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- 334326

Kentucky Consignor				Animal Consigned To:			
	KY RIVER REGIONAL ANIMAL SHELTER 194 ANIMAL SHELTER LN HAZARD, KY 41701 (606) 439-4064			St Huberts Animal Welfare Center			
Ky. Origin Address:	City	State	ZIP	Destination Address:	City	State	ZIP
				575 Woodland Ave	Madison	NJ	07940
Telephone	Email			Telephone	Email		
				(973) 377-2296			
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 Rescue Transport

Transported by: ☐ Car ☐ Air ☐ Rail ☑ Truck Number of animals on this CVI 2 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
Rue	Hound x	1yr	Fe	red	2/1/19	3 Yr Rabvac 1	DHPP 1/30/19 Bordetella 2/[illegible]
Nickolas	Lab x	1yr	M	black	"	"	" 1/29/19 " [illegible]

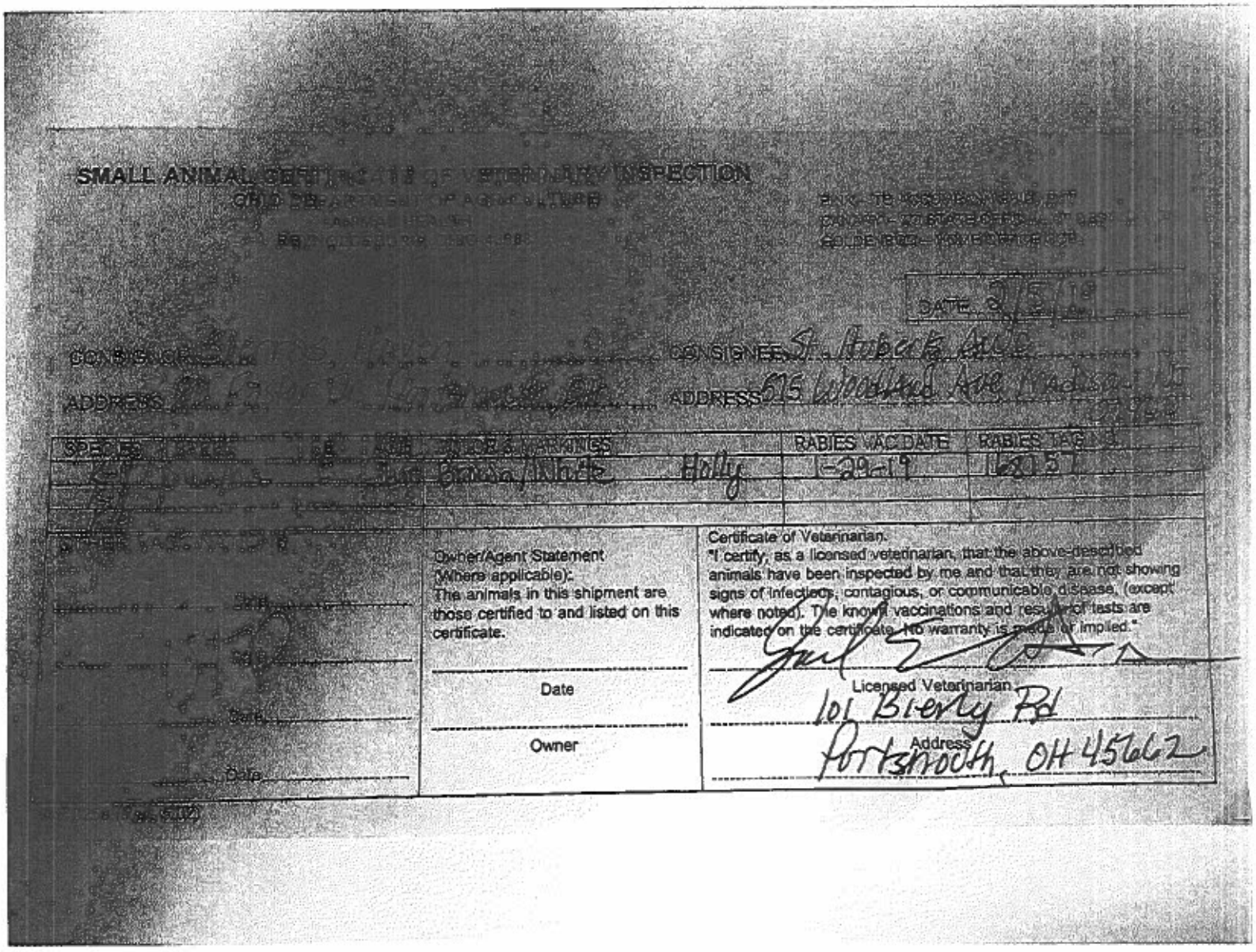
I certify, as an accredited veterinarian, that the above described animals have been inspected by me on this date and that they are not showing signs of infection, and/or communicable disease (unless permitted by OSV). The vaccinations and results of tests are as indicated on the certificate. To the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

Date 2-5-19 Veterinarian's Signature _____ Printed Name LETCHER COUNTY OUTPOST ANIMAL CLINIC (606) 633-8804 CAROL COMBS-MORRIS,DVM ISOM, KY 41824 Accreditation Number 046014

Clinic Name _____ Address _____

City, State, ZIP _____ Phone _____ Email _____

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

DATE 3/5/19

CONSIGNOR

ADDRESS

CONSIGNEE St. Hubert's Adc

ADDRESS 615 Lyttonsville Ave Madison 45

SPECIES	BREED	AGE	SEX	COLOR & MARKINGS	RABIES VAC DATE	RABIES TAG
Dog		1 yrs	F	Brindle/White	Holly	1-29-19	1205

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

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~~ 2/4/19

CONSIGNOR Sierra's Haven

ADDRESS 80 Easter Dr. Portsmouth, OH 45662

CONSIGNEE St. Huberts AWG

ADDRESS 575 Woodland Ave, Madison NJ 07940

SPECIES	BREED	SEX	AGE	COLOR & MARKINGS		RABIES VAC DATE	RABIES TAG NO.
K-9	Pointer/Mix	M	2y	White/Brown	Howie Hall	1-8-19	168913
K-9	Aust. Shep Mix	M	1y	White/Beige	Simba	1-7-19	168914
K-9	Aust Shep Mix	M	5y	Tan/White	Rambo	10-11-18	~~168915~~

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 Brierly Rd
Address
Portsmouth, OH 45662

Agr-0259 (Rev. 5/02)

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- 325774

Kentucky Consignor	Animal Consigned To:
Franklin Co. Humane Society	St. Huberts Animal Welfare Center
Ky. Origin Address / City / State / ZIP: 1041 Kentucky Ave. Frankfort KY 40601	Destination Address / City / State / ZIP: 575 Woodland Rd. Madison NJ 07940
Telephone: 502-875-7297 Email: kerrylowery.fchs@gmail.com	Telephone: 973-377-2295 Email:
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 Rescue

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 *flea dermatitis, respond to tx
Daisy	chihuahua	4Y	FS	Tan	1/14/19	Killed	DAPP-1/11/19, 1/25/19 Bord-1/11/19 H3N2-1/11/19, 2/4/19
Dolly	beagle	4Y	FS	Tricolor	1/14/19	Killed	DAPP 1/8/19, 1/22/19 Bord-1/8/19 H3N2-1/11/19, 2/4/19
Emery	Chi X	7M	MN	Tan	1/14/19	Killed	DAPP-1/11/19, 1/25/19, Bord-1/11/19 H3N2-1/11/19, 2/4/19
Errol	Chi/JRTX	7M	MN	Tri	1/14/19	Killed	DAPP-1/11/19, 1/25/19, Bord-1/11/19 H3N2 1/11/19, 2/4/19
Georganna	Border Colliex	3M	F	Black	———	———	DAPP-1/20/19, 2/3/19 Bord-1/20/19 H3N2-1/20/19, 2/3/19

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 2/3/19 Veterinarian's Signature [signature] Printed Name Kimberly Smith Accreditation Number 018019

Clinic Name Franklin Co. Humane Society Address 1041 Kentucky Ave

City, State, ZIP Frankfort, Ky 40601 Phone 502-875-7297 Email kerrylowery.fchs@gmail.com

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- 325775

Kentucky Consignor				Animal Consigned To:			
Franklin Co. Humane Society				St. Hubertus Animal Welfare Center			
Ky. Origin Address:	City	State	ZIP	Destination Address:	City	State	ZIP
1041 Kentucky Ave	Frankfort	Ky	40601	575 Woodland Rd.	Madison	NJ	07940
Telephone	Email			Telephone	Email		
502-875-7297	kerry.lowary.fchs@gmail.com			973-377-2295			
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 Rescue

Transported by: ☑ Car ☐ Air ☐ Rail ☐ Truck Number of animals on this CVI _____ 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
George	Border Collie X	3M	M	Blk+Wht	———	———	DAPP-1/20/19, 2/3/19 Bord-1/24/19 H3N2-1/20/19, 2/3/19
Sasha Marie	Shepherd X	5Y	FS	Blk+Tan	1/14/2019	Killed	DAPP-1/15/19, 1/29/19 Bord-1/15/19 H3N2-1/15/19, 2/3/19
Yin Yang	Pyrenese X	3M	FS	Blk+White	———	———	DAPP-1/20/19, 2/3/19, Bord-1/24/19 H3N2-1/20/19, 2/3/19 Convenia
Lola/Reece	Min Pin X	~~FS~~ 1Y	FS	Blk+tan	1/28/2019	Killed	DAPP-1/18/19, Bord-1/18/19 H3N2-1/18/19, 2/4/19 Convenia
Israel	Poodle X	2Y	MN	Blk+wht	1/30/2019	Killed	DAPP-1/23/19, Bord-1/23/19 H3N2-1/23/19, Convenia

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 2/4/19 Veterinarian's Signature _____ Printed Name Kimberly Smith Accreditation Number 018019

Clinic Name Franklin Co. Humane Society Address 1041 Kentucky Ave.

City, State, ZIP Frankfort Ky 40601 Phone 502-875-7297 Email kerry.lowary.fchs@gmail.com

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

P. O. Box 3889
Jackson, MS 39207
Telephone (601) 359-1170

CERTIFICATE OF VETERINARY INSPECTION

No. 8736

PREM ID

PREM ID

Date Issued 2-11-19

CONSIGNOR OR SHIPPER Amory Humane Society
PHYSICAL ADDRESS 1317 Old Hwy 6
Amory, MS 38821

CONSIGNEE OR RECEIVER St Huberts Animal Welfare Center
PHYSICAL ADDRESS 575 Woodland Ave
Madison, NJ 07940

ORIGIN OF SHIPMENT (NAME):
A. Show/Sale
B. Market
C. Other ASPCA

✓	Species	✓	Purpose of Movement	✓	Area Status	✓	Herd or Flock Status
	Cattle		Breeding		Accredited Free TB		Accredited Herd No.
	Horses		Feeding		Modified Accredited TB		Certified Herd No.
	Swine		Show		Free - Brucellosis		Validated Herd No.
	Goats		Slaughter		Class A - Brucellosis		Qualified Pseudorabies
	Poultry		Other		Class B - Brucellosis		No. animals in Shipment: 9
✓	Other K-9	✓	Adoption		Class C - Brucellosis		

CERTIFICATE VOID 30 DAYS FROM ISSUE DATE

ENTRY PERMIT NO.

CARRIER: X Truck ___ Air ___ Rail ___ Water

	Individual ID: Official Eartag, Breed Registration Ear Tattoo, or Breed Registration Firebrand	Description of Animal or Registry name and number	Age	Sex	Breed	Brucellosis Vac. Tattoo	Brucellosis Test Date / Lab	TB Test Inj. / Obs.	OTHER TESTS EIA Date / Results	OTHER TESTS PRV Date / Results	OTHER TESTS Other Date / Results	Equine Infec. Anemia
1		Angie	4mo	F	Heeler X		Rabies 190018	Date 2-7-19				
2	A20377	Abbie	6wk	F	Mastiff/Collie X							
3	A20378	Babbie	6wk	F	Mastiff/Collie X							
4	A20379	Cabbie	6wk	F	Mastiff/Collie X							
5	A20380	DABBIE	6wk	F	Mastiff/Collie X							
6	A20381	Cream	6wk	M	Rat Terrier							
7	A20382	COFFEE	6wk	M	Rat Terrier							
8	A20383	Beans	6wk	F	Rat Terrier							
9	A20384	Sugar	6wk	M	RAT TERR							
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												

free of obvious infectious disease (PH)

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 infection, 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 requirements. No further warranty is made or implied.

Pat Hidalgo DVM 516 Hwy 278 West Amory, MS 38821
Accredited Veterinarian (Signature) Address

National Accr tion Number 02963 Phone No. 662 256-7566

CERTIFICATE OF OWNER/AGENT
The animals in this shipment are those certified to and listed on this certificate

Owner/Agent (Signature)

Mississippi Board of Animal Health
PO Box 3889
Jackson, MS 39207
Phone: 601-359-1170
Fax: 601-359-1177
http://www.mbah.state.ms.us/regulations/index.html

CERTIFICATE OF VE..RINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM

CERTIFICATE NUMBER: 19-MS-14234326

INSPECTION DATE	ISSUE DATE	ENTRY PERMIT NUMBER	BRAND INSPECTION NUMBER & ISSUE DATE
2019-02-11	2019-02-11		

Name: Bingo | DOB: 2018-09-11 | Color: White/Red | Gender: Male | Breed: Husky Mix | Head Count: 1

Official ID Types: | IDs:

Remarks:

Vaccinations

Name	Type	Manufacturer	Lot Number	Lot Expiration	Administered	Expiration	Remarks
Rabies	MLV/Killed	Merial	12647		2019-02-11	2020-02-11	Tag#3427

Name: Harrington | DOB: 2009-02-11 | Color: Tan | Gender: Male | Breed: Heeler Mix | Head Count: 1

Official ID Types: | IDs:

Remarks:

Name: Daisybelle | DOB: 2018-12-03 | Color: Tri Color | Gender: Female | Breed: Heeler Mix | Head Count: 1

Official ID Types: | IDs:

Remarks:

Name: Ellie Mae | DOB: 2018-12-03 | Color: Tri Color | Gender: Female | Breed: Heeler Mix | Head Count: 1

Official ID Types: | IDs:

Remarks:

Name: Tinkerbelle | DOB: 2018-12-03 | Color: Tan Sable | Gender: Female | Breed: Heeler Mix | Head Count: 1

Official ID Types: | IDs:

Remarks:

Name: Gabriella | DOB: 2018-12-03 | Color: Sable | Gender: Female | Breed: Heeler Mix | Head Count: 1

Official ID Types: | IDs:

Remarks:

Mississippi Board of Animal Health
PO Box 3889
Jackson, MS 39207
Phone: 601-359-1170
Fax: 601-359-1177
http://www.mbah.state.ms.us/regulations/index.html

CERTIFICATE OF VETERINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM

CERTIFICATE NUMBER: 19-MS-14234226

INSPECTION DATE	ISSUE DATE	ENTRY PERMIT NUMBER	BRAND INSPECTION NUMBER & ISSUE DATE
2019-02-11	2019-02-11		

Name: Arizona | DOB: 2018-11-23 | Color: Brown/Black Markings | Gender: Female | Breed: Shepherd Mix | Head Count: 1

Official ID Types: | IDs:

Remarks:

Name: Queenie | DOB: 2017-08-08 | Color: Tan Black Mask | Gender: Female | Breed: Black Mouth Cur Mix | Head Count: 1

Official ID Types: | IDs:

Remarks:

Vaccinations

Name	Type	Manufacturer	Lot Number	Lot Expiration	Administered	Expiration	Remarks
Rabies	MLV/Killed	Merial	2642		2018-10-22	2019-10-22	Tag#3111

Name: Harvest Moon | DOB: 2017-02-08 | Color: White/Brown | Gender: Female | Breed: Hound Mix | Head Count: 1

Official ID Types: | IDs:

Remarks:

Vaccinations

Name	Type	Manufacturer	Lot Number	Lot Expiration	Administered	Expiration	Remarks
Rabies	MLV/Killed	Merial	2642		2018-10-24	2019-10-24	Tag#3185

Name: Blue | DOB: 2018-02-08 | Color: Tri Color | Gender: Male | Breed: Hound Mix | Head Count: 1

Official ID Types: | IDs:

Remarks:

Vaccinations

Name	Type	Manufacturer	Lot Number	Lot Expiration	Administered	Expiration	Remarks
Rabies	MLV/Killed	Merial	12647		2019-02-11	2020-02-11	Tag#3445

P. O. Box 3889
Jackson, MS 39207
Telephone (601) 359-1170

CERTIFICATE OF VETERINARY INSPECTION

NO. [illegible]

PREM ID

PREM ID

Date Issued 2/12/19

CONSIGNOR OR SHIPPER Southern Pines Animal Shelter
PHYSICAL ADDRESS 1901 N 31st Ave
Hattiesburg MS 39401

CONSIGNEE OR RECEIVER St. Huberts Animal
PHYSICAL ADDRESS Welfare Center
575 Woodland Ave
Madison, NJ 07940

ORIGIN OF SHIPMENT (NAME):
A. Show/Sale
B. Market
C. Other S. Pines

✓	Species	✓	Purpose of Movement	✓	Area Status	✓	Herd or Flock Status
	Cattle		Breeding		Accredited Free TB		Accredited Herd No.
	Horses		Feeding		Modified Accredited TB		Certified Herd No.
	Swine		Show		Free - Brucellosis		Validated Herd No.
	Goats		Slaughter		Class A - Brucellosis		Qualified Pseudorabies
	Poultry	✓	Other Shelter Transfer		Class B - Brucellosis		
✓	Other Canine				Class C - Brucellosis		

No. animals in Shipment: 11

CERTIFICATE VOID 30 DAYS FROM ISSUE DATE

ENTRY PERMIT NO

CARRIER: ___ Truck ✓ Air ___ Rail ___ Water

	Individual ID: Official Eartag, Breed Association Ear Tattoo, or Breed Registration Firebrand	Description of Animal or Registry name and number	Age	Sex	Breed	Brucellosis Vac. Tattoo	Brucellosis Test Date / Lab / Rabies Date Results	TB Test Inj. / Obs. / Tag # 72 Hr. Results	OTHER TESTS EIA Date / Results	PRV Date / Results	Other Date / Results	Equine Temp.
1	Buddy 982000364504115	Labrador (pure) Black	5y	MN			1/16/19	0325	Dr. Sutton	1650		
2	Bailey	Labrador (Pure) Black	2y	F			2/5/19	0516	Dr. Sutton	1650		
3	Checker	Chow Chow Black	1y	M			2/6/19	032172				
4	Chubby	Chow Chow Tan/white	1y	M			2/6/19	032171				
5	Benny 982000402891159	Terrier Mix Cream	4y	MN			2/5/19	0506	Dr. Sutton	1650		
6	Zipper	Lab Mix Black	1y	MN			9/12/18	11229	Dr. Matthews	943		
7	Cody	Blue Heeler white/Black	1y	FS			1/30/19	11648	Dr. Matthews	943		
8	Ilya 981020029458764	Hound Mix Brown/white	3m	M			1/29/19	033855				
9	Deddy	Chihuahua Mix Tan/white	4y	M			2/4/19	033668				
10	Hgis	Lab Mix Tan/red	9m	M			2/9/19	033875				
11	Lil Buddy	Hound/Terrier mix Tan/Red	9m	MN			2/8/19	032185				
12												
13												
14												
15												
16												
17												
18												
19												

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 infection, 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 requirements. No further warranty is made or implied.

Accredited Veterinarian (Signature)

Address 304 Hardy St Hattiesburg MS 39401

National Accreditation Number 0664DC Phone No. 601 544 5270

CERTIFICATE OF OWNER/AGENT

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

Owner/Agent (Signature)

ISSIPPI BOARD OF ANIMAL HEALTH
Box 3889
ion, MS 39207
hone (601) 359-1170

CERTIFICATE OF VETERINARY INSPECTION

MISSISSIPPI
No. 61052

PREM ID

PREM ID

Date Issued: 2-12-19

NSIGNOR OR SHIPPER Oktibbeha Cty H.S.
YSICAL ADDRESS 510 Industrial Park Rd
Starkville, MS 39759

CONSIGNEE OR RECEIVER St. Hubert's
PHYSICAL ADDRESS 575 Woodland Ave
Madison, NJ 07940

ORIGIN OF SHIPMENT (NAME):
A. Show/Sale
B. Market
C. Other transport

Species	✓	Purpose of Movement	✓	Area Status	✓	Herd or Flock Status
Cattle		Breeding		Accredited Free TB		Accredited Herd No.
Horses		Feeding		Modified Accredited TB		Certified Herd No.
Swine		Show		Free - Brucellosis		Validated Herd No.
Goats		Slaughter		Class A - Brucellosis		Qualified Pseudorabies
Poultry	X	Other		Class B - Brucellosis		No. animals in Shipment: 18
Other K-9	X			Class C - Brucellosis		

CERTIFICATE VOID 30 DAYS FROM ISSUE DATE

ENTRY PERMIT NO.

CARRIER: X Truck ___ Air ___ Rail ___ Water

Individual ID: Official Eartag, Breed Registration Ear Tattoo, or Breed Registration Firebrand	Description of Animal or Registry name and number	Age	Sex	Breed	Brucellosis Vac. Tattoo	Brucellosis Test Date / Lab / Results	TB Test Inj. / Obs. / 72 Hr. Results	OTHER TESTS EIA Date / Results	PRV Date / Results	Other Date / Results	Equine Temp.
A 20362	Sheila	BM	F	hound X			Rabies info#	190046	1-25-19		
A 20206	Poppy	BW	M	lab/terrier X							
A 20207	Nutmeg	BW	F	|							
A 20208	Pepper	BW	M	|							
A 20209	thyme	BW	M	↓							
A 20210	Cumin	BW	M	lab/terrier X							
A 20188	Naan	BW	F	shep/Fiest X							
A 20192	Foraccia	BW	M								
A 20194	Bagel	BW	M								
A 20418	Pita	BW	M								
A 20419	Cupcake	BW	F	shep/Fiest X							
✓ A 20081	Karl	BW	M	pit X							
✓ A 20082	Kenny	BW	M	pit X							
✓ A 20080	Kendra	BW	M	pit X							
A 20223	Dolores	BW	F	Ambulldog X							
A 20220	Lavender	BW	F	Ambulldog X							
A 20218	Luna	BW	F	↓							
A 20222	Ginny	BW	F	↓							
A 20224	Ron	BW	M	Ambulldog X							

* females have not been spayed or male

RTIFICATE OF ISSUING VETERINARIAN
rtify as an accredited veterinarian that the described animals have been inspected by me and that they are not showing
ns of infection, contagious and/or communicable disease (except where noted). The vaccination and results of tests are
ndicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination
l Federal interstate requirements. No further warranty is made or implied.

redited Veterinarian (Signature) Address 4100 Self Creek Rd Starkville MS 39759

tional Accredita. . Number 068558 Phone No. 662-3- -5733

CERTIFICATE OF OWNER/AGENT
The animals in this shipment are those certified to and listed on this certificate

Owner/Agent (Signature)

MISSISSIPPI BOARD OF ANIMAL HEALTH
CERTIFICATE FOR INTERSTATE MOVEMENT
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
FOR SMALL ANIMALS
BOX 3889, Jackson, MS 39207 - Ph. 601/359-1170

289726

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

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

FOR SMALL ANIMALS

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

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Miss. License Number

This Rabies Vaccination Expires _____

CONSIGNEE

Last Name	First	Middle Initial	Phone No.

ress (Street or RFD)	City	State	Zip Code

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

OWNER FOR TRANSPORTING ANIMAL

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 247544

Origin Contact Diana Knight

Destination Contact Monmouth SPCA

Origin Address 114 Clarendon Dr Lancaster SC 29720

Destination Address 200 Wall Street Lakewood, NJ 08724

AGE	SEX	DESCRIPTION – BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
2yr	F	Black-Tan hound X	2/7/19	191863
1yr	F	Black & White Fox Hound X	2/7/19	191862

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
[illegible]	739 Lancaster By-Pass East Lancaster SC 29720	2/20/19
SIGNATURE OF ACCREDITED VETERINARIAN	TELEPHONE	FEDERAL ACCRED. #
[signature]	803 256-8131	[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

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

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OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

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

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS
3

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) 19-053-Y Keller	Mixed	12wks	M	White/blue
(2) 19-054-Y Spartacus	Mixed	12wks	M	Brindle
(3) 19-056-Y Opal	Mixed	12wks	F	White/brown
(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
		2/20/19	DHPP 3wk, CIV 1yr, Bord'[illegible], IN 2[illegible]
		2/20/19	DHPP 3wk, CIV 1yr, Bord'[illegible], IN 2[illegible]
		2/20/19	DHPP 3wk, CIV 1yr, Bord'[illegible], IN 2[illegible]

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
Fecal 2-1-19: Hooks, rounds, whips, coccidia. Dewormed with panacur and ponazaril x 3 days.
2-20-19 Repeated panacur x 3 days

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

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

LICENSE NUMBER AND STATE
SC 3491

Accredited ☒ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
076141

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

DATE

SIGNATURE OF ISSUING VETERINARIAN
Scarlett Springate

DATE
2/20/2019

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
4

4. PAGE
1 of 1

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

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
Monmouth SPCA
260 Wall Street Eatontown, NJ 07724
(732)542-0040

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

7. ANIMAL IDENTIFICATION / **8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY**

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION ☑ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS – Vaccination Date	RABIES VACCINATION – Product	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS – Date	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS – Product Type and/or Results
(1) Brooklyn	Catahoula Mix	13w	F	Merle	2/21/19	Rabies- Merial	2/21/19	DAPP- Nobivac Fecal- Negative
(2) Brix	Catahoula Mix	13w	F	Brown	2/21/19	Rabies- Merial	2/21/19	DAPP- Nobivac Fecal- Negative
(3) Sage	Catahoula Mix	13w	F	Merle	2/21/19	Rabies- Merial	2/21/19	DAPP- Nobivac Fecal- Negative
(4) Annie	Heeler Mix	5.5m	F	Tn/Wht	2/21/19	Rabies- Merial	2/21/19	DAPP- Nobivac Fecal- Negative
(5)								
(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 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
Healthy Pets Spay Neuter + Wellness Clinic
Jenna Blake. DVM
1125 N. Anderson Rd. Suite 101 Rock Hill South Carolina 29730

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
2/20/19

APHIS Form 7001
(NOV 2010)

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OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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☒ Dog ☐ Cat ☐ Other_____
☐ Nonhuman Primate ☐ Ferret ☐ Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS
3

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

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

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
Monmouth County SPCA
260 Wall Street
Eatontown, NJ 07724
732.542.0040

7. ANIMAL IDENTIFICATION

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1) 19-053-Y Keller	Mixed	12wks	M	White/blue
(2) 19-054-Y Spartacus	Mixed	12wks	M	Brindle
(3) 19-056-Y Opal	Mixed	12wks	F	White/brown
(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
		2/20/19	DHPP 3wk CIV 1yr Bord 1yr
		2/20/19	DHPP 3wk CIV 1yr Bord 1yr
		2/20/19	DHPP 3wk CIV 1yr Bord 1yr

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
Fecal 2-1-19: Hooks, rounds, whips, coccidia. Dewormed with panacur and ponazaril x 3 days.
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☒ To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and has/have not been exposed to rabies.

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

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN
Scarlett Springate VMD
2445 Ebenezer Rd.
Rock Hill, SC 29732
803-366-1950

LICENSE NUMBER AND STATE
SC: 3491

Accredited ☒ 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

DATE
2/20/19

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(NOV 2010)

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OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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☐ 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 South Carolina 29732
(973)534-7726

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
Monmouth SPCA
260 Wall Street Eatontown, NJ 07724
(732)542-0040

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

7. ANIMAL IDENTIFICATION / **8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY**

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION ☑ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS — Vaccination Date	RABIES VACCINATION — Product	OTHER VACCINATIONS TREATMENT, AND/OR TESTS AND RESULTS — Date	OTHER VACCINATIONS TREATMENT, AND/OR TESTS AND RESULTS — Product Type and/or Results
(1) Betty	Lab Mix	7m	F	Tan	2/5/19	Rabies- Zoetis	2/20/19	DAPP- Nobivac Fecal- Negative
(2) Harper	Lab Mix	7m	F	Tan	2/5/19	Rabies- Zoetis	2/20/19	DAPP- Nobivac Fecal- Negative
(3)								
(4)								
(5)								
(6)								

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

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ENDORSEMENT FOR INTERNATIONAL EXPORT (*IF NEEDED*)

PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN
Jenna Blake. DVM
Healthy Pets Spay Neuter & Wellness
1125 N. Anderson Rd. Suite 101
Rock Hill South Carolina 29730

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
2/20/19

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

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☐ Nonhuman Primate ☐ Ferret ☐ Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS
2

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

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

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
Monmouth County SPCA
260 Wall Street
Eatontown, NJ 07724
732.542.0040

7. ANIMAL IDENTIFICATION

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1) Deliliah	Dachsund Mix	13 W	F	Gray Dapple
(2) Spunky	Dachsund Mix	13 W	F	Black
(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
		2/21/19	DA2PP 3W, Bordetella IN, Y
		2/21/19	DA2PP 3W, Bordetella IN, Y

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

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

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN
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 below
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

DATE
2/21/19

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

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
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

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
Monmouth SPCA
260 Wall Street Eatontown, NJ 07724
(732)542-0040

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

7. ANIMAL IDENTIFICATION / **8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY**

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION ☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS — Vaccination Date	RABIES VACCINATION — Product	OTHER VACCINATIONS TREATMENT, AND/OR TESTS AND RESULTS — Date	OTHER VACCINATIONS TREATMENT, AND/OR TESTS AND RESULTS — Product Type and/or Results
(1) Heidi	Dachshund Mix	8w	F	Black	Too Young		2/21/19	DAPP-Nobivac, Bord-Bronchicine
(2) Howie	Dachshund Mix	8w	M	Black	Too Young		2/21/19	DAPP-Nobivac, Bord-Bronchicine
(3)							2/7/19	Fecal-Hookworms, Roundworms
(4)								
(5)								
(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 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
Jenna Blake, DVM
Healthy Pets Spay Neuter & Wellness Clinic
1125 N. Anderson Rd. Suite 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
2/21/19

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 0579-0020 and 0579-0036. The time required to complete this information collection is estimated to average .13 to .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 regulations 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
0579-0015

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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1. TYPE OF ANIMAL SHIPPED (select one only)

[Dog] Cat Other_____

Nonhuman Primate Ferret Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS

Five

4. PAGE

1 of 1

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

Isabel Vasallo
Calle Bolivar Pagán # 11 Bo Amelia
Guaynabo, P.R. 00965
Phone: 787-249-5749

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

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

Monmouth County SPCA
260 Wall Street
Eatontown, NJ 07724
Tel 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)	Toby	Beagle Mix	10w	M	Brown/Black
(2)	Lucas	Beagle Mix	10w	M	Brown/Black
(3)	Jackson	Beagle Mix	10w	M	Brown
(4)	Diego	Beagle Mix	10w	M	Cream
(5)	Eva	Beagle Mix	10w	F	Cream/White
(6)					

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION — 1 YEAR 2 YEARS 3 YEARS

OTHER VACCINATION, TREATMENT, AND/OR TESTS AND RESULTS

	RABIES VACCINATION		OTHER VACCINATION, TREATMENT, AND/OR TESTS AND RESULTS	
	Vaccination Date	Product	Date	Product Type and/or Results
(1)		Too young for Rabies	02-22-19	Fecal: nos
(2)		Too young for Rabies	02-22-19	Fecal: nos
(3)		Too young for Rabies	02-22-19	Fecal: nos
(4)		Too young for Rabies	02-22-19	Fecal: nos
(5)		Too young for Rabies	02-22-19	Fecal: nos
(6)				

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

Toby, Lucas, Jackson, Diego and Eva: Dhlpp: 01-27-19 and 02-17-19
Bordetella: 02-17-19

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 on this date and 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 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, 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. José A. Nieves Rodriguez
88 Carr 848 Km 0.9 Apt 37
Trujillo Alto, PR 00976
Tel. 787-617-1044

LICENSE NUMBER AND STATE

646 PR

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

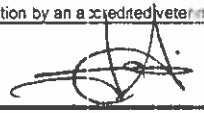
084400

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

2-22-19

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 0579-0020 and 0579-0036. The time required to complete this information collection is estimated to average .13 to .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 regulations 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
0579-0020
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 (X) 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*)

Isabel Vasallo
Calle Bolivar Pagán # 11 Bo Amelia
Guaynabo, P.R. 00965
Phone: 787-249-5749

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

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

Monmouth County SPCA
260 Wall Street
Eatontown, NJ 07724
Tel 732-542-0040

7. ANIMAL IDENTIFICATION / **8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY**

	NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION (1 YEAR / 2 YEARS / 3 YEARS) Vaccination Date	RABIES VACCINATION Product	OTHER VACCINATION, TREATMENT, AND/OR TESTS AND RESULTS Date	OTHER VACCINATION, TREATMENT, AND/OR TESTS AND RESULTS Product Type and/or Results
(1)	Ivonne	Schnauzer Mix	10w	F	Black		Too young for Rabies	02-22-19	Fecal: nos
(2)	Charles	Schnauzer Mix	10w	M	Black		Too young for Rabies	02-22-19	Fecal: nos
(3)	Yul	Schnauzer Mix	10w	M	Black		Too young for Rabies	02-22-19	Fecal: nos
(4)	Edward	Schnauzer Mix	10w	M	Black		Too young for Rabies	02-22-19	Fecal: nos
(5)	John	Schnauzer Mix	10w	M	Black		Too young for Rabies	02-22-19	Fecal: nos
(6)									

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

Ivonne, Charles, Yul, Edward and John: Dhlpp: 01-27-19 and 02-17-19
Bordetella: 02-17-19

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 and 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 the date(s) listed and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, while not evidenced by 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

Dr. José A. Nieves Rodriguez
88 Carr 848 Km 0.9 Apt 37
Trujillo Alto, PR 00976
Tel. 787-617-1044

LICENSE NUMBER AND STATE

646 PR

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

02-22-19

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

Tennessee Department of Agriculture
Regulatory Services — Animal Health
Box 40627, Melrose Station
Nashville, TN 37204
615 837 5120

360221

Date Issued 2/25/19
Expiration 30 days after issuance

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

Owner McKamey Animal Center
Address 4500 N Access Rd.
City Chattanooga
State TN
Telephone No. (423) 305-6500

Consignee St. Hubert's Animal Welfare Center
Address 575 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 #
Canine	Mulan	Shepherd mix	SF	8m	Brown/Black	985113002564855	M45033
Canine	Lanie	Shepherd mix	SF	1.5y	Tan	985113002332310	M45034
Canine	Mia	Lab mix	SF	1y	Black/White	985113002351648	M45035
Canine	Evander	Lab mix	NM	4m	Black/white	985113002333065	M45036

Remarks

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
BI Rabvac 1	413025A	12/8/19	Killed	2/25/19

Accredited Veterinarian ADAM BRADLEY WININ Vet Code 078029
Type or Print
Signature
Address 4500 N. Access Rd.
City Chattanooga State TN zip 37415
Email Address Caninesup@mckameyanimalcenter.or
Telephone: (423) 509-3127

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

AG-0059

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

Date Issued 2-5-19
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. 931-296-7733

Consignee St Huberts Animal
Address 575 Woodland Ave
City Madison
State NJ
Zip Code 07940
Telephone No. 973-377-0296

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #
K-9	Puppy 5	Mix	m	Adult	Black/Brown		
K-9	Puppy 6	Mix	m	Adult	Black Brown		
K-9	Puppy 7	Mix	m	Adult	Black/Brown		

Remarks Eyes and Ears Clear

I certify that I am licensed and accredited in Tennessee and that I personally examined the 3 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

Accredited Veterinarian Michael Boley
Vet Code 059015
Type or Print
Signature Michael Boley
Address 310 Highway 114 N
City Camden State TN zip 38320
Email Address VPTWORK310@gmail
Telephone: 731-213-2555

Distribution:

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

RDA's pending

AG-0059 (Rev. 02/15)

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
4

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

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
Monmouth SPCA
260 Wall Street Eatontown, NJ 07724
(732)542-0040

USDA Licensee Registration Number (*if applicable*)

7. ANIMAL IDENTIFICATION / **8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY**

NAME AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION (☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS) Vaccination Date	RABIES VACCINATION Product	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS Date	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS Product Type and/or Results
Colby Jack	Jack Russell Mix	8w	M	Tri Color	Too Young		2/22/19	DAPP-Nobivac, Bord-Bronchicine
Pepper Jack	Jack Russell Mix	8w	F	Tri Color	Too Young		2/22/19	DAPP-Nobivac, Bord-Bronchicine
Captain Jack	Jack Russell Mix	8w	M	Tri Color	Too Young		2/22/19	DAPP-Nobivac, Bord-Bronchicine
Sparrow	Jack Russell Mix	8w	F	Tri Color	Too Young		2/22/19	DAPP-Nobivac, Bord-Bronchicine
							2/8/19	Fecal- Hookworms

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
Jenna Blake, DVM
Healthy Pets Spay Neuter & Wellness Clinic
1125 N. Anderson Rd. Suite 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
2/22/19

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

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

Date Issued 1/2/19
Expiration (30 days after issuance)

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

Owner Humphreys County Humane
Address 110 Young Rd
City Waverly TN
State TN
Telephone No. 931-296-7733

Consignee ST Huberts Animal
Address 575 Woodland Ave
City Madison
State NJ Zip Code 07940
Telephone No. 973-377-0296

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #
K-9	Sally Mae	Mix	F	1Yr	Black Brown		602492
K-9	Shadow	Mix	FS	2Yr	Black		602493
K-9	Tucker	Boxer Mix	MN	2Yr	Wht / Black		602491
K-9	Benji	Heeler X	M	Unk	Black / Wht		
K-9	Blossom	Heeler X	F	Unk	Black / Wht		
K-9	Brooklyn	Heeler X	F	Unk	Black / Wht		
K-9	Bindi	Heeler X	F	Unk	Black / Wht		
K-9	Puppy 1	Mix	F	Unk	Black / BR		
K-9	Puppy 2	Mix	F	Unk	Black / BR		
K-9	Puppy 3	Mix	F	Unk	Black / BR		
K-9	Puppy 4	Mix	M	Unk	Black / BR		

Remarks Eyes and Ears Clear

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

Vaccination Data				
Manufacturer	Serial #	Exp.	Type	Date
Nobivac	117139	3/1/19	1yr	1/25/19

Accredited Veterinarian Michael Boley
Type or Print
Vet Code 059015
Signature Michael Boley
Address 310 Highway 641 N
City Camden State TN Zip 38320
Email Address vetwork310@gmail
Telephone: 731-213-2655

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 0034105

SMALL ANIMAL

HEALTH CERTIFICATE

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

Date Issued 2/26/19

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 X	M	14 wks	Brown (Puppy)	182807
Canine	Shep X	F	10 wks	Brown (Pup #2)	
Canine	Shep X	M	10 wks	Brown (Pup #6)	
Canine	Shep X	M	10 wks	Brown (Pup #5)	

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV-K	2/26/19
DHLP	MLV-K	2/10/19
FVRCP	MLV-K	
OTHER		

APPROVED BY:

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

Accredited Veterinarian
Printed Signature Kevin Maulin, DVM
Telephone No. 256-378-1066

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

AL-S 0034107

SMALL ANIMAL

HEALTH CERTIFICATE

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

Date Issued 2/27/19

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 X	F	10 WKS	Brown (Pup #4)	N/A
Canine	Lab X	M	5 mos	White (Puppy)	182953
Canine	Dalmation X	F	2 yrs	White/Black (Agatha)	182970
Canine	Shep X	F	1 yr	Black/Tan (Carrie)	182980

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV-K	3/1/19
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 F. Maulin
Printed Signature Kevin Maulin, DVM
Telephone No. 256-378-1066

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

4. PAGE
1

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

Valley River Humane Society
[illegible] US Hwy 19
[illegible] N 28901

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

Atlanta Humane Society
981 Howell Mill Road, NW
Atlanta GA 30318

State Licensing Registration Number *(if applicable)*

7. ANIMAL IDENTIFICATION

NAME, COLOR, TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
Bailey	Redbone/Mix	7y	MN	
Cody	Husky/Mix	1y9m	F/S	
Dixie	Hound/Mix	3y6m	M	
Beagle	Beagle/Mix	6y	M	
Rex	Shepherd/Mix	3y	F/S	
Duke	Hound/Mix	2y2m	M/N	

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
02/12/2019	Rabies	02/11/2019	DHPP/Bordetella
02/12/2019	Rabies	02/11/2019	DHPP/Bordetella
01/24/2019	Rabies	02/06/2019	DHPP/Bordetella
02/21/2019	Rabies	02/18/2019	DHPP/Bordetella
02/12/2019	Rabies	02/11/2019	DHPP/Bordetella
11/30/2018	Rabies	12/19/2019	DHPP/Bordetella

REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS *(WHEN REQUIRED)*

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

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

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

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

ENDORSEMENT FOR INTERNATIONAL EXPORT *(IF NEEDED)*

PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

Dr. Greg Cranford
Peachtree Animal Hospital
Hwy 141
Murphy, NC 28906

LICENSE NUMBER AND STATE
1556 NC

Accredited ☒ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
055347

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

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

SIGNATURE OF ISSUING VETERINARIAN John A Cranford DVM DATE 2/25/19

VS Form 7001
NOV [illegible] 01

This certificate is valid for 30 days after issuance

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- 193315

SMALL ANIMAL CERTIFICATE OF VETERINARY INSPECTION

Owner: [illegible] Co. Animal Shelter	Consignee: [illegible] Animal Welfare [illegible]
Address: [illegible] Lane PO Box 75	Address: 575 Woodland [illegible] #159
City, State, ZIP: [illegible] KY 40322 Phone #: 606 [illegible] 9368	City, State, ZIP: Madison New Jersey 07940 Phone #: 973 37[illegible]
County: [illegible] Premises #:	County: Premises #:

Species: ☒ Canine ☐ Feline ☐ Avian ☐ Other:

Reason For Movement: ☐ Traveling w/owner ☐ Exhibition ☐ Sale ☒ Other: [illegible]

Transported By: ☐ Car ☐ Air ☐ Rail ☐ Truck

Animal's Name/ID	Breed	Age	Sex	Color	Date of Rabies Vaccination	Type of Vaccine	Other Vaccinations
~~Brooklyn~~ Roma	boxer X	4mos	F	tan/w	3/16/19	[illegible]	DAPPV 2 [illegible] [illegible]
Brooklyn	[illegible]/hound X	5mos	F	[illegible]/w	3/7/19	↓	↓
Bernadette	[illegible]/hound X	5mos	F	[illegible]	3/7/19		
Brigitte	[illegible]/hound X	5mos	F	[illegible]/w	3/7/19		
Braxton	[illegible]/hound X	5mos	M	tr.	3/7/19	↓	↓

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: [illegible] Anderson DVM Vet Code: [illegible] Phone #: [illegible]

Clinic Name: [illegible] Vet Clinic Address: [illegible] 36

City, State, ZIP: [illegible], KY 40322 County: [illegible]

KYSV-74 Rev. 4/11

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