AL-S 0041478

SMALL ANIMAL

HEALTH CERTIFICATE

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

Date Issued 4/25/19

CONSIGNOR OR SHIPPER Sylacauga Animal Shelter

CONSIGNEE OR PURCHASER St. Hubert's Animal Welfare

ORIGIN Sylacauga, AL

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	Shep X	F	1yr	Tan (Nora)	182716
Canine	Lab X	M	5yr	Black (Knight)	182928
Canine	Lab X	M	2yr	Yellow (Buster)	182587
Canine	Pit X	M	10 wks	Black/White (Clover)	N/A

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV (K)	4/25/19
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 Kevin F. Mauldin

Printed Signature Kevin Mauldin, DVM

Telephone No. 256-378-7016

Veterinary Accreditation No. 02004

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

AL-S 0041477

SMALL ANIMAL

HEALTH CERTIFICATE

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

Date Issued 4-22-19

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	Pit/Husky	F	1yr	Black/white (Lola)	182887
Canine	Lab/Hound	M	12 wks	Brown (Tank)	182918
Canine	Hound/Lab	M	12 wks	Brown (Tyson)	183031
Canine	Shep Mix	F	8 months	Brown (Skye)	183039

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV – K	4/22/19
DHLP	MLV – K	4/22/19
FVRCP	MLV – K	N/A
OTHER	Bordetella	3/16/19

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 Kevin Moulin DVM

Printed Signature Kevin Moulin, DVM

Telephone No. 256-378-7066

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

AL-S 0041479

SMALL ANIMAL

HEALTH CERTIFICATE

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

Date Issued 4/25/19

CONSIGNOR OR SHIPPER Sylacauga Animal Shelter

CONSIGNEE OR PURCHASER St. Huberts 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	Pit X	M	10 wks	Black/White (Crimson)	N/A
Canine	Lab X	F	3yrs	Black (Honey)	183040
Canine	Retriever X	M/N	2yr	Brown (Oak)	10515
Canine	Lab X	F	2yr	Brown (Kiki)	182910

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV K	4/25/19
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 Kevin F. Moullin, DVM

Printed Signature Kevin Moullin, DVM

Telephone No. 256-378-7066

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

Tennessee Department of Agriculture
Consumer & Industry Services — Animal Health
Box 40627, Melrose Station
Nashville, TN 37204
615 837-5120

461246

Date Issued 4/26/19
Expiration 30 days after issuance

OFFICIAL INTERSTATE HEALTH CERTIFICATE OF DOGS, CATS AND OTHER NON-LIVESTOCK SPECIES

Owner Humphreys Co Humane
Address 112 Young Road
City Waverly
State TN
Telephone No. 931-296-7319

Consignee St. Hubert's Animal welfare
Address 575 Woodland Avenue
City Madison
State N.J Zip Code 07940
Telephone No. 973-377-2295

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #
Canine	Starla	Pyrenees	F	10m	White		002515
Canine	Dexter	lab	m	1Y	Black		002516
Canine	Tuscanya	Poodle	F	2Y	Tan & White		002517
Canine	Bobo	Shepherd	MN	1Y	Tan & White	981020027730634	20410
Canine	Bolo	Heeler	m	7m	Tan & White		002518
Canine	COH	Poodle	MN	3Y	Black & White		003816
Canine	Crater	lab x	m	1Y	Tan		002519
Canine	Lady	lab	F	2Y	Tan		002520
Canine	Hazel	Poodle	F	4m	Brown & White		002521
Canine	Meadow	lab x	F	3m	Black		19840
Canine	Sheba	Terrier	F	15W	Black & White		002522

Remarks Eyes and ears Clear

I certify that I am licensed and accredited in Tennessee and that I personally examined the 11 animal(s) described herein and found them to be free of evidence of infectious or communicable disease or exposure thereto. To the best of my knowledge, these animals meet the current import requirements of the State of Destination.

Vaccination Data				
Manufacturer	Serial #	Exp.	Type	Date
ZOETIS	3111623	2/20	Killed	4/2/19

Accredited Veterinarian Michael Boley Vet Code 051015
Type or Print
Signature Michael Boley
Address 310 Highway 641 N
City Camden State TN zip 38320
Email Address Vetwork3110@gmail.com
Telephone: 731-212-2555

Distribution:
Interstate Shipments
White — TN State Veterinarian
* Canary — Accompany Shipment
* Pink — TN State Veterinarian
Goldenrod — Retain

AG-0059 (Rev. 02/15)

RDA's pending

Tennessee Department of Agriculture
Consumer & Industry Services — Animal Health
Box 40627, Melrose Station
Nashville, TN 37204
615 837-5120

461247

Date Issued 4/26/19
Expiration 30 days after issuance

OFFICIAL INTERSTATE HEALTH CERTIFICATE OF DOGS, CATS AND OTHER NON-LIVESTOCK SPECIES

Owner Humphreys Co. Humane
Address 112 Young Road
City Waverly
State TN
Telephone No. 931-296-7319

Consignee St. Hubert's Animal Welfare
Address 575 Woodland Drive
City Madison
State NJ Zip Code 07940
Telephone No. 973-377-2295

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #
Canine	Beau	Terrier	M	15W	Brindle		LE02523
Canine	Dixie	Terrier	F	9W	Brindle		
Canine	Heidi	Shepherd mix	F	10W	tan & black		
Canine	Harley	Shepherd mix	F	10W	Black, Brown, White		
Canine	Honey	shepherd mix	F	10W	Tan and black		
Canine	Hekle	Shepherd mix	F	10W	Brindle		
Canine	Dhud	JRT	M	5Y	White / Tan		LE02524
Canine	Lil	JRT	F	5Y	White / Tan		LE02525
~~Canine~~	~~Zach~~	~~Chihuahua~~	~~M~~	~~14W~~	~~Tan~~		~~LE02526~~
Canine	Cael	Hound mix	M	1Y	White/Black/Brown		LE02599
Canine	Sierra	Shepherd mix	F	1Y	Black/White		LE02597

Remarks Eyes and ears clear

I certify that I am licensed and accredited in Tennessee and that I personally examined the 10 animal(s) described herein and found them to be free of evidence of infectious or communicable disease or exposure thereto. To the best of my knowledge, these animals meet the current import requirements of the State of Destination.

Vaccination Data				
Manufacturer	Serial #	Exp.	Type	Date
ZOETIS	311023	2/20	Killed	4/26/19

Accredited Veterinarian Michael Bowers Vet Code 059015
Type or Print
Signature Michael Bowers
Address 310 Highway 641 N
City Camden State TN zip 38320
Email Address MBowers310@gmail.com
Telephone: 731-213-2555

Distribution:
Interstate Shipments
White — TN State Veterinarian
* Canary — Accompany Shipment
* Pink — TN State Veterinarian
Goldenrod — Retain

AG-0059 (Rev. 02/15)

RDA's pending

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
4

4. PAGE
1 of 1

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)
Brother Wolf Animal Rescue
31 Glendale Avenue
Asheville, NC 28803
Kelly Brown
828-712-2124

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
St. Hubert's Animal Welfare Center
575 Woodland Avenue
Madison, NJ 07940
973-377-2295

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

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

	NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION ☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS: 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)	Cinnamon 991001911047535	Hound Mix	1 Y	S F	Brown/White	3/19/19		3/01/19	3/19/19 DA2PPV, 3/01/19 Bordetella
(2)	Henry - 981 020 029 609 256	Rat Terrier Mix	3 Y	M	Brown/White	4/28/19	ZOE	4/25/19	DA2PPV, Bordetella
(3)	June Bug - 981 020 029 515 422	Pug/Chihuahua Mix	2 Y	F	Brindle	4/28/19	ZOE	4/25/19	DA2PPV, Bordetella
(4)	Roger 981020029585721	Lab Mix	1 Y	M	Yellow	4/29/19	ZOE	4/17/19	DA2PPV, Bordetella
(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
Rich Sefcick
50 Slide Rock Way
Fairview, NC 28730
828-505-6663

LICENSE NUMBER AND STATE
7793-NC

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

NATIONAL ACCREDITATION NUMBER
067955

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
R. Sefcick DVM

DATE
4/29/19

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

AL-S 0041479

SMALL ANIMAL

HEALTH CERTIFICATE

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

Date Issued 4/25/19

CONSIGNOR OR SHIPPER Sylacauga Animal Shelter

CONSIGNEE OR PURCHASER St. Huberts Animal Welfare

ORIGIN Sylacauga, AL

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	Pit X	M	1yr	Tan (Nora)	182716
Canine	Lab X	M	5yr	Black (Knight)	182928
Canine	Lab X	M	2yr	Yellow (Buster)	182587
Canine	Pit X	M	10 wks	Black/White (Clover)	N/A

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV (K)	4/25/19
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 Kevin F. Mouldon Veterinary Accreditation No. 020047

Printed Signature Kevin Moulin, DVM Address 1440 Coosa Pines Drive

Telephone No. 256-378-7006 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

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
2

4. PAGE
1 of 1

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

Louisa Humane Society
PO Box 1837
Louisa VA 23093
(727)224-4006

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)	Sansa	Plott Hound	5yrs	FE	Brindle
(2)	Arya	Chow Chow Mix	1 yr	FE	Blonde
(3)					
(4)					
(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
03/282019	Merck	03/28/2019	Bordetella 1yr
03/28/2019	Merck	03/28/2019	Heartworm Test/ Ehrlichia + on Arya
		03/28/2019	Fecal Ova and Parasite Evaluation NEG
		04/20/2019	DA2PP 1yr

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 Andrea Lindamood
10839 Tidewater Trail Animal Hospital
Fredericksburg VA 22408
(540)361-7050

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

LICENSE NUMBER AND STATE
0301006956 VA

Accredited ☑ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
068291

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

DATE

SIGNATURE OF ISSUING VETERINARIAN
Andrea Lindamood DVM

DATE
4/20/19

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

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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

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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*)
Louisa Humane Society

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

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)	Bailey	Great Pyrenees/ Walthound X	9mo	F	Brindle with white
(2)	ECHO	Hound mix		MN	Lemon/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)	4/18/2019	Defensor 3 - Zoetis		
(2)	4/3/2019	Interceptor/Merck		
(3)				
(4)				
(5)				
(6)				

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

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

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

ENDORSEMENT FOR INTERNATIONAL EXPORT (*IF NEEDED*)

PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN
Emily Beichel, DVM
Lake Anna Veterinary Hospital
11012 Kentucky Springs Rd
Mineral, VA 23117 540-894-4572

LICENSE NUMBER AND STATE
0301201971 VA

Accredited ☐ Yes ☒ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER

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
[signature], DVM

DATE
4/18/2019

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

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OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS
2

4. PAGE
1 of 1

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

Louisa Humane Society
PO Box 1837
Louisa VA 23093
(727)224-4006

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)	Sansa	Plott Hound	5yrs	FE	Brindle
(2)	Arya	Chow Chow Mix	1 yr	FE	Blonde
(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)	03/282019	Merck	03/28/2019	Bordetella 1yr
(2)	03/28/2019	Merck	03/28/2019	Heartworm Test/ Ehrlichia + on Arya
(3)			03/28/2019	Fecal Ova and Parasite Evaluation NEG
(4)			04/20/2019	DA2PP 1yr
(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 Andrea Lindamood
10839 Tidewater Trail Animal Hospital
Fredericksburg VA 22408
(540)361-7050

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

LICENSE NUMBER AND STATE
0301006956 VA

Accredited ☑ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
068291

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

DATE

SIGNATURE OF ISSUING VETERINARIAN
Andrea J. Lindamood DVM

DATE
4/20/19

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance