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
THREE

4. PAGE
ONE OF ONE

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

VIVIAN RIVERA / ALL SATO RESCUE
8 BERNARDO URB. MONTE ALVERNIA
GUAYNABO P.R. 00969.-
(787) 529-7024.-

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) BRITNEY / TAG # 0302	MIXED SCHNAUZER	2YRS	F	BLK/WH	04/23/2019	IMRAB1(MERIAL)	04/23/2019	DA2PPL2/FECAL/NEXGARD
(2) BEYONCE	MIXED SCHNAUZER	2.5MO	F	BLACK	05/30/2019	TOO.YOUNG	05/30/2019	DA2PPL2 (4/23)
(3) ONYX	MIXED SCHNAUZER	2.5MO	M	BLACK	05/30/2019	TOO.YOUNG	05/30/2019	DA2PPL2 (4/23)
(4)_____	_____	___	___	_____	_____	_____	05/06/2019	4DX IDEXX: NEGATIVE TO ALL
(5)_____	_____	___	___	_____	_____	_____	05/30/2019	FECAL FLOTATION: NEGATIVE ALL 3 PETS
(6)_____	_____	___	___	_____	_____	_____	____	_____

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

NO ENDO OR ECTOPARASITES WERE SEEN ON THE EXAM. THE PET (S) IS (ARE) HEALTHY AND ABLE TO BE TRANSPORTED (TRAVEL) VIA AIRPLANE AND TO HANDLE TEMPERATURES BETWEEN 20 TO 90 FARENHEIGHT DEGREES.-
ON MONTHLY HEARTWORM AND ECTOPARASITE PREVENTIVE.-
ALL PETS WERE TESTED FECAL FLOTATION : NEGATIVE AND
WOOD'S LAMP : NO FLUORESCENCY OBSERVED AT THE CURRENT DAY.-

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

ALVARO SANTAELLA SANTE
CARR. 842 KM.1 CAIMITO , LOS ROMEROS
SAN JUAN P.R. 00926.-
TELF. (787) 731-8338.-

3448869

LICENSE NUMBER AND STATE
433 PUERTO RICO EXP OCT/17/2020

Accredited ☒ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
058264

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/30/2019

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.

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
06

4. PAGE
01

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)
GUARDIAN ANGEL ANIMAL SHELTER
CARR 454 INTERIOR
BO CALLEJONES SECTOR LA GALLERA
LARES PR 00669
787-404-6991

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

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
SPCA
MONMOUTH CO 260 WALL ST.
ZATON TOWN 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) JACK JR	ST. BERNARD / MIX	11W	M	WHITE/BROWN	05/30/19	TOO YOUG TO BE VACCINATED	05/22/19	FECAL: NPS PYRANTEL
(2) HAILEY	ST. BERNARD / MIX	11W	F	WHITE/BROW	05/30/19	TOO YOUG TO BE VACCINATED	05/22/19	FECAL: NPS PYRANTEL
(3) AMY	LABRADOR / MIX	11W	F	BROWN	05/30/19	TOO YOUG TO BE VACCINATED	05/22/19	FECAL: NPS PYRANTEL
(4) BECKY	LABRADOR / MIX	11W	F	CREAM	05/30/19	TOO YOUG TO BE VACCINATED	05/22/19	FECAL: NPS PYRANTEL
(5) PAGE	DASCHUND / MIX	10W	F	BROWN	05/30/19	TOO YOUG TO BE VACCINATED	5-30-19	FECAL: NPS PYRANTEL
(6) PANDORA	DASCHUND / MIX	10W	F	CREAM	05/30/19	TOO YOUG TO BE VACCINATED	5-30-19	FECAL: NPS PYRANTEL

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
I HAVE EXAMINED THIS ANIMAL AND FOUND IT TO BE HEALTHY ENOUGH FOR TRANSPORT. THIS ANIMAL NEEDS TO BE MAINTAINED AT A TEMPERATURE RANGE OF 45-90 DEGREES FARENHEIGHT. IT MAY NOT BE OUTSIDE THIS RANGE FOR MORE THAN 30 MINUTES.

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 LUIS T RAMOS
HOSP. VET. SAN FRANCISCO DE ASIS
PO BOX 1053
HATILLO PR 00659
787-879-5251

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

LICENSE NUMBER AND STATE
386-PR

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

NATIONAL ACCREDITATION NUMBER
028833

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

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE
05/30/19

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

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

Kentucky Proud

SA- 323071

Kentucky Consignor				**Animal Consigned To:**			
Menifee Co Animal Shelter				St. Huberts Animal Welfare Ctr			
Ky. Origin Address:	**City**	**State**	**ZIP**	**Destination Address:**	**City**	**State**	**ZIP**
351 Little league lane	Frenchburg	KY	40322	575 Woodland #159	Madison	NJ	07940
Telephone	**Email**			**Telephone**	**Email**		
606 768 9368	Menifeeshelter@gmail.com			9733772295			
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 Adoption

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

Animal's Name/ID	**Breed**	**Age**	**Sex**	**Color**	**Date of Rabies Vaccination**	**Type of Vaccine**	**Other Vaccinations**
✓ Mandy	Feist/hound X	15WK	F	brn/W	5-23-19	Killed	Other Vacc Given by Shelter
Maisie	Feist/hound X	15wks	F	tri	5-23-19	Killed	↓
Tommy	Shep/hound X	9wks	M	tri	N/A	N/A	
Tyrone	↓	9wks	M	tri	↓	↓	
Tuffy	↓	9wks	M	tri	↓	↓	↓

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 6.1.19 Veterinarian's Signature Joe Anderson Printed Name Joe Anderson Accreditation Number 012752

Clinic Name Ford Vet Service Address 918 W. Hwy 36

City, State, ZIP Owingsville KY 40360 Phone 6066746692 Email fordvetclinic@windstream

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- 323072

Kentucky Consignor	Animal Consigned To:
Menifee Co. Animal Shelter	St. Huberts Animal Welfare Ctr
Ky. Origin Address: PO Box 75 / 381 Little league lane, City: Frenchburg, State: KY, ZIP: 40322	Destination Address: 575 Woodland #159, City: Madison, State: NJ, ZIP: 07940
Telephone: 606 768 9368, Email: menifeeshelter@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 Adoption

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
Konik	husky	1yr	M	bl/w	5-30-19	Killed	hwneg 5-30 other vaccines given by Shelter
Beau	mix	7mos	M	tri	5-25-19	Killed	hwneg 5-25
Milo	Mix	18mos	M	bl/w	5-25-19.	Killed	hw neg 5-25
Merle	~~Bloodhound~~ hound x	15wks	M	bl/brn	5/23/19	Killed	
Mike	beagle/hound x	15wks	M	brn/w	5/23/19	Killed	

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 6/1/19 Veterinarian's Signature Joe Anderson Printed Name Joe Anderson Accreditation Number 012752

Clinic Name Bath Vet Clinic Address 918 W. Hwy 36

City, State, ZIP Owingsville KY 40360 Phone 606 674 6692 Email bathvetclinic@windstream.net

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

SMALL ANIMAL CERTIFICATE OF VETERINARY INSPECTION

KENTUCKY DEPARTMENT OF AGRICULTURE

Office of the State Veterinarian

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

SA- 323070

Kentucky Consignor				Animal Consigned To:			
Menifee Co. Animal Shelter				St. Huberts Animal Center			
Ky. Origin Address:	City	State	ZIP	Destination Address:	City	State	ZIP
381 Little league lane	Frenchburg	KY	40322	575 Woodland # 159	Madison	NJ	07940
Telephone	Email			Telephone	Email		
606 768-9368	menifeishelter@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 Adoption

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

Animal's Name/ID	Breed	Age	Sex	Color	Date of Rabies Vaccination	Type of Vaccine	Other Vaccinations
Myron	hound +	15wks	M	cr/w	5-23-19	Killed	Other vacc. given by shelter
Max		15wks	M	tri	5-23-19		
Michelle		15wks	F	brn/w	5-23-19		
MiKA		15wks	F	red/w	5-23-19		
Mindy		15wks	F	red/w	5-23-19		

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 6/1/19 Veterinarians Signature Joe Anderson DVM Printed Name JOE ANDERSON Accreditation Number 012752

Clinic Name Bath Vet Clinic Address 918 W. Hwy 36

City, State, ZIP Owingsville, KY 40360 Phone 6066746692 Email bathvetclinic@windstrea

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