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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
6

4. PAGE
1

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

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

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

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

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION ☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
					Vaccination Date	Product	Date	Product Type and/or Results
(1) 19-100-Y "Brandi"	lab x	11wks	F	Black			3/22/19	DA2PP 3wk, CIV1yr , Fecal-coccidia
(2) 19-101-Y "Betty"	lab x	11wks	F	Black			3/22/19	DA2PP 3wk, CIV 1yr
(3) 19-063-R "Sarah"	lab x	8mo	F	White/tan	2/5/19	ZOE	2/5/19	DA2PP 1Y, Bord IN 1yr, CIV 3wk
(4) 19-059-R "Calvin"	lab x	8mo	M	Yellow	2/5/19	ZOE	2/5/19	DA2PP 1Y, Bord IN 1yr, CIV 3wk
(5) 19-117-Y "Lucas"	lab x	2yr	MN	Blonde	11/19/18	ZOE	3/22/19	Bord 1yr IN, DHLPP (11/19/18)
(6) 19-118-Y "Alice" 98212605481043	husky x	6mo	F	White	3/22/19	BOE	3/22/19	DAPP 1yr, Bord 1yr IN

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

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

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

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

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

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

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

LICENSE NUMBER AND STATE
SC: 3639

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

NATIONAL ACCREDITATION NUMBER
079345

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

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

DATE

SIGNATURE OF ISSUING VETERINARIAN
Lauren Cline

DATE
03/22/2019

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
6

4. PAGE
1

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

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

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

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

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION ☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
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(3) 19-063-R "Sarah"	lab x	8mo	F	White/tan	2/5/19	ZOE	2/5/19	DA2PP 1Y, Bord IN 1yr, CIV 3wk
(4) 19-059-R "Calvin"	lab x	8mo	M	Yellow	2/5/19	ZOE	2/5/19	DA2PP 1Y, Bord IN 1yr, CIV 3wk
(5) 19-117-Y "Lucas"	lab x	2yr	MN	Blonde	11/19/18	ZOE	3/22/19	Bord 1yr IN, DHLPP (11/19/18)
(6) 19-118-Y "Alice" 98212605481043	husky x	6mo	F	White	3/22/19	BOE	3/22/19	DAPP 1yr, Bord 1yr IN

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

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

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

LICENSE NUMBER AND STATE
SC: 3639

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

NATIONAL ACCREDITATION NUMBER
079345

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

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

DATE

SIGNATURE OF ISSUING VETERINARIAN
Lauren Cline

DATE
03/22/2019

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

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS
2

4. PAGE
1 of 1

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

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

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

7. ANIMAL IDENTIFICATION / **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) Sandy	Dachshund Mix	9w	F	Tan	Too Young		3/19/19	DAPP-Nobivac, Bordetell-Bronchicine Fecal = Neg
(2) Rizzo	Dachshund Mix	9w	F	Tan / White	Too Young		3/19/19	DAPP-Nobivac, Bordetell-Bronchicine Fecal = Neg
(3)								
(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).

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

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

LICENSE NUMBER AND STATE
SC 3778

Accredited ☑ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
028883

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

DATE

SIGNATURE OF ISSUING VETERINARIAN
Jenna Blake, DVM

DATE
3/19/19

APHIS Form 7001
(NOV 2010)

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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
6

4. PAGE
1

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

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

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

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

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION ☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
					Vaccination Date	Product	Date	Product Type and/or Results
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(2) 19-101-Y "Betty"	lab x	11wks	F	Black			3/22/19	DA2PP 3wk, CIV 1yr
(3) 19-063-R "Sarah"	lab x	8mo	F	White/tan	2/5/19	ZOE	2/5/19	DA2PP 1Y, Bord IN 1yr, CIV 3wk
(4) 19-059-R "Calvin"	lab x	8mo	M	Yellow	2/5/19	ZOE	2/5/19	DA2PP 1Y, Bord IN 1yr, CIV 3wk
(5) 19-117-Y "Lucas"	lab x	2yr	MN	Blonde	11/19/18	ZOE	3/22/19	Bord 1yr IN, DHLPP (11/19/18)
(6) 19-118-Y "Alice" 98212605481043	husky x	6mo	F	White	3/22/19	BOE	3/22/19	DAPP 1yr, Bord 1yr IN

Alice → Grace

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

ENDORSEMENT FOR INTERNATIONAL EXPORT (*IF NEEDED*)

PRINTED NAME OF USDA VETERINARIAN

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

LICENSE NUMBER AND STATE
SC: 3639

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

NATIONAL ACCREDITATION NUMBER
079345

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

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

DATE

SIGNATURE OF ISSUING VETERINARIAN
Lauren Cline

DATE
03/22/2019

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
6

4. PAGE
1

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

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

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

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

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION ☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
					Vaccination Date	Product	Date	Product Type and/or Results
(1) 19-095-Y Gracie	Mixed	8wks	F	Brown			3/13/19	DA2PP 3wk, Bord
(2) 19-096-Y Molly	Mixed	8wks	F	White/Brown			3/13/19	DA2PP 3wk, Bord
(3) 19-097-Y Tucker	Mixed	8wks	M	Brown			3/13/19	DA2PP 3wk, Bord
(4) 19-098-Y Jake	Mixed	8wks	M	Brown			3/13/19	DA2PP 3wk, Bord
(5) 19-095-Y Lulu	Mixed	8wks	F	White			3/13/19	DA2PP 3wk, Bord
(6)								

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

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

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

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

LICENSE NUMBER AND STATE
SC: 3639

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

NATIONAL ACCREDITATION NUMBER
079345

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

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

SIGNATURE OF ISSUING VETERINARIAN | **DATE**
03/13/2019

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

3

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) 19-115-Y Hannah	Hound Mix	13 W	M	Red
(2) 19-114-Y Dexter	Hound Mix	13 W	M	Red
(3) 19-113-Y Manny	Hound Mix	13 W	M	Red
(4)				
(5)				
(6)				

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION ☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
Vaccination Date	Product	Date	Product Type and/or Results
		3/5,18/19	CIV H3N2 3W, Bordetella & DHP3W
		3/5,18/19	CIV H3N2 3W, Bordetella & DHP3W
		3/5,18/19	CIV H3N2 3W, Bordetella & DHP3W

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

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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

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 [illegible]

NATIONAL ACCREDI[illegible]BER

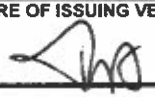
004989

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

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

DATE

SIGNATURE OF ISSUING VETERINARIAN



APHIS Form 7001
(NOV 2010)

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

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
5

4. PAGE
1

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

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

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION ☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
					Vaccination Date	Product	Date	Product Type and/or Results
(1) 19-082-y Sam	beagle	9wks	m	Tri			3/18/19	DA2PP 3wk, Bord IN 1yr (2/28/19), Fecal-giardia
(2) 19-083-y Spunky	beagle	9wks	m	tri			3/18/19	DA2PP 3wk, Bord IN 1yr (2/28/19), Fecal-giardia
(3) 19-084-y Baby	beagle	9wks	m	tri			3/18/19	DA2PP 3wk, Bord IN 1yr (2/28/19), Fecal-giardia
(4) 19-085-y Kiker	beagle	9wks	m	tri			3/18/19	DA2PP 3wk, Bord IN 1yr (2/28/19), Fecal-giardia
(5) 19-086-y Charlie	beagle	9wks	m	tri			3/18/19	DA2PP 3wk, Bord IN 1yr (2/28/19), Fecal-giardia
(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).

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

LICENSE NUMBER AND STATE
SC: 3639

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

NATIONAL ACCREDITATION NUMBER
079345

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

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

DATE

SIGNATURE OF ISSUING VETERINARIAN
Lauren Cline

DATE
03/18/2019

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
6

4. PAGE
1

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

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

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

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

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION ☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
					Vaccination Date	Product	Date	Product Type and/or Results
(1) 19-100-Y "Brandi"	lab x	11wks	F	Black			3/22/19	DA2PP 3wk, CIV1yr , Fecal-coccidia
(2) 19-101-Y "Betty"	lab x	11wks	F	Black			3/22/19	DA2PP 3wk, CIV 1yr
(3) 19-063-R "Sarah"	lab x	8mo	F	White/tan	2/5/19	ZOE	2/5/19	DA2PP 1Y, Bord IN 1yr, CIV 3wk
(4) 19-059-R "Calvin"	lab x	8mo	M	Yellow	2/5/19	ZOE	2/5/19	DA2PP 1Y, Bord IN 1yr, CIV 3wk
(5) 19-117-Y "Lucas"	lab x	2yr	MN	Blonde	11/19/18	ZOE	3/22/19	Bord 1yr IN, DHLPP (11/19/18)
(6) 19-118-Y "Alice" 98212605481043	husky x	6mo	F	White	3/22/19	BOE	3/22/19	DAPP 1yr, Bord 1yr IN

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

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

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

LICENSE NUMBER AND STATE
SC: 3639

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

NATIONAL ACCREDITATION NUMBER
079345

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

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

DATE

SIGNATURE OF ISSUING VETERINARIAN
Lauren Cline

DATE
03/22/2019

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
6

4. PAGE
1

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

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

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

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

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION ☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
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(2) 19-101-Y "Betty"	lab x	11wks	F	Black			3/22/19	DA2PP 3wk, CIV 1yr
(3) 19-063-R "Sarah"	lab x	8mo	F	White/tan	2/5/19	ZOE	2/5/19	DA2PP 1Y, Bord IN 1yr, CIV 3wk
(4) 19-059-R "Calvin"	lab x	8mo	M	Yellow	2/5/19	ZOE	2/5/19	DA2PP 1Y, Bord IN 1yr, CIV 3wk
(5) 19-117-Y "Lucas"	lab x	2yr	MN	Blonde	11/19/18	ZOE	3/22/19	Bord 1yr IN, DHLPP (11/19/18)
(6) 19-118-Y "Alice" 98212605481043	husky x	6mo	F	White	3/22/19	BOE	3/22/19	DAPP 1yr, Bord 1yr IN

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

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

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

LICENSE NUMBER AND STATE
SC: 3639

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

NATIONAL ACCREDITATION NUMBER
079345

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

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

DATE

SIGNATURE OF ISSUING VETERINARIAN
Lauren Cline

DATE
03/22/2019

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_____
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2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS
6

4. PAGE
1

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

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
Monmouth County SPCA
260 Wall Street
Estontown, 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		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
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(3) 19-063-R "Sarah"	lab x	8mo	F	White/tan	2/5/19	ZOE	2/5/19	DA2PP 1Y, Bord IN 1yr, CIV 3wk
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(5) 19-117-Y "Lucas"	lab x	2yr	MN	Blonde	11/19/18	ZOE	3/22/19	Bord 1yr IN, DHLPP (11/19/18)
(6) 19-118-Y "Alice" 98212605481043	husky x	6mo	F	White	3/22/19	BOE	3/22/19	DAPP 1yr, Bord 1yr IN

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

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

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ENDORSEMENT FOR INTERNATIONAL EXPORT (*IF NEEDED*)

PRINTED NAME OF USDA VETERINARIAN

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

LICENSE NUMBER AND STATE
SC: 3639

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

NATIONAL ACCREDITATION NUMBER
079345

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

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

DATE

SIGNATURE OF ISSUING VETERINARIAN
Lauren Cline

DATE
03/22/2019

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
1

4. PAGE
1

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

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

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

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

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION ☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
					Vaccination Date	Product	Date	Product Type and/or Results
(1) Mable	Beagle Mix	1y 7m	F	Tri	03/90/2020	Zoetis	3/20/19	CIV 1yr (Bord 1yr IN, Da2pp 1yr SQ 1/14/2020)
(2)								
(3)								
(4)								
(5)								
(6)								

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
Negative fecal 03/02/19
Heartworm negative 03/05/19

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

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ENDORSEMENT FOR INTERNATIONAL EXPORT (*IF NEEDED*)

PRINTED NAME OF USDA VETERINARIAN

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

LICENSE NUMBER AND STATE
SC 3491

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

NATIONAL ACCREDITATION NUMBER
076141

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

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

DATE

SIGNATURE OF ISSUING VETERINARIAN
Scarlett Springate

DATE
03/20/19

APHIS Form 7001
(NOV 2010)

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