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**
1

**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 29730
973-534-7726

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

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

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

**7. ANIMAL IDENTIFICATION**

| NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION | BREED – COMMON OR SCIENTIFIC NAME | AGE | SEX | COLOR OR DISTINCTIVE MARKS OR MICROCHIP |
|---|---|---|---|---|
| (1) Momma Rosie | Terrier Mix | 2yr | F | Fawn |
| (2) | | | | |
| (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 |
| 6/14/19 | Rabies - Im Rab 3 TF | 6/14/19 | DAPP - Nobivac |
| | | 6/14/19 | Bordetella - Bronchicine |
| | | 6/14/19 | Fecal = Whipworms/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**

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**
6/14/19

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

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OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

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

**3. TOTAL NUMBER OF ANIMALS**
3

**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) Apollo | Border Collie Mix | 11w | M | Tan/white | Too Young | | 6/7/19 | DAPP-Nobivac,Bord. Fecal= Hookworms |
| (2) Spot | Border Collie Mix | 11w | M | Blk/White | Too Young | | 6/7/19 | DAPP-Nobivac,Bord. Fecal=Coccidia,Hooksworms |
| (3) Zack | Border Collie Mix | 11w | M | Blk/white | Too Young | | 6/7/19 | DAPP-Nobivac,Bord. Fecal=Coccidia, Hookworms |
| (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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☑ I certify that the animal(s) described above and on continuation sheet(s), if applicable, have been inspected by me on this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animal or other animals or would endanger public health.

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

**ENDORSEMENT FOR INTERNATIONAL EXPORT (*IF NEEDED*)**

**PRINTED NAME OF USDA VETERINARIAN**

**NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN**

Dr. Jenna Blake, DVM
1125 N. Anderson Rd, 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**
6/7/19

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

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OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

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

**3. TOTAL NUMBER OF ANIMALS**
1

**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 29730
973-534-7726

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

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

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

**7. ANIMAL IDENTIFICATION**

| | NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION | BREED – COMMON OR SCIENTIFIC NAME | AGE | SEX | COLOR OR DISTINCTIVE MARKS OR MICROCHIP |
|---|---|---|---|---|---|
| (1) | Nikki | Aust. Cattle Dog Mix | 1yr | SF | Red/White |
| (2) | | | | | |
| (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 |
|---|---|---|---|---|
| (1) | 4/26/19 | Rabies - Merial Im Rab 1 | 4/26/19 | DALPP - Distemper w/ Lepto |
| (2) | | | 6/6/19 | Bordetella - Bronchicine |
| (3) | | | 6/6/19 | Fecal = Negative |
| (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**

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**
6/7/19

APHIS Form 7001
(NOV 2010)

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OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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**1. TYPE OF ANIMAL SHIPPED (select one only)**
☑ 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 29730
973-534-7726

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

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

**7. ANIMAL IDENTIFICATION**

| | NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION | BREED – COMMON OR SCIENTIFIC NAME | AGE | SEX | COLOR OR DISTINCTIVE MARKS OR MICROCHIP |
|---|---|---|---|---|---|
| (1) | AJ | Terrier Mix | 9w | M | Dilute Brin/Wht |
| (2) | Cupcake | Terrier Mix | 9w | F | Tan/White |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

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

| | RABIES VACCINATION (☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS) | | OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS | |
|---|---|---|---|---|
| | Vaccination Date | Product | Date | Product Type and/or Results |
| (1) | Too Young | | 6/14/19 | DAPP-Nobivac,Bord-Bronchicine,Fecal=Neg |
| (2) | Too Young | | 6/14/19 | DAPP-Nobivac,Bord-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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**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**
6/14/19

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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☐ Nonhuman Primate ☐ Ferret ☐ Rodent

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

**3. TOTAL NUMBER OF ANIMALS**
6

**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 29730
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 | Product | OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS Date | Product Type and/or Results |
|---|---|---|---|---|---|---|---|---|
| (1) Rosie | Terrier Mix | 8w | F | Blue Fawn | Too Young | | 6/14/19 | DAPP-Nobivac,Bord-Brochicine,Fecal=Hooks |
| (2) Meatball | Terrier Mix | 8w | M | Fawn | Too Young | | 6/14/19 | DAPP-Nobivac,Bord-Bronchicine,Fecal=Hooks/Rounds |
| (3) Sassafrass | Terrier Mix | 8w | F | Fawn | Too Young | | 6/14/19 | DAPP-Nobivac,Bord-Bronchicine,Fecal=Hooks, |
| (4) Lavender | Terrier Mix | 8w | F | Fawn | Too Young | | 6/14/19 | DAPP-Nobivac,Bord-Bronchicine,Fecal=Hooks/Rounds |
| (5) Marmaduke | Terrier Mix | 8w | M | Blue Fawn | Too Young | | 6/14/19 | DAPP-Nobivac,Bord-Brochicine,Fecal=Hooks |
| (6) Clementine | Terrier Mix | 8w | F | Fawn | Too Young | | 6/14/19 | DAPP-Nobivac,Bord-Brochicine,Fecal=Hooks |

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**PRINTED NAME OF USDA VETERINARIAN**

**NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN**

Dr. Jenna Blake, DVM
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**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**
6/14/19

APHIS Form 7001
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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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**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

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 | Product | OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS Date | Product Type and/or Results |
|---|---|---|---|---|---|---|---|---|
| (1) Charlotte | Beagle Mix | 9w | F | Brown/White | Too Young | | 6/11/19 | DAPP-Nobivac, Fecal = Hooks/Coccidia |
| (2) Cam | Beagle Mix | 9w | M | Brown/White | Too Young | | 6/11/19 | DAPP-Nobivac, Fecal = Hooks/Coccidia |
| (3) Luke | Beagle Mix | 9w | M | Black/White | Too Young | | 6/11/19 | DAPP-Nobivac, Fecal = Hooks/Coccidia |
| (4) Christian | Beagle Mix | 9w | M | Black/White | Too Young | | 6/11/19 | DAPP-Nobivac, Fecal = Hooks/Coccidia |
| (5) | | | | | | | | |
| (6) | | | | | | | | |

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

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

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

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

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

**NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN**

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

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

**LICENSE NUMBER AND STATE**
SC 3778

Accredited ☑ Yes ☐ No
If yes, please complete below

**NATIONAL ACCREDITATION NUMBER**
028883

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

**DATE**

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

**DATE**
6/11/19

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance