SMALL ANIMAL CERTIFICATE OF VETERINARY INSPECTION

OHIO DEPARTMENT OF AGRICULTURE
ANIMAL HEALTH
REYNOLDSBURG, OHIO 43068

PINK – TO ACCOMPANY SHIPMENT
CANARY – TO STATE OFFICIAL AT DESTINATION
GOLDENROD – HOME OFFICE COPY

DATE 4-22-19

CONSIGNOR Sierra's Haven
ADDRESS 80 Easter Dr. Portsmouth, OH 45662

CONSIGNEE St. Hubert's AWC
ADDRESS 575 Woodland Ave, Madison NJ 07940

SPECIES	BREED	SEX	AGE	COLOR & MARKINGS		RABIES VAC DATE	RABIES TAG NO.
K-9	Catahoula Leopard	F	3y	Merle/White	Olivia	3-2-19	168971
K-9	Bloodhound Shepherd	M	2y	Black/Tan	Jackson	3-21-19	168972
K-9	Husky Mix	F	2y	Tan/White	Honey	3-20-19	168973

OTHER VACCINATIONS

_____, Date _____

VTD

_____, Date _____

_____, Date _____

_____, Date _____

Owner/Agent Statement
(Where applicable):
The animals in this shipment are those certified to and listed on this certificate.

_____
Date

_____
Owner

Certificate of Veterinarian.
"I certify, as a licensed veterinarian, that the above-described animals have been inspected by me and that they are not showing signs of infectious, contagious, or communicable disease, (except where noted). The known vaccinations and results of tests are indicated on the certificate. No warranty is made or implied."

_____
Licensed Veterinarian

101 Bierly Rd.
Address
Portsmouth, OH 45662

Agr-0259 (Rev. 5/02)

SMALL ANIMAL CERTIFICATE OF VETERINARY INSPECTION

OHIO DEPARTMENT OF AGRICULTURE
ANIMAL HEALTH
REYNOLDSBURG, OHIO 43068

PINK – TO ACCOMPANY SHIPMENT
CANARY – TO STATE OFFICIAL AT DESTINATION
GOLDENROD – HOME OFFICE COPY

DATE 4-22-19

CONSIGNOR Sierra's Haven
ADDRESS 80 Easter Dr. Portsmouth, OH 45662

CONSIGNEE St. Hubert's AWC
ADDRESS 575 Woodland Ave Madison, NJ 07940

SPECIES	BREED	SEX	AGE	COLOR & MARKINGS		RABIES VAC DATE	RABIES TAG NO.
K-9	Australian	M	9m	Black/White	JuJube	4-12-19	168984
K-9	Boxer/Lab	M	3sm	Black/White	Black Beard	4-5-19	168985
K-9	Boxer Mix	F	3m	Tan/White	Yasmeen	4-9-19	168986

OTHER VACCINATIONS

_____, Date _____

VTD

_____, Date _____

_____, Date _____

_____, Date _____

Owner/Agent Statement
(Where applicable):
The animals in this shipment are those certified to and listed on this certificate.

_____
Date

_____
Owner

Certificate of Veterinarian.
"I certify, as a licensed veterinarian, that the above-described animals have been inspected by me and that they are not showing signs of infectious, contagious, or communicable disease, (except where noted). The known vaccinations and results of tests are indicated on the certificate. No warranty is made or implied."

_____
Licensed Veterinarian

101 Bierly Rd.
Address
Portsmouth, OH 45662

Agr-0259 (Rev. 5/02)

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- 336628

Kentucky Consignor				Animal Consigned To:			
Menifee Co Animal Shelter				St. Hubert's 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		
6067689318	menifeeshelter			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 _____ 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
RAMBO	Mix	4	M	tri	4/18/19	Killed	DAPPV 3/31, 4/14 Lepto 4/14 Bordetella 4/14

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 4/18/19 Veterinarian's Signature _____ Printed Name Josh Blair Accreditation Number 053776

Clinic Name Animal Care Hospital Address 2554 Hwy 191

City, State, ZIP West Liberty, KY 41472 Phone 6067463855 Email animalcarehospitalky@gmail.com

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

COMMONWEALTH OF KENTUCKY • Department of Agriculture
Office of the State Veterinarian • 100 Fair Oaks Lane, Suite 252, Frankfort, KY 40601 • Phone (502) 564-3956

SA- 193323

SMALL ANIMAL CERTIFICATE OF VETERINARY INSPECTION

Owner: Marion Co. Animal Shelter	Consignee: St. Huberts Animal Welfare Center
Address: 254 Hub League Drive	Address: 575 Woodland #159
City, State, ZIP: Lebanon KY Phone #: 443-9300	City, State, ZIP: Madison NJ Phone #: 973 377 2295
County: Marion Premises #:	County: Premises #:

Species: ☒ Canine ☐ Feline ☐ Avian ☐ Other: _____

Reason For Movement: ☐ Traveling w/owner ☐ Exhibition ☐ Sale ☒ Other: Adoption

Transported By: ☒ Car ☐ Air ☐ Rail ☐ Truck

Animal's Name/ID	Breed	Age	Sex	Color	Date of Rabies Vaccination	Type of Vaccine	Other Vaccinations
Bonnie	Shepherd Mix	6yrs	F	White	4/19	Merial	DHPP 3
Duke		6yrs	M		4/19		DHPP
Maxwell	Beagle	5yrs	MN	Yellow	4/3/19		DHPP, 5in1 HW Bord 3/31
Mike	Beagle	2yr	F	tri	4/3/19		DHPP, 5in1 L/K Bord 3/31
Maxwell	Beagle	5yr	MN	tri	3/31/19		DHPP3/2, L/K bor 9/2

Remarks: _____

To the best of my knowledge and belief, animals in this shipment are free from contagious disease or exposure thereto.

Date: 4/20/19 Veterinarian: C. [illegible] DVM Vet Code: 017557 Phone # 606-674-6692

Clinic Name: Bluegrass Vet Clinic Address: 915 W Hwy 52

City, State, ZIP: Bardstown KY 40004 County: Bullitt

KYSV-74 Rev. 4/11

Distribution: White – KDA Office of the State Veterinarian **Canary** – Owner
Pink – State of Destination **Goldenrod** – Issuing Veterinarian

COMMONWEALTH OF KENTUCKY ▪ Department of Agriculture
Office of the State Veterinarian ▪ 100 Fair Oaks Lane, Suite 252, Frankfort, KY 40601 ▪ Phone (502) 564-3956

SA- 193323

SMALL ANIMAL CERTIFICATE OF VETERINARY INSPECTION

Owner: Morgan Co. Animal Shelter	Consignee: St. Huberts Animal Welfare Center
Address: 35 Little League Drive	Address: 575 Woodland #159
City, State, ZIP: Prestonburg KY 41653 Phone #: 606 368 9360	City, State, ZIP: Madison NJ Phone #: 973 377 2295
County: Morgan Premises #:	County: Premises #:

Species: ☑ Canine ☐ Feline ☐ Avian ☐ Other: _____

Reason For Movement: ☐ Traveling w/owner ☐ Exhibition ☐ Sale ☒ Other: Adoption

Transported By: ☑ Car ☐ Air ☐ Rail ☐ Truck

Animal's Name/ID	Breed	Age	Sex	Color	Date of Rabies Vaccination	Type of Vaccine	Other Vaccinations
Bonnie	Shepherd/Lab	1 mos	F	Brindle	4/17/19	Merial	DAPPv 3
Dylan		1 mos	M	"	4/17/19		DAPPv
Maynard	Feist	5yrs	MN	Brin	4/3/19		DAPPv 3/12 4/14 Bord. 3/30
✓ Mia	Beagle	2yrs	F	tri	4/3/19		DAPPv 3/12 4/15 Bord 3/12
✓ Maxwell	Beagle	5yrs	MN	tri	3/8/19	N	DAPPv 3/12 4/20 bor 3/2 Hw(N)

Remarks: _____

To the best of my knowledge and belief, animals in this shipment are free from contagious disease or exposure thereto.

Date: 4/26/19 Veterinarian: Joe Anderson DVM Vet Code: 012757 Phone # 606 674 6692

Clinic Name: Rockhouse Vet Clinic Address: 915 N. Hal 436

City, State, ZIP: Burnside KY 42519 County: Pulaski

KYSV-74 Rev. 4/11

Distribution: White – KDA Office of the 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- 336628

Kentucky Consignor				Animal Consigned To:			
Menifee Co Animal Shelter				St. Hubert's Animal Welfare Ctr			
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**		
6067689318	Menifeeshelter			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 1 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
RAMBO	Mix	4	M	tri	4/18/19	Killed	DAPPV 3/31, 4/14, Leptospira 4/14 Bordetella 4/14 Flu 4/14

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 4/18/19 Veterinarian's Signature _____ Printed Name Josh Blair Accreditation Number 083776

Clinic Name Animal Care Hospital Address 2504 Hwy 191

City, State, ZIP West Liberty KY 41472 Phone 606 7437855 Email animalcarehospitalky @gmail.com

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

Waystation list

NOTES TO DRIVERS

Coordinator	**Colleen Harrington**	Charrington@sthuberts.org
Destination Shelter	**Monmouth County SPCA**	260 Wall St, Eatontown, NJ 07724
Destination Contact	**Leslie Surbrug**	leslie@monmouthcountyspca.org

I understand that ownership of all transported animals transfers to the destination shelter when animals are placed o

Destination Shelter Signature

Highlight groups who can live together on truck - use different colors for each grouping.

Heaviest to Lightest

TRUCK KENNEL #	Source Shelter Animal #	Animal Name	Breed	Age on Transport Date	Sex	Weight
	sierras	HONEY	HUSKY/MIX	2 YRS	F	50
	menifee	Mina	beagle X	1-2 yrs	F	31
	sierras	BLACKBEARD	BOXER/LAB	4 MO	M	27
	menifee	Maxwell	beagle	8 yrs	MN	26
	menifee	Rambo	terrier X	5 yrs	M	18

CONFIDENTIAL

n vehicle.

OS, Stray, Transfer, Other			CBA,Small Dog or SAFER		
Intake Type	**OS Reason**	**Date In**	**Name of Assessment and Date**	**Color or Colors, Pattern, etc.**	**DA2PPv Dates**
STRAY		3/1/19	4/1/2019	TAN/WHITE	3/1/19, 3/20/19
S		3/14/2019	4/14 CBA	tri	3/14, 3/30
STRAY		3/8/19	N/A	BLACK/WHITE	3/8/19, 3/22/19, 4/5/19, 4/19/19
S		3/1/2019	3/5 CBA	tri	3/2, 4/19
OS	rescued	13-Mar	4/5 CBA	tri	3/31, 4/14

Dogs 6 mos and older

If positive, use red font color on the entire row

Bordetella Date	Rabies Date	HW Status (+/-) and Date Tested	HW Preventative and Date(s) Given	MicroChip Number
3/1/19	3/20/19	4DX 3/20/19 (-)	IVERHART MAX 4/20/19	N/A
3/14, 4/8	4/3, 4/8	4/3, 4/10 neg		
3/8/2019	4/5/2019	N/A	INTERCEPTOR PLUS 4/4/19	N/A
3/2/2019	3/13/2019	3/13 neg		
14-Apr	18-Apr	4/18 neg		

	Rounds, Hooks	Coccicia,Giardia,etc.	
Flea Product and Date(s)	**Primary Dewormer and Dates**	**Other Internal Parasite Treatments and Dates**	**Health Cert Date**
FIRST SHIELD 4/4/19	VIRBANTEL 3/1/19	NEMEX, 4/4/19,IVERHART MAX 4/20/19	4/22/2019
adv. Multi 3/14, 4/19	panacur 3/14-16	neg fecal 4/9	4/19/2019
FIRST SHIELD 4/4/19	VIRBANTEL 3/8/19	NEMEX 4/4/19, IVERHART MAX 4/4/19	4/22/2019
adv. Multi 3/1, 3/19	panacur 3/1-3		4/19/2019
frontline 3/31	panacur 3/31-4/2		18-Apr

NOTES
POSITIVE FOR LYME, DOXYCYCLINE WILL BE COMPLETE BY TRANSPORT
STRAY - FOUND IN NEW BOSTON, OH
in prison program

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
1379 Morgans Bend
Rock Hill, SC 29732
973-534-7726

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
Monmouth County SPCA
269 Wall St.
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) 19-133	Lab Ret. Mix	9w	F	Black
(2) 19-134	Lab Ret. Mix	9w	M	Dark brown/blac
(3) 19-135	Lab Ret. Mix	9w	M	Brown whit nose
(4) 19-136	Lab Ret. Mix	9w	F	Blonde
(5) 19-138	Lab Ret. Mix	9w	M	Brown whit head
(6) 19-139	Lab Ret. Mix	9w	F	Black whit paws

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
		4/5, 4/19	DA2PP Bordatella, DA2PP Zoetis
		4/5, 4/19	DA2PP Bordatella, DA2PP Zoetis
		4/5, 4/19	DA2PP Bordatella, DA2PP Zoetis
		4/5, 4/19	DA2PP Bordatella, DA2PP Zoetis
		4/5, 4/19	DA2PP Bordatella, DA2PP Zoetis
		4/5, 4/19	DA2PP Bordatella, DA2PP Zoetis

Bellamie
Midnight
Zeke
Butch
Tuke
Bella

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
Coccidia and roundworms found on fecal, Strongid and Ponazuril administered prior to transport.

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
Scarlett Springate, DVM
2445 Ebenezer Rd.
Rock Hill, SC 29732
803-366-1950

LICENSE NUMBER AND STATE
SC 3491

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

NATIONAL ACCREDITATION NUMBER
076141

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
Scarlett Springate

DATE
04/19/19

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
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, NC 29732
973-534-7726

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

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

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

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

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION ☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
					Vaccination Date	Product	Date	Product Type and/or Results
(1) Lilac	Shepherd Mix	11w	F	Black/Tan	Too Young		4/17/19	DAPP - Nobivac
(2)							417/19	Fecal = Coccidia, Roundworms, Hookworms
(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
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
4/17/19

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
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

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1) 19-148-L Whiskey	Labrador Retriever Mix	8 W	M	Brown/White
(2) 19-149-L Hershey	Labrador Retriever Mix	8 W	F	Brown/White
(3) 19-150-L Rolo	Labrador Retriever Mix	8 W	M	Brown/White
(4) 19-151 Reece	Labrador Retriever Mix	8 W	M	Brown/White
(5) 19-152 Willow	Labrador Retriever Mix	8 W	F	Brown/White
(6) 19-153 Waverly	Labrador Retriever Mix	8 W	F	Brown/White

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
		4/15/19	DA2PP 3W (4/10/19), Bordetella IN
		4/15/19	DA2PP 3W (4/10/19), Bordetella IN
		4/15/19	DA2PP 3W (4/10/19), Bordetella IN
		4/15/19	DA2PP 3W (4/10/19), Bordetella IN
		4/15/19	DA2PP 3W (4/10/19), Bordetella IN
		4/15/19	DA2PP 3W (4/10/19), 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
4/15/19

APHIS Form 7001

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*)

Project Safe Pet
Chris Rizzo
1379 Morgans Bend
Rock Hill, NC 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)	Bear	Lab Mixes	10w	M	Black/White
(2)	Cole	Lab Mixes	10w	M	Black/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) Bear	Too Young		4/19/19	DAPP - Nobivac, Fecal = Coccidia
(2) Cole	Too Young		4/19/19	DAPP - Nobivac, Fecal = Coccidia
(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
4/19/19

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 21,43.9; CFR, Subchapter A, Part 2).

OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS

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) Allie	Chi X	10wk	F	Brown
(2) Boots	Lab X	9wk	M	Blonde
(3) Spot	Lab X	9wk	M	Black/White
(4) Darth	Lab X	9wk	M	Black/White
(5) Roscoe	Lab X	11wk	M	Black/White
(6) Ruby	Lab X	11wk	F	Black/White

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION (☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS)		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
Vaccination Date	Product	Date	Product Type and/or Results
		4/16/19	DA2PP 3wk, CIV 1yr, Bord 1yr (4/2/19), Fecal-coccidia
		4/16/19	DA2PP 3wk, Bord 1yr, Fecal-coccidia
		4/16/19	DA2PP 3wk, Bord 1yr, Fecal-coccidia
		4/16/19	DA2PP 3wk, Bord 1yr, Fecal-coccidia
		4/16/19	DA2PP 3wk, Bord 1yr (3/25/19), Fecal-coccidia
		4/16/19	DA2PP 3wk, Bord 1yr (3/25/19), Fecal-coccidia

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
Lauren M. Cline, DVM
2445 Ebenezer Rd.
Rock Hill, SC 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

DATE
4/16/19

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 21,43,9; CFR, Subchapter A, Part 2).

OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1) Allie	Chi X	10wk	F	Brown
(2) Boots	Lab X	9wk	M	Blonde
(3) Spot	Lab X	9wk	M	Black/White
(4) Darth	Lab X	9wk	M	Black/White
(5) Roscoe	Lab X	11wk	M	Black/White
(6) Ruby	Lab X	11wk	F	Black/White

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION ☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS

OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS

Vaccination Date	Product	Date	Product Type and/or Results
		4/16/19	DA2PP 3wk, CIV 1yr, Bord 1yr (4/2/19), Fecal-coccidia
		4/16/19	DA2PP 3wk, Bord 1yr, Fecal-coccidia
		4/16/19	DA2PP 3wk, Bord 1yr, Fecal-coccidia
		4/16/19	DA2PP 3wk, Bord 1yr, Fecal-coccidia
		4/16/19	DA2PP 3wk, Bord 1yr (3/25/19), Fecal-coccidia
		4/16/19	DA2PP 3wk, Bord 1yr (3/25/19), Fecal-coccidia

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
Lauren M. Cline, DVM
2445 Ebenezer Rd.
Rock Hill, SC 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

DATE
4/16/19

APHIS Form 7001
(NOV 2010)

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OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS

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 West 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) Allie	Chi X	10wk	F	Brown			4/16/19	DA2PP 3wk, CIV 1yr, Bord 1yr (4/2/19), Fecal-coccidia
(2) Boots	Lab X	9wk	M	Blonde			4/16/19	DA2PP 3wk, Bord 1yr, Fecal-coccidia
(3) Spot	Lab X	9wk	M	Black/White			4/16/19	DA2PP 3wk, Bord 1yr, Fecal-coccidia
(4) Darth	Lab X	9wk	M	Black/White			4/16/19	DA2PP 3wk, Bord 1yr, Fecal-coccidia
(5) Roscoe	Lab X	11wk	M	Black/White			4/16/19	DA2PP 3wk, Bord 1yr (3/25/19), Fecal-coccidia
(6) Ruby	Lab X	11wk	F	Black/White			4/16/19	DA2PP 3wk, Bord 1yr (3/25/19), Fecal-coccidia

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

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ENDORSEMENT FOR INTERNATIONAL EXPORT (*IF NEEDED*)

PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN
Lauren M. Cline, DVM
2445 Ebenezer Rd.
Rock Hill, SC 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

DATE
4/16/19

APHIS Form 7001
(NOV 2010)

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OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS
1

4. PAGE
1

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)
Project Safe Pet
1379 Morgans Bend
Rock Hill, SC 29732
973-534-7726

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

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		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
					Vaccination Date	Product	Date	Product Type and/or Results
(1) 19-069-Y Tipton	Pitbull Mix	8mo	F	Black	02/14/2019	Zoetis	04/18/19	Bord IN 1Y, DA2PP 1Y
(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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☒ 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
Scarlett Springate, DVM
2445 Ebenezer Rd.
Rock Hill, SC 29732
803-366-1950

LICENSE NUMBER AND STATE
SC 3491

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

NATIONAL ACCREDITATION NUMBER
076141

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
Scarlett Springate

DATE
04/18/19

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance