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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 / **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) Ladybird	Shepherd Mix	1yr	F	Black	5/10/19	Rabies - Im Rab 3 TF	5/10/19	Fecal=Hookworms,Whipworms,Roundworms
(2)								
(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).

☐ 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
5/10/19

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

3. TOTAL NUMBER OF ANIMALS
1

4. PAGE
ONE of ONE

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 St.
Eatontown, NJ 07724
732-818-8879

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)	19-195-L Ginger	Retriever mix	12wks	F	tan/black
(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)			5-10-19	CIV 3wk (DA2PP 3wk 5-6-19, Bord IN 1y 4-24-19)
(2)				
(3)				
(4)				
(5)				
(6)				

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
5-10-19: Fecal: No ova noted. Prophylactically dewormed.
Administered sentinel and simparica

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
EBENEZER ANIMAL HOSPITAL, PA
2445 EBENEZER ROAD
ROCK HILL, SOUTH CAROLINA 29732
803.366.1950

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

LICENSE NUMBER AND STATE
SC 3639

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

NATIONAL ACCREDITATION NUMBER
079345

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

DATE

SIGNATURE OF ISSUING VETERINARIAN
Lauren Cline

DATE
5/10/2019

APHIS Form 7001
(APR 2010)

This certificate is valid for 30 days after issuance

PART 1 - TO ACCOMPANY SHIPMENT

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

3. TOTAL NUMBER OF ANIMALS

6

4. PAGE

ONE of ONE

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 St.
Eatontown, NJ 07724
732-818-8879

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) 19-172-Y	Pitbull Mix	8wk	F	Black/brindle
(2) 19-173-Y	Pitbull Mix	8wk	M	Black
(3) 19-174-Y	Pitbull Mix	8wk	F	Black/brindle
(4) 19-175-Y	Pitbull Mix	8wk	F	Black/brindle
(5) 19-176-Y	Pitbull Mix	8wk	F	Black/brindle
(6) 19-177-Y	Pitbull Mix	8wk	M	Black/brindle

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
		5-10-19	DHPP 3wk
		5-10-19	DHPP 3wk
		5-10-19	DHPP 3wk
		5-10-19	DHPP 3wk
		5-10-19	DHPP 3wk
		5-10-19	DHPP 3wk

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

Fecal float results: No ova noted. Prophylactic deworming with pyrantal. Administered sentinel.

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
EBENEZER ANIMAL HOSPITAL, PA
2445 EBENEZER ROAD
ROCK HILL, SOUTH CAROLINA 29732
803.366.1950

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

LICENSE NUMBER AND STATE

SC 3639

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

NATIONAL ACCREDITATION NUMBER

079345

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

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE

5/10/2019

APHIS Form 7001
(APR 2010)

This certificate is valid for 30 days after issuance

PART 2 - ACCREDITED 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

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

2. CERTIFICATE NUMBER

3. TOTAL NUMBER OF ANIMALS
5

4. PAGE
ONE of ONE

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 St.
Eatontown, NJ 07724
732-818-8879

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) 19-160-Y Hobbs	lab mix	11 wk	M	brindle
(2) 19-161-Y Murphy (Calvin)	lab mix	11 wk	M	brindle
(3) 19-162-Y Nash	lab mix	11 wk	M	brindle
(4) 19-163-Y Tipton (Joslyn)	lab mix	11 wk	F	brindle
(5) 19-164-Y Karra	lab mix	11 wk	F	brindle
(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
		5-7-19	DHPP 3wk, CIV 1yr, Bord IN (4/23/19)
		5-7-19	DHPP 3wk, CIV 1yr, Bord IN (4/23/19)
		5-7-19	DHPP 3wk, CIV 1yr, Bord IN (4/23/19)
		5-7-19	DHPP 3wk, CIV 1yr, Bord IN (4/23/19)
		5-7-19	DHPP 3wk, CIV 1yr, Bord IN (4/23/19)

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
Fecal float results: Positive for hookworm ova and coccidia
Dewormed with Pyrantel PO 5/7/19 and Ponazuril prescribed

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
EBENEZER ANIMAL HOSPITAL, PA
2445 EBENEZER ROAD
ROCK HILL, SOUTH CAROLINA 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
5/7/2019

APHIS Form 7001
(APR 2010)

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PART 3 - USDA OR STATE 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

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

2. CERTIFICATE NUMBER

3. TOTAL NUMBER OF ANIMALS
6

4. PAGE
ONE of ONE

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 St.
Eatontown, NJ 07724
732-818-8879

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) 19-172-Y	Pitbull Mix	8wk	F	Black/brindle
(2) 19-173-Y	Pitbull Mix	8wk	M	Black
(3) 19-174-Y	Pitbull Mix	8wk	F	Black/brindle
(4) 19-175-Y	Pitbull Mix	8wk	F	Black/brindle
(5) 19-176-Y	Pitbull Mix	8wk	F	Black/brindle
(6) 19-177-Y	Pitbull Mix	8wk	M	Black/brindle

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
		5-10-19	DHPP 3wk
		5-10-19	DHPP 3wk
		5-10-19	DHPP 3wk
		5-10-19	DHPP 3wk
		5-10-19	DHPP 3wk
		5-10-19	DHPP 3wk

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
Fecal float results: No ova noted. Prophylactic deworming with pyrantal.
Administered sentinel.

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
EBENEZER ANIMAL HOSPITAL, PA
2445 EBENEZER ROAD
ROCK HILL, SOUTH CAROLINA 29732
803.366.1950

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

LICENSE NUMBER AND STATE
SC 3639

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

NATIONAL ACCREDITATION NUMBER
079345

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

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE
5/10/2019

APHIS Form 7001
(APR 2010)

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PART 2 - ACCREDITED 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

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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	
					Vaccination Date	Product	Date	Product Type and/or Results
(1) 19-189-L Bear	Chihuahua Mix	10 W	M	Black/Tan			5/8, 5/9	DA2PP 3W, Bordetella IN
(2) 19-190-L Cruz	Chihuahua Mix	10 W	M	Blonde			5/8, 5/9	DA2PP 3W, Bordetella IN
(3) 19-194-L Saturday	Hound Mix	8 W	F	Brown			5/8, 5/9	DA2PP 3W, Bordetella IN
(4) 19-193-L Friday	Hound Mix	8 W	F	Black/Brown			5/8, 5/9	DA2PP 3W, Bordetella IN
(5) 19-191-L Tuesday	Hound Mix	8 W	M	Black/Brown			5/8, 5/9	DA2PP 3W, Bordetella IN
(6) 19-192-L Thursday	Hound Mix	8 W	F	Black/Brown			5/8, 5/9	DA2PP 3W, Bordetella 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
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
5/9/19

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 0579-0036 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
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) 19-189-L Bear	Chihuahua Mix	10 W	M	Black/Tan			5/8, 5/9	DA2PP 3W, Bordetella IN, CIV H3N2 3W
(2) 19-190-L Cruz	Chihuahua Mix	10 W	M	Blonde			5/8, 5/9	DA2PP 3W, Bordetella IN, CIV H3N2 3W
(3) 19-194-L Saturday	Hound Mix	8 W	F	Brown			5/8, 5/9	DA2PP 3W, Bordetella IN, CIV H3N2 3W
(4) 19-193-L Friday	Hound Mix	8 W	F	Black/Brown			5/8, 5/9	DA2PP 3W, Bordetella IN, CIV H3N2 3W
(5) 19-191-L Tuesday	Hound Mix	8 W	M	Black/Brown			5/8, 5/9	DA2PP 3W, Bordetella IN, CIV H3N2 3W
(6) 19-192-L Thursday	Hound Mix	8 W	F	Black/Brown			5/8, 5/9	DA2PP 3W, Bordetella IN, CIV H3N2 3W

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
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
5/9/19

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 / **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) Maryann #982126055776169	Dachshund Mix	18w	SF	Black/Tan	5/1/19	Rabies - Im Rab 3 TF	5/1/19	DAPP - Nobivac
(2)							5/1/19	Fecal = Negative
(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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☑ 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

LICENSE NUMBER AND STATE
SC 3778

Accredited ☑ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
028883

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
Jenna Blake, DVM

DATE
5/1/19

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

3. TOTAL NUMBER OF ANIMALS
4

4. PAGE
ONE of ONE

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 St.
Eatontown, NJ 07724
732-818-8879

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)	19-165-Y Ethel	Pomeranian Mix	12 wk	F	Brown
(2)	19-166-Y Thor	Pomeranian Mix	12 wk	M	Brown
(3)	19-167-Y Diesel	Pomeranian Mix	12 wk	M	Brown
(4)	19-168-Y Fred	Pomeranian Mix	12 wk	M	Brown
(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)			5-10-19	DHPP 3wk, Bord
(2)			5-10-19	DHPP 3wk, Bord
(3)			5-10-19	DHPP 3wk, Bord
(4)			5-10-19	DHPP 3wk, Bord
(5)				
(6)				

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
Fecal float results: Positive for roundworm ova. Dewormed with pyrantal.
Administered simparica and sentinel.

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.

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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
EBENEZER ANIMAL HOSPITAL, PA
2445 EBENEZER ROAD
ROCK HILL, SOUTH CAROLINA 29732
803.366.1950

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

LICENSE NUMBER AND STATE
SC 3639

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

NATIONAL ACCREDITATION NUMBER
079345

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

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE
5/10/2019

APHIS Form 7001
(APR 2010)

This certificate is valid for 30 days after issuance

PART 1 - TO ACCOMPANY SHIPMENT

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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 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

	NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1)	Harper	Lab Mix	1yr	F	Yellow
(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

	RABIES VACCINATION 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)	5/8/19	Rabies - Im Rab 3 TF	5/8/19	Fecal = Negative
(2)				
(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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☑ 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
5/9/19

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

3. TOTAL NUMBER OF ANIMALS
6

4. PAGE
ONE of ONE

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 St.
Eatontown, NJ 07724
732-818-8879

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) 19-172-Y	Pitbull Mix	8wk	F	Black/brindle
(2) 19-173-Y	Pitbull Mix	8wk	M	Black
(3) 19-174-Y	Pitbull Mix	8wk	F	Black/brindle
(4) 19-175-Y	Pitbull Mix	8wk	F	Black/brindle
(5) 19-176-Y	Pitbull Mix	8wk	F	Black/brindle
(6) 19-177-Y	Pitbull Mix	8wk	M	Black/brindle

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
		5-10-19	DHPP 3wk
		5-10-19	DHPP 3wk
		5-10-19	DHPP 3wk
		5-10-19	DHPP 3wk
		5-10-19	DHPP 3wk
		5-10-19	DHPP 3wk

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
Fecal float results: No ova noted. Prophylactic deworming with pyrantal.
Administered sentinel.

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
EBENEZER ANIMAL HOSPITAL, PA
2445 EBENEZER ROAD
ROCK HILL, SOUTH CAROLINA 29732
803.366.1950

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

LICENSE NUMBER AND STATE
SC 3639

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

NATIONAL ACCREDITATION NUMBER
079345

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

DATE

SIGNATURE OF ISSUING VETERINARIAN
Lauren Cline

DATE
5/10/2019

APHIS Form 7001
(APR 2010)

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PART 2 - ACCREDITED 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

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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

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) 19-188-Y Lola aka Nikki	Labrador Retriever Mix	1.5 Y	F	Tan/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
4/27/19	ZOETIS	4/27/19	DA2PP+ L4 1Y
		5/9/19	Bordetella IN 1Y, CIV H3N2 3W

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
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
Jay per J. Hreiz

DATE
5/9/19

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 0579-0036 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. 2143; 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

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) 19-118-Y Lola aka Nikki	Labrador Retriever Mix	1.5 Y	F	Tan/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
4/27/19	-	4/27/19	DA2PP+ L4 1Y
		5/9/19	Bordetella IN 1Y, CIV H3N2 3W

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
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
5/9/19

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

3. TOTAL NUMBER OF ANIMALS
1

4. PAGE
ONE of ONE

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 St.
Eatontown, NJ 07724
732-818-8879

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) 19-171-Y Mama Lady Pidge	Pitbull Mix	2y	F	Blue 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
4-27-19	Zoetis	5-10-19	CIV 1yr (4-27-19: DA2PP 1y, Bord 1y IN)

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
4-27-19: Administered sentinel and simparica

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
Lauren Cline, DVM
EBENEZER ANIMAL HOSPITAL, PA
2445 EBENEZER ROAD
ROCK HILL, SOUTH CAROLINA 29732
803.366.1950

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

LICENSE NUMBER AND STATE
SC 3639

Accredited ☒ **Yes** ☐ **No**
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
079345

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

DATE

SIGNATURE OF ISSUING VETERINARIAN
Lauren Cline

DATE
5/10/2019

APHIS Form 7001
(APR 2010)

This certificate is valid for 30 days after issuance

PART 1 - TO ACCOMPANY SHIPMENT

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

3. TOTAL NUMBER OF ANIMALS
6

4. PAGE
ONE of ONE

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 St.
Eatontown, NJ 07724
732-818-8879

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) 19-172-Y	Pitbull Mix	8wk	F	Black/brindle
(2) 19-173-Y	Pitbull Mix	8wk	M	Black
(3) 19-174-Y	Pitbull Mix	8wk	F	Black/brindle
(4) 19-175-Y	Pitbull Mix	8wk	F	Black/brindle
(5) 19-176-Y	Pitbull Mix	8wk	F	Black/brindle
(6) 19-177-Y	Pitbull Mix	8wk	M	Black/brindle

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
		5-10-19	DHPP 3wk
		5-10-19	DHPP 3wk
		5-10-19	DHPP 3wk
		5-10-19	DHPP 3wk
		5-10-19	DHPP 3wk
		5-10-19	DHPP 3wk

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
Fecal float results: No ova noted. Prophylactic deworming with pyrantal.
Administered sentinel.

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
EBENEZER ANIMAL HOSPITAL, PA
2445 EBENEZER ROAD
ROCK HILL, SOUTH CAROLINA 29732
803.366.1950

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

LICENSE NUMBER AND STATE
SC 3639

Accredited ☒ **Yes** ☐ **No**
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
079345

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

DATE

SIGNATURE OF ISSUING VETERINARIAN
Lauren Cline

DATE
5/10/2019

APHIS Form 7001
(APR 2010)

This certificate is valid for 30 days after issuance

PART 2 - ACCREDITED 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

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

2. CERTIFICATE NUMBER

3. TOTAL NUMBER OF ANIMALS

4. PAGE
ONE of ONE

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 St
Eatontown, NJ 07724
732-818-8879

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) 19-160-Y Hobbs	lab mix	11 wk	M	brindle
(2) 19-161-Y Murphy	lab mix	11 wk	M	brindle
(3) 19-162-Y Nash	lab mix	11 wk	M	brindle
(4) 19-163-Y Tipton	lab mix	11 wk	F	brindle
(5) 19-164-Y Karra	lab mix	11 wk	F	brindle
(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
		5-7-19	DHPP 3wk, CIV 1yr, Bord IN (4/23/19)
		5-7-19	DHPP 3wk, CIV 1yr, Bord IN (4/23/19)
		5-7-19	DHPP 3wk, CIV 1yr, Bord IN (4/23/19)
		5-7-19	DHPP 3wk, CIV 1yr, Bord IN (4/23/19)
		5-7-19	DHPP 3wk, CIV 1yr, Bord IN (4/23/19)

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
Fecal float results: Positive for hookworm ova and coccidia
Dewormed with Pyrantel PO 5/7/19 and Ponazuril prescribed

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
EBENEZER ANIMAL HOSPITAL, PA
2445 EBENEZER ROAD
ROCK HILL, SOUTH CAROLINA 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
5/7/2019

APHIS Form 7001
(APR 2010)

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PART 1 - TO ACCOMPANY SHIPMENT