AVENUE
MADISON, NEW JERSEY 07940
973-377-2295

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) EUGENE 40459258	RETRIEVER MIX	1Y	M	054084022
(2)				
(3)				
(4)				
(5)				
(6)				

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION ☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS

Vaccination Date	Product	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS: Date	Product Type and/or Results
01/02/19	NOBIVAC		

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

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AIKEN, SC 29801
803-642-1537

LICENSE NUMBER AND STATE
SC 1898

Accredited ☒ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
020522

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

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE
01/10/2019

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(NOV 2010)

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OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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3. TOTAL NUMBER OF ANIMALS

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AIKEN COUNTY ANIMAL SHELTER
333 WIRE ROAD
AIKEN, SC 29803
803-642-1537

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
ST. HUBERT'S ANIMAL WELFARE CENTER
BECKY BURTON
[illegible] WOODLAND AVENUE
MADISON, NEW JERSEY 07940
973-377-2295

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) GARRETT 40412917	MIXED BREED	1Y	M	052641920
(2) ROY 40341241	SHEPHERD MIX	1Y	M	052644433
(3) WEBSTER 40450875	MIXED BREED	1Y	M	052641879
(4) MARSHALL 40391774	SHEPHERD MIX	1Y	M	052639765
(5) OZZIE RUE 40488055	CATTLE DOG(HEELER)	1Y	F	052641883
(6) OLIVIA 40488106	CATTLE DOG(HEELER)	1Y	F	052636913

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
12/26/18	NOBIVAC		
12/14/18	NOBIVAC		
12/31/18	NOBIVAC		
12/21/18	NOBIVAC		
01/03/19	NOBIVAC		
01/03/19	NOBIVAC		

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

VETERINARY CERTIFICATION: I certify that the animals described in box 7 have been examined by me this date, that the information provided in box 8 is true and accurate to the best of my knowledge, and that the following findings have been made ("X" applicable statements).

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☒ 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. LISA LEVY, DVM
333 WIRE ROAD
AIKEN, SC 29801
803-642-1537

LICENSE NUMBER AND STATE
SC 1898

Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
020522

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
01/10/2019

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

SMALL ANIMAL CERTIFICATE OF VET INARY INSPECTION

KENTUCKY DEPARTMENT OF AGRICULTURE

Office of the State Veterinarian

109 Corporate Drive, Frankfort, KY 40601 Phone (502) 573-0282, Option 3 Fax (502) 573-1020

Kentucky Proud

SA- 325989

Kentucky Consignor				Animal Consigned To:			
Franklin Co Animal Shelter				S Hubards Animal Welfare Center			
Ky. Origin Address:	City	State	ZIP	Destination Address:	City	State	ZIP
381 Little League Lane	Frankfort	KY	40322	45 S Woodland Rd #159	Madison NJ		07940
Telephone	Email			Telephone	Email		
6067689368							
Owner Address (if different):	City	State	ZIP	Consignee Address (if different):	City	State	ZIP

Species: ☒ Canine ☐ Feline ☐ Avian ☐ Other _____

Reason for movement: ☐ Traveling w/Owner ☐ Exhibition ☐ Sale ☒ Other _____

Transported by: ☒ Car ☐ Air ☐ Rail ☐ Truck Number of animals on this CVI 5 Number of days this CVI is valid: 30 days

Animal's Name/ID	Breed	Age	Sex	Color	Date of Rabies Vaccination	Type of Vaccine	Other Vaccinations
Sven	Mix	3-4yo	M	blk/w	1/11/19	Rabies	Bordetella 1/11/19 Other vaccines given
Della	hound x	2yrs	F	blk/tan	1/8/19		" 1/8
Sheila	rottweiler x	2yrs	F	brindle	1/8/19		" 1/8
Sunny	mixed x	9mos	F	brindle/wh	1/8/19		" 1/8
Little Bit	Chi x	7-8yrs	MN	brn/white	1/12/19	↓	" ↓

I certify, as an accredited veterinarian, that the above described animals have been inspected by me on this date and that they are not showing signs of infection, and/or communicable disease (unless permitted by OSV). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements.

Date 1/11/19 Veterinarian's Signature x _____ Printed Name _____ Accreditation Number _____

Clinic Name Bath Vet Clinic Address 918 W. Hwy 60

City, State, ZIP Owingsville KY 40360 Phone 6066746692 Email bathvetclinic@windstream.net

KYSV-74 Rev 8/16 *White* – KDA Office of State Veterinarian *Canary* – Owner *Pink* – State of Destination *Goldenrod* – Issuing Veterinarian

SMALL ANIMAL CERTIFICATE OF VETERINARY INSPECTION

KENTUCKY DEPARTMENT OF AGRICULTURE

Office of the State Veterinarian

109 Corporate Drive, Frankfort, KY 40601 Phone (502) 573-0282, Option 3 Fax (502) 573-1020

SA- 325989

Kentucky Consignor				Animal Consigned To:			
Franklin Co Animal Shelter				St Hubert's Animal Welfare Center			
Ky. Origin Address:	**City**	**State**	**ZIP**	**Destination Address:**	**City**	**State**	**ZIP**
381 Little League Lane	Frankfort	KY	40322	575 Woodland Rd #157	Madison	NJ	07940
Telephone	**Email**			**Telephone**	**Email**		
6068759368	[illegible]						
Owner Address (if different):	**City**	**State**	**ZIP**	**Consignee Address (if different):**	**City**	**State**	**ZIP**

Species: ☑ Canine ☐ Feline ☐ Avian ☐ Other ____

Reason for movement: ☐ Traveling w/Owner ☐ Exhibition ☐ Sale ☑ Other ____

Transported by: ☑ Car ☐ Air ☐ Rail ☐ Truck Number of animals on this CVI 5 Number of days this CVI is valid: 30 days

Animal's Name/ID	Breed	Age	Sex	Color	Date of Rabies Vaccination	Type of Vaccine	Other Vaccinations
Sven	Mix	3-4yr	M	[illegible]	1/11/19	[illegible]	[illegible] 1/11/19
Della	Hound X	2yrs	F	[illegible]	1/8/19	↓	" 1/8
Sheila	[illegible] X	2yrs	F	Brown	1/8/19	↓	" 1/8
Sunny	[illegible]	9mo	F	[illegible]	1/8/19	↓	" 1/8
Little Bit	Chi X	7-8yrs	MN	[illegible] white	1/2/19	↓	"

I certify, as an accredited veterinarian, that the above described animals have been inspected by me on this date and that they are not showing signs of infection and/or communicable disease (unless permitted by OSV). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements.

Date 1/11/19 Veterinarian's Signature [signature] Printed Name [illegible] Accreditation Number [illegible]

Clinic Name [illegible] Address [illegible]

City, State, ZIP [illegible] Phone 6066746692 Email [illegible]

KYSV-74 Rev 8/16 *White* – KDA Office of State Veterinarian *Canary* – Owner *Pink* – State of Destination *Goldenrod* – Issuing Veterinarian

COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

GOOD FOR 30 DAYS

(Only good for 10 days for entry into West Virginia GHO tracks §178CSR2-12.6)

Date: 1-11-19

№ 109454

West Virginia
Department of Agriculture
Animal Health Division
1900 Kanawha Blvd., E.
Charleston, WV 25305
304-558-2214

1. Seller/Exhibitor/Consigner/Owner:	2. Purchaser/Name of Show/Consignee:
Name: Rand Cty Human So Phone: 3046367844	Name: ST Huberts AWE Phone: 973 377 2295
Address: 195 Weese St	Address: 575 Woodland Rd
Elkins WV 26241	Madison NJ 07940
Premise ID #:	Premise ID #:

3. Species: *One form per species*
- ☒ Canine
- ☐ Feline
- ☐ Ferret
- ☐ Other

4. Purpose of Movement:
- ☐ Pet
- ☐ Exhibition
- ☐ Travel with owner
- ☒ Other
- ☐ Breeding
- ☐ Racing

5. Additional Comments:
☑ I hereby certify that the animal(s) in this shipment are, to the best of my knowledge, acclimated to air temperatures between 42°F and 87°F.

6. Carrier:
- ☐ Air
- ☒ Truck/Auto
- ☐ Rail
- ☐ Water

7. Permit No. (if required)

8. Individual Animal Identification:						9. Rabies/Product:				10. Vaccine Bordetella		11. Temp	12. Other Tests and Vaccination Status	
Tat COLOR Other Permanent ID	Name	Age	Sex	Breed	~~Color~~	Date	Tag # WT	HWT	Vial # Wormer	P	R		i.e., DHL, DHLP, Felv, FVR, FVRCP RABIES	Serial NO
1. TAN	BRUTUS	2yr	M	LAB X		1/11/19	51	NEG	Drontal	84	28	101.9	134776	4150454A
2. TRI	Admiral	7yr	M	Walker/Hound		1/11/19	57.1	NEG	Drontal	96	30	101.	134759	4150454A
✓3. TRI	MAX	4½m	M	Hound X		1/11/19	23	—	Drontal	120	38	100.8	134703	4150454A
4. BLK	TACO	1½y	F	LAB X		1/11/19	59	NEG	Drontal	118	36	101.8	134792	4150454A
5. RED/WHT	Jilly	2yr	F	LAB/HOUND		1/11/19	50.5	NEG	Drontal	116	38	101.5	134746	4150454A
6. BLK	Cuatro	10wk	F	Terrier X		1/11/19	10.5	—	Drontal	108	32	101.7	TOO	YOUNG
7. BLK	TRES	10wk	M	Terrier X		1/11/19	14.5	—	Drontal	104	36	101	TOO	YOUNG
8. BLK	CINCO	10wk		Terrier X		1/11/19	8.5	—	Drontal	106	32	100.9	TOO	YOUNG

13. Veterinary Certification: "I certify, as an accredited veterinarian, that the above described animal(s) have been inspected by me and that they are not showing signs of infectious, contagious, and/or communicable disease (except where noted). The vaccination and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirement. No further warranty is made or implied."

Signature of Issuing Accredited Veterinarian: Dr. Mike Pritt Date: 1-11-19

Printed Name of Veterinarian: Dr Mike Pritt Phone: 3046367372 License# 8119

Full Address: 316 S Hazelwood Rd Beverly WV 26253

14. State Certification

Kent A. Leonhardt

Commissioner of Agriculture

Original - State Veterinarian Yellow - State Veterinarian Pink - Accompany Shipment Goldenrod - Issuing Veterinarian

West Virginia Department of Agriculture is an equal opportunity employer.

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 1/14/19

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.
K-9	Beagle/Mix	M	5m	Black & Tan	Ike	1-11-19	168901
K-9	Red Bone/Mix	F	10m	Brown	Lillie	9-12-18	620080
K-9	Shepherd/Lab	SF	4m	Black & White	Maizie	1-11-19	168902

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."

_____
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
GOLDENROD – HOME OFFICE COPY

DATE 1-14-19

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.
K-9	Blue Heeler/Mix	SF	10m	Black/White	Paige	10-16-18	620023
K-9	Hound/Shepherd	F	10m	Black/Tan	Paris	12-31-18	620081
K-9	Boston Beagle	M	1yr	White/Brindle	Smiley	12-31-18	620083

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."

_____
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
GOLDENROD – HOME OFFICE COPY

DATE 1-14-19

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.
K-9	Blue Heeler/Mix	SF	1om	Black/White Paige	10-16-18	620023
K-9	Hound/Shepherd	F	10m	Black/Tan Paris	12-31-18	620981
K-9	Boston Beagle	M	1yr	White/Brindle Smiley	12-31-18	620083

OTHER VACCINATIONS

_____, 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."

_____
Licensed Veterinarian

101 Bierly Rd
Address
Portsmouth OH 45662

Agr-0259 (Rev. 5/02)

[redacted]

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 1/14/19

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.
K-9	Beagle/Mix	M	5m	Black & Tan	Ike	1-11-19	168901
K-9	Red Bone/Mix	F	10m	Brown	Lillie	9-12-18	620080
K-9	Shepherd/Lab	SF	4m	Black & White	Maizie	1-11-19	168902

OTHER VACCINATIONS

_____, 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."

_____
Licensed Veterinarian

101 Bierly Rd
Address
Portsmouth, OH 45662

Agr-0259 (Rev. 5/02)

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

40.160

Date Issued 11/18/16
Expiration 30 days after issuance

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

Owner Humphreys Co. Humane
Address 112 Young Road
City Waverly
State TN
Telephone No. 931 296 7723

Consignee St Hubert's Animal
Address 515 woodland Ave
City Madison
State NJ Zip Code 07940
Telephone No. 973-377-2296

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #
Canine	Tena	Beagle mix	F	8w	Brown/white		
Canine	Tink	Beagle mix	F	8w	Light tan		
Canine	Judith	Beagle mix	F	8w	Dark tan		
Canine	Oscar	Beagle mix	m	8w	Tan		

Remarks eyes and ears clear

I certify that I am licensed and accredited in Tennessee and that I personally examined the 4 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

Distribution:

Interstate Shipments

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

Accredited Veterinarian Vet Code
Melissa Bolen 15916
Type or Print
Signature
Address 310 Highway 104 N
City Camden State TN zip 38320
Email Address Vetwork3160@gmail
Telephone: 731 213-2555

AG-0059 (Rev. 02/15)

RDA's pending

461170

Tennessee Department of Agriculture
Consumer & Industry Services — Animal Health
Box 40627, 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 Humphreys Co Humane Soc
Address 112 Young Road
City Waverly
State TN
Telephone No. 931-296-7733

Consignee St Hubert's Animal
Address 575 Woodland Ave.
City Madison
State NJ Zip Code 07940
Telephone No. 973-377-2296

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #
Canine	Noah	German Sh.	M	4yr	White		596758

Remarks _____

I certify that I am licensed and accredited in Tennessee and that I personally examined the _____ 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
Nobivac	293132	Nov 2019	Rabies	1-11-19

Accredited Veterinarian — Vet Code
Dr. Lynn McHugh — 035489
Type or Print
Signature Dr Lynn McHugh
Address 310 Hwy 641 North
City Camden State TN zip 38320
Email Address Vetwork310@gmail
Telephone: 731-213-2555

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

AG-0059 (Rev. 02/15)

RDA's pending

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

466837
Date Issued 1/19/19
Expiration 30 days after issuance

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

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

Consignee St. Hubert's Animal Welfare
Address 575 Woodland Ave
City Madison
State NJ Zip Code 07940
Telephone No. 973-377-2095

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #
Canine	Reed	Rot X	M	2yr	brown		039099
Canine	Barbie	Box X	F	1½yr	brown/white		039107
Canine	Snoopy	Rot x	M	2yr	black/tan		054034
Canine	Fawn	Heeler	F	2yr	red/wh		038577
Canine	Rose	hound	F	1yr	brown		054033
Canine	Tony	terrier	MN	10yr	blk/brn		054039
Canine	Cleo	terrier	FS	8yr	tan		054040
Canine	Samuel	Husky	MN	3m	blk/brn		054065
Canine	Nebbie	blue tick coonhound	FS	3m	blk/wh/tricolor		054064
Canine	Takei	heeler	F	2yr	tan/cream		054063
Canine	Tarni	heeler X	F	5wk	tan/wh		too young

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
Zoetis	283179	9/19	K	12/18
Zoetis	301509	12/19	K	1/19
~~Zoetis~~ Merial	183151	6/19	K	11/18

Accredited Veterinarian Amanda Dykstra Vet Code 002167
Type or Print
Signature
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

AL-S 0034083

SMALL ANIMAL

HEALTH CERTIFICATE

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

Date Issued 1-21-19

CONSIGNOR OR SHIPPER Sylacauga Animal Shelter

CONSIGNEE OR PURCHASER St. Hubert's Animal Welfa

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	Lab Mix	F	17wks	Brindle (Ruffles)	182527
Canine	Hound Mix	M	17wks	Brindle (Kettle)	182613
Canine	Hound Mix	M	17wks	Tan (Frito)	182692
Canine	Shep M	M	6months	Red (Roland)	182635

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV (R)	1/21/19
DHLP	MLV – K	
FVRCP	MLV – K	N/A
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 L. Mauldin, DVM

Printed Signature Kevin Mauldin

Telephone No. 256-378-7066

Veterinary Accreditation No. 020047

Address 1490 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

AL-S 0034093

SMALL ANIMAL

HEALTH CERTIFICATE

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

Date Issued 1-28-19

CONSIGNOR OR SHIPPER Sylacauga Animal Shelter

CONSIGNEE OR PURCHASER St. Hubert's 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	Chi Mix	M	1yr	White (Taz)	182879
X	X	X	X	X	X

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV (K)	1/28/19
DHLP	MLV – K	
FVRCP	MLV – K	N/A
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 Moulin D.V.M. Veterinary Accreditation No. 020047

Printed Signature Kevin Moulin Address 1440 Coosa Pines Drive

Telephone No. 256-378-7066 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

AL-S 0034090

SMALL ANIMAL

HEALTH CERTIFICATE

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

Date Issued 1/28/19

CONSIGNOR OR SHIPPER Sylacauga Animal Shelter

CONSIGNEE OR PURCHASER St. Hubert's 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	Lab Mix	M	1yr	Brown (Max)	182594
Canine	Chi Mix	F	8wks	Brown (Sansa)	
Canine	ShihTzu Mix	M	3yrs	Brown (MJ)	1160164
Canine	Chi Mix	F	8wks	Brown (Arya)	

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV (K)	1/28/19
DHLP	MLV – K	
FVRCP	MLV – K	N/A
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 Moulin Veterinary Accreditation No. 020047

Printed Signature Kevin Moulin Address 1440 Coosa Pines Drive

Telephone No. 256-378-7066 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

AL-S 0034091

SMALL ANIMAL

HEALTH CERTIFICATE

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

Date Issued 1-28-19

CONSIGNOR OR SHIPPER Sylacauga Animal Shelter

CONSIGNEE OR PURCHASER St. Hubert's 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	Shep Mix	M	1.5yrs	Brown (Milo)	182860
canine	Shep Mix	F	1yr	Brown (Ellie)	182647
canine	Border Mix	F	6months	Brown/white (Lilly)	182675
canine	Lab Mix	M	8months	Black/white (Jake)	182617

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV (K)	1/28/19
DHLP	MLV – K	
FVRCP	MLV – K	N/A
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 Mauvin DVM
Printed Signature Kevin Mauvin
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 Shipment:
original, canary and pink for USDA APHIS Veterinary Services 1445 Federal Drive, Montgomery, AL 36107-1123 goldenrod-issuing veterinarian

AL-S 0034092

SMALL ANIMAL

HEALTH CERTIFICATE

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

Date Issued 1-28-19

CONSIGNOR OR SHIPPER Sylacauga Animal Shelter

CONSIGNEE OR PURCHASER St. Hubert's 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	Collie Mix	F	8months	Brown/white (Rainbow)	182540
canine	Border Mix	F	6months	Brown/white (Foxy)	182626
canine	Terrier Mix	M	1yr	Black/white (Elvis)	182875
canine	Basset Mix	M	1yr	White/Brown (Dumbo)	182641

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV (K)	1/28/19
DHLP	MLV – K	
FVRCP	MLV – K	N/A
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 Mauvin DVM
Printed Signature Kevin Mauvin
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 Shipment:
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 0034091

Date Issued 1-28-19

CONSIGNOR OR SHIPPER Sylacauga Animal Shelter

ORIGIN Sylacauga, AL 35150

COMPLETE PHYSICAL ADDRESS FOR CONSIGNOR 1212 Wynette Rd

CONSIGNEE OR PURCHASER St. Huberts Animal Welfare

DESTINATION Madison, NJ 07940

COMPLETE PHYSICAL ADDRESS FOR CONSIGNEE 575 Woodland Ave

DESCRIPTION OF ANIMALS

Species	Breed	Sex	Age	Color or Markings	Rabies Tag No.
canine	Shep Mix	M	1.5yrs	Brown (Milo)	182860
canine	Shep Mix	F	1yr	Brown (Ellie)	182647
canine	Border Mix	F	6months	Brown/white (Lily)	182675
canine	Lab Mix	M	8months	Black/white (Lance)	182617

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV (K)	1/28/19
DHLP	MLV - K	
FVRCP	MLV - K	
OTHER		N/A

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 L. Mauldin

Printed Signature Kevin Mauldin

Telephone No. 256-378-7016

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

AL-S 0034092

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

Date Issued 1-28-19

CONSIGNOR OR SHIPPER Sylacauga Animal Shelter

ORIGIN Sylacauga, AL 35150

COMPLETE PHYSICAL ADDRESS FOR CONSIGNOR
1212 Wynette Rd

CONSIGNEE OR PURCHASER St. Hubert's Animal Welfare

DESTINATION Madison, NJ 07940

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	8 months	Brown/white (Rainbow)	182540
Canine	Border Mix	F	6 months	Brown/white (Foxy)	182626
Canine	Terrier Mix	M	1 Yr	Black/white (Elvis)	182875
Canine	Basset Mix	M	1 Yr	White/Brown (Dumbo)	182641

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV (K)	1/28/19
DHLP	MLV – K	
FVRCP	MLV – K	N/A
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 Ken Mock DVM

Printed Signature Kevin Mann

Telephone No. 256-378-0616

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

2-25-19

SMALL ANIMAL

HEALTH CERTIFICATE

STATE OF ALABAMA

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

AL-S 0034093

Date Issued 1-28-19

Sylacauga Animal Shelter — CONSIGNOR OR SHIPPER

ORIGIN Sylacauga, AL 35150

COMPLETE PHYSICAL ADDRESS FOR CONSIGNOR
1212 Wynette Rd

CONSIGNEE OR PURCHASER St. Hubert's Animal Welfare

DESTINATION Madison, NJ 07940

COMPLETE PHYSICAL ADDRESS FOR CONSIGNEE
575 Woodland Ave

9590

DESCRIPTION OF ANIMALS

Species	Breed	Sex	Age	Color or Markings	Rabies Tag No.
canine	Chi Mix	M	11/r	White (Taz)	182879
X	X	X	X	X	X

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV – K	1/28/19
DHLP	MLV – K	
FVRCP	MLV – K	N/A
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

Telephone No. 256-378-1666

Veterinary Accreditation No. 020047

Address 1440 Casa 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

AL-S 0034090

SMALL ANIMAL

HEALTH CERTIFICATE

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

Date Issued 1/28/19

CONSIGNOR OR SHIPPER Sylacauga Animal Shelter

CONSIGNEE OR PURCHASER St. Hubert's 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	Lab MIX	M	1yr	Brown (Max)	182544
Canine	Chi MIX	F	8 WKS	Brown (Sansa)	
Canine	ShihTzu MIX	M	3 yrS	Brown (MT)	1601164
Canine	Chi MIX	F	8 WKS	Brown (Arya)	

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV-K	1/28/19
DHLP	MLV – K	
FVRCP	MLV – K	N/A
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 P. Mallin

Veterinary Accreditation No. 020047

Printed Signature Kevin Mallin

Address 1440 Coosa Pines Drive

Telephone No. 256-378-7016

Chelsea, 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

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

463175

Date Issued 1/28/19
Expiration 30 days after issuance

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

Owner Humphreys County Humane
Address 112 Young Rd
City Waverly
State TN
Telephone No. 731-296-7733

Consignee St Hubert's Animal Welfare
Address 575 Woodland Ave
City Madison
State NJ Zip Code 07940
Telephone No. 973-377-2096

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #
K-9	Becca	Hound X	F	3y	Black / Brown		602356
K-9	DALLAS	Heeler X	F	8m	Black / Brown		602393
K-9	Bandito	Heeler X	M	8m	Black	985100027184415	602318
K-9	Reno	Shep X	M	11wks	Black		602355
K-9	Benl	Lab X	M	1y	Black		602354
K-9	Bena	Aussie X	MN	8m	Tan/wht		596770
K-9	SKY	Lab X	M	8m	Black		602359
K-9	Mia	Heeler	F	8wks	Black/wht		
K-9	Western	Lab X	M	2yr	TAN		602363
K-9	Harley	Terrier X	F	4yr	Yellow		602319
K-9	Rocky	Aussie X		1y	Wht / Black		602313

Remarks Eyes & 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
Nobivac	117129	9/19	Killed	1/21/19 1/28/19

Accredited Veterinarian Michael Bailey Vet Code 059015
Type or Print
Signature
Address 310 Highway 191 N
City Camden State TN zip 38320
Email Address pfwork310@gmail
Telephone: 731 213 2455

Distribution:

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

AG-0059 (Rev. 02/15)

RDA's pending

Georgia Department of Agriculture
19 Martin Luther King Jr Drive SW
Room 104
Atlanta, Georgia 30334

GEORGIA DEPARTMENT OF AGRICULTURE
CERTIFICATE OF VETERINARY INSPECTION

No. CI- 02441

CERTIFICATE VOID 30 DAYS FROM INSPECTION DATE

CONSIGNOR OR SHIPPER	CONSIGNEE OR RECEIVER	DATE ANIMALS INSPECTED	CONSIGNOR'S PREMISES ID.
		DATE CERTIFICATE ISSUED	
		No. ANIMALS IN SHIPMENT	ENTRY PERMIT NUMBER

X	Species	X	Species	X	Purpose of Movement	X	Area Status	Herd or Flock Status
	Cattle		Ratite		Breeding		Accredited Free TB	Accredited Herd No.
	Horses		Cervidae		Feeding		Modified Accredited TB	Certified Herd No.
	Swine	X	Dogs		Show		Free - Brucellosis	Validated Herd No.
	Goats		Cats		Slaughter		Class A - Brucellosis	Qualified Herd No.
	Sheep		Other	X	Other		Class B - Brucellosis	Monitored Feeder Pig Herd No.
	Poultry							

Individual ID: Official Eartag, Breed Registration Ear Tattoo or Breed Registration Firebrand	Description of Animal or Registry Name and Number	Age	Sex	Breed	~~Bruc. Vac. Tattoo~~	~~Brucellosis Test Date~~ ~~Lab~~ Results	~~TB Test Inj.~~ ~~Obs~~ 72 Hr. Results	EIA Test Date ~~Results Include Lab & Accession No.~~	PRV Test Date Results	~~Other Test / Immunization~~ Date Results	Other Test / Immunization Date Results
1											
2											
3											
4											
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8											
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11											
12											
13											
14											
15											

CERTIFICATE OF ISSUING VETERINARIAN

I certify as an accredited veterinarian that the described animals have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease. The vaccination and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and Federal interstate requirements. No further warranty is made or implied.

Accredited Veterinarian (Signature) | Address | USDA Accreditation No.

Print Name | City, State, Zip | Ga. License No.

CERTIFICATE OF OWNER/AGENT

The animals in this shipment are those certified and listed on this certificate.

Owner/Agent (Signature)

Original and Blue copies to be forwarded to State Veterinarian's Office.
Retain Pink. Yellow copy to accompany shipment.