AL-S 0041489

SMALL ANIMAL

HEALTH CERTIFICATE

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

Date Issued 5-3-19

CONSIGNOR OR SHIPPER Sylacauga Animal Shelter

CONSIGNEE OR PURCHASER St. Hubert's Animal Welfare

ORIGIN Sylacauga, AL 35150

DESTINATION Madison, NJ 07940

COMPLETE PHYSICAL ADDRESS FOR CONSIGNOR
1212 Wynette Rd

COMPLETE PHYSICAL ADDRESS FOR CONSIGNEE
575 Woodland Ave

DESCRIPTION OF ANIMALS

Species	Breed	Sex	Age	Color or Markings	Rabies Tag No.
canine	Lab Mix	M	3yrs	Brindle (Tigger)	182761
canine	Lab Mix	M	5½ yrs	Brown (Justin)	182506
canine	Lab Mix	M	7mnths	Black/White (Kyle)	183036
canine	Lab Mix	M	7mnths	Blonde (Henry)	182575

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV – K	
DHLP	MLV – K	
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 Mann DVM

Telephone No. 256-378-1010

Veterinary Accreditation No. 020047

Address 1940 Casa Pines Drive
Childersburg, AL 35044

Interstate Shipments:
original-accompany shipment, canary-State Veterinarian, pink-State Veterinarian, goldenrod-issuing veterinarian

Foreign Shipments:
original, canary and pink for USDA APHIS Veterinary Services 1445 Federal Drive, Montgomery, AL 36107-1123 goldenrod-issuing veterinarian

AL-S 0041495

SMALL ANIMAL

HEALTH CERTIFICATE

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

Date Issued 5-23-19

CONSIGNOR OR SHIPPER Sylacauga Animal Shelter

ORIGIN Sylacauga, AL 35150

COMPLETE PHYSICAL ADDRESS FOR CONSIGNOR 1212 Wynette Rd

CONSIGNEE OR PURCHASER St. Hubert's Animal Welfare

DESTINATION Madison, NJ 07940

COMPLETE PHYSICAL ADDRESS FOR CONSIGNEE 575 Woodland Ave

DESCRIPTION OF ANIMALS

Species	Breed	Sex	Age	Color or Markings	Rabies Tag No.
Canine	Shep Mix	F	3½ months	Black (Pippa)	183309
Canine	TerrierMix	F	5 months	Black/White (Victoria)	183085
Canine	Shep Mix	M	5½ months	Brown (Ollie)	183377
Canine	Lab Mix	F	5½ months	Tan (Veronica)	183071

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV – K	5/23/19
DHLP	MLV – K	4/22/19
FVRCP	MLV – K	N/A
OTHER	Bordetella	4/22/19

APPROVED BY:

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

Accredited Veterinarian Ken P. Mauldin

Printed Signature Kevin Mauldin, DVM

Telephone No. 256-378-1616

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

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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
7

4. PAGE
1 OF 2

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

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
St. Hubert's Rescue
575 Woodland Ave
Madison, NJ 07940

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) Braxton	Hound mix	6 yr	N/M	blk/white
(2) Trevor	Jack Russell mix	4 mo	M	white/black
(3) Athena	Hound/Lab mix	1.5 yr	S/F	brindle/white
(4) Betsy	Heeler mix	2 yr	S/F	red/white
(5) Benny	Heeler mix	2 yr	M	red
(6) Brnadon	Heeler mix	2 yr	M	red/white

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION ☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS

OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS

Vaccination Date	Product	Date	Product Type and/or Results
4/18/19	Rabies	5/3/19	DHPP/Bordetella
5/18/19	Rabies	5/21/19	DHPP/Bordetella
2/12/19	Rabies	3/11/19	DHPP/Bordetella
5/14/19	Rabies	5/16/19	DHPP/Bordetella
5/16/19	Rabies	5/13/19	DHPP/Bordetella
5/16/19	Rabies	5/13/19	DHPP/Bordetella

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

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

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

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

☒ To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, 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

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

LICENSE NUMBER AND STATE
1556 NC

Accredited ☒ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
055347

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

DATE

SIGNATURE OF ISSUING VETERINARIAN
John G Cranford DVM

DATE
5/25/19

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

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

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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
of

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

Nazha Rashid
PO BOX 611
Dorado, Puerto Rico 00646
787-615-0998

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

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

Monmouth Co SPCA
260 Wall St.
Eatontown NJ 07724
5420040

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) Brian	Chihuahua mix	1y	M	Black	03/15/2019	IMRAB -1 SN: 11128	03/07/2019	DHLPP & Bordetella
(2) Valentino	Chihuahua mix	4m	M	Black	05/05/2019	Defensor 3 SN:313133	05/16/2019	DHLPP & Bordetella
(3) Vincent	Chihuahua mix	4m	M	Black	05/08/2019	Defensor 3 SN:313133	04/08/2019	Bordetella (05/16/2019)DHLPP
(4) Valeria	Chihuahua mix	4m	F	Black	05/06/2019	Defensor 3 SN:293119	05/02/2019	Bordetella (05/16/2019)DHLPP
(5) Victoria	Chihuahua mix	4m	F	Black	05/06/2019	Defensor 3 SN:293119	05/02/2019	Bordetella (05/16/2019)DHLPP
(6)								

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

Pet can travel form 20° to 85°.

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

Carlos Zequeira
Marginal Costa de Oro
Dorado, PR 00646
787-796-2691

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

LICENSE NUMBER AND STATE
428

Accredited ☑ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
053698

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

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE
05/22/2019

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

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

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OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS
-3-

4. PAGE
1 of 3

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)
Olga Marte
Comerio 163
Bayamón PR 00959
359-2029

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

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)
Monmouth County SPCA
260 Wall street
Catontown, 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) Enzo	Labrador Mix	9½mo	M	Brown Black	May 22/19	Imrab 1 Merial	April 9/19	Dhlpp
(2)					Ser/Exp	11129 22Aug20	May 22/19	Fecal Cestoda Ancylostoma Toxocara
(3) Erny	Labrador Mix	4½mo	M	Brown Black	May 22/19	Imrab 1 Merial	April 9/19	Dhlpp
(4)					Ser/Exp	11129 22Aug20	May 22/19	Fecal Cestoda Ancylostoma Toxocara
(5) Enya	Labrador Mix	4½mo	F	Brown Black	May 22/19	Imrab 1 Merial	April 9/19	Dhlpp
(6)					Ser/Exp	11129 22Aug20	May 22/19	Fecal No ova seen

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
CLINICA VETERINARIA SAN FERNANDO
Dr. José González Falcón
ARRIETA A-4
URB. ARRIETA
BAYAMÓN, PR 00957
TEL. 787-2325 • 787-2310

LICENSE NUMBER AND STATE
242 PR

Accredited ☒ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
039087

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**
May 22

3418936

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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☐ Nonhuman Primate ☐ Ferret ☐ Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS
-3-

4. PAGE
2 of 3

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)
Olga Marte
Comercio 163
Bayamón PR 00959

USDA License/or Registration Number (*if applicable*) 359-2029

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) Eira (2)	Labrador Mix	4½ mos	F	Brown Black
(3) Ellen (4)	Labrador Mix	4½ mos	F	Brown Black
(5) Eddy (6)	Labrador Mix	4½ mos	M	Brown Cream

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION ☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS

Vaccination Date	Product	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS Date	Product Type and/or Results
May 22/19	Imrab 1 Merial	April 9/19	DhLPP
Ser/Exp	11129 22 Aug 20	May 22/19	Fecal No ova seen.
May 22/19	Imrab 1 Merial	April 9/19	DhLPP
Ser/Exp	11129 22 Aug 20	Fecal	Coccidia + Panacur 2 treatments
May 22/19	Imrab 1 Merial	April 9/19	DhLPP
Ser/Exp	11129 22 Aug 20	Fecal	No ova seen

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
CLINICA VETERINARIA SAN FERNANDO
Dr. José González Falcón
ARRIETA A-4
URB. ARRIETA
BAYAMÓN, PR 00957
TEL. 787-2325 • 787-2310

LICENSE NUMBER AND STATE
242 PR

Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
039087

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** May 22/19

#3418927

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

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

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OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS
-2-

4. PAGE
3 of 3

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)
Olga Matta
Comercio 163
Bayamon PR 00959

USDA License/or Registration Number (*if applicable*) 359-2029

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)
Monmouth County SPCA
260 Wall Street
Cantontown, 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) (2)	Elmo	Labrador Mix	1/2 yrs	M	Brown Cream
(3) (4)	Elliot	Labrador Mix	4 yrs	M	Brown Black
(5)					
(6)					

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION ☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS

Vaccination Date	Product	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS Date	Product Type and/or Results
May 22/19 Sep/Exp	Imrab 1 Merial 11129 22 Aug 20	April 9/19	DHLPP
		May 22/19	Fecal Negativa Bravecto 2 Treatm
May 22/19 Sep/Exp	Imrab 1 Merial 11129 22 Aug 20	April 9/19	DHLPP
		May 22/19	Fecal NO ova seen

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
CLINICA VETERINARIA SAN FERNANDO
Dr. José González Falcón
ARRIETA A-4
URB. ARRIETA
BAYAMÓN, PR 00957
TEL. 787-2325 • 787-2310

LICENSE NUMBER AND STATE
242 PR

Accredited ☒ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
039087

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
May 22

3418928

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

3418928