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 5/13/19

CONSIGNOR Sierra's Haven CONSIGNEE St. Huberts AWC

ADDRESS 80 Easter Dr. Portsmouth OH. 45662 ADDRESS 575 Woodland Ave. Madison NJ 07940

SPECIES	BREED	SEX	AGE	COLOR & MARKINGS		RABIES VAC DATE	RABIES TAG NO.
K-9	Coonhound	F	4m	Black/Tan	Charisma	5/6/19	339306
K-9	Boxer Retriever	F	3m	Brown/Black	Madge	5/9/19	339307
K-9	Boxer Retriever	F	3m	Brown/White	Matilda	5/9/19	339308

OTHER VACCINATIONS

_____, Date _____

_____, Date _____ UTD

_____, 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 State Veterinarian • 100 Fair Oaks Lane, Suite 252, Frankfort, KY 40601
Phone (502) 564-3956 • Fax (502) 564-7852

SA- 253055

KY. ORIGIN:	Consignor (Last Name)	(First Name)	Animal Consigned To:	Consignee (Last Name)	(First Name)
Paris			St Hubert's		

Ky. Origin Address:	City	State	ZIP	Destination Address:	City	State	ZIP
1 Legion Dr	Paris	KY	40361	575 Woodland Ave	Madison	NJ	07940
County	**Area Code / Telephone**		**Premises ID**	**County**	**Area Code / Telephone**		**Premises ID**
Bourbon	859 987 9980			Morris	973 216 1600		
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 Rehoming

Transported by: ☐ Car ☐ Air ☐ Rail ☑ Truck Number of animals on this CVI 4 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
Basil	Mixed	3.5Y	M	Red	05-13-19	7 CRTHS	DP2PP 4-26 Bord 4-20 MWT 5-5(-)
Miss Markless	Mixed	1Y	F	Tricked	05-13-19	7CRTHS	DP2PP 4-29 Bord 4-29 MWT 5-5(-)
Addie	Mixed	1-2Y	F	White	05-13-19	7CRTHS	DP2PP 4-12 Bord 4-12 MWT 4-19(-)
Izzy	Mixed	2.5Y	F	Tan	05-13-19	7CRTHS	DP2PP 5-2 Bord 5-2 MWT 5-13(-)

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 (except where noted). 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. No warranty is made or implied.

Date 05-13-19 Signature Zachary H Logan DVM Name Printed Zachary H Logan DVM Accreditation Number 0015 75

Clinic Name Logan Veterinary Services Inc Address 153 Bypass Rd

City, State, ZIP Paris KY 40361 AC/Phone 859 987 9977 County Bourbon

KYSV-74 Rev 8/12 Distribution: *White* – KDA Office of State Veterinarian *Canary* – Owner *Pink* – State of Destination *Goldenrod* – Issuing Veterinarian

SMALL ANIMAL CERTIFICATE OF VETERINARY INSPECTION

KENTUCKY DEPARTMENT OF AGRICULTURE

Office of the State Veterinarian

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

SA- 316158

Kentucky Consignor				Animal Consigned To:			
Franklin Co. Humane Society				St. Hubert's Animal Welfare Center			
Ky. Origin Address:	City	State	ZIP	Destination Address:	City	State	ZIP
1041 Kentucky Ave	Frankfort	KY	40601	575 Woodland Rd.	Madison	NJ	07940
Telephone	Email			Telephone	Email		
502-875-7297	kerrylowery.fchs@gmail.com			973-377-2295			
Owner Address (if different):	City	State	ZIP	Consignee Address (if different):	City	State	ZIP

Species: ☑ Canine ☐ Feline ☐ Avian ☐ Other _____

Reason for movement: ☐ Traveling w/Owner ☐ Exhibition ☐ Sale ☑ Other Rescue

Transported by: ☑ Car ☐ Air ☐ Rail ☐ Truck Number of animals on this CVI 3 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
Ginger	Anatolian Shep X	1Y	FS	Tan/blk	5/6/2019	Killed	DAPP-4/28/19 5/12/19 Bordatella - 4/28/19
Jax C	Cattle Dog	4M	MN	Blue Merle	4/22/19	Killed	DAPP-4/29/19 5/4/19 Bordatella - 4/20/19
Liam Brophy	Hound	10M	MN	Black/blk	5/6/2019	Killed	DAPP-4/30/19 5/14/19 Bordatella-4/30/19

I certify, as an accredited veterinarian, that the above described animals have been inspected by me on this date and that they are not showing signs of infection, and/or communicable disease (unless permitted by OSV). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements.

Date 5/13/19 Veterinarian's Signature ✓ Printed Name Kimberly Smith Accreditation Number 018019

Clinic Name Franklin Co. Humane Society Address 1041 Kentucky Avenue

City, State, ZIP Frankfort, KY 40601 Phone 502-875-7297 Email kerrylowery.fchs@gmail.com

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

Louisiana Department of Agriculture and Forestry
Animal Health and Food Safety
5825 Florida Blvd, Suite 4000
Baton Rouge, LA 70806
(225) 925-3980

LOUISIANA CERTIFICATE OF VETERINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM
OFFICIAL USE ONLY: The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.

Certificate Number 72-2525-null

ENTRY PERMIT #:

INSPECTION DATE: 05/18/2019	SHIPMENT DATE:	○ Large Animal ◉ Small Animal

CONSIGNOR - Contact Person at Origin	CONSIGNEE - Contact Person at Destination	CARRIER (Transporter)
First Name: Jena / Last Name: Troxler / AND/OR	First Name: Laura / Last Name: Chavarria / AND/OR	Business Name: Wings Of Rescue
Business Name: St. Charles Parish Animal Shelter	Business Name: St. Hubert'S Animal Welfare Center	Physical Address: 600 University Street, Suite 1000
Physical Address of Animals: 921 Rue La Cannes Drive	Physical Address of Animals: 575 Woodland Avenue	City: Seattle / State: WA / Zip Code: 98101 / Phone Number:
City: Luling / State: LA / Zip Code: 70070 / County: St. Charles	City: Madison / State: NJ / Zip Code: 07940 / County:	Transport Method: Air / Purpose of Movement: Pet
Phone Number: (985) 783-5010 / Location ID#:	Phone Number: (973) 377-7094 / Location ID#:	☒ Interstate ☐ Intrastate
Consignor's Address (if different):	Consignee's Address (if different): ☐ Print Reconsigned	

Weather Acclimation Statement

SPECIES	# OF ANIMALS	DESCRIPTION / BREED / MICROCHIP	AGE		SEX	RABIES VACC DATE	RABIES BOOSTER DUE	RABIES TAG NUMBER	RABIES SERIAL NUMBER	OTHER TESTS, VACCINATIONS/TREATMENT. PLEASE LIST DATE & PRODUCT USED	
Canine	1	BLACK/CHOW/982126055013561	2	Y	M	4/2/2019	4/2/2020	010105	338947	HEARTWORM TREATED WITH DIROBAN (4/2/19, 4/4/19). PARVO, LEPTO, DISTEMPER, HEPATITIS, BORDETELLA (4/3/19MERIAL)	
Canine	1	TAN/BLACK/GERMAN SHEPHERD/982126055120158	1	Y	M	4/25/2019	4/25/2020	010125	338947	PARVO, LEPTO, DISTEMPER, HEPATITIS, BORDETELLA (4/15/19 MERIAL) HEARTWORM TREATED WITH DIROBAN (4/30/19, 5/1/19)	
Canine	1	WHITE/TAN/BLACK/BEAGLE/982126055014040	5	Y	F	4/16/2019	4/16/2020	010126	338947	PARVO, LEPTO, DISTEMPER, HEPATITIS, BORDETELLA (4/23/19 MERIAL)	
Canine	1	WHITE/BLACK/DALMATION/BASSET HOUND/982126055014385 Buckie	5	Y	M	4/2/2019	4/2/2020	010104	338947	PARVO, LEPTO, DISTEMPER, HEPATITIS, BORDETELLA (4/15/19 MERIAL) HEARTWORM TREATED WITH DIROBAN (4/2/19, 4/4/19)	
Canine	1	BLACK/WHTIE/CHOW/HUSKY/982000363478425	6	Y	F	5/13/2019	5/13/2020	010157	338947	PARVO, LEPTO, DISTEMPER, HEPATITIS, BORDETELLA (3/7/19 MERIAL)	
Canine	1	TAN/WHITE/CHIHUAHUA/982126055728277	6	Y	M	5/8/2019	5/8/2020	010151	338947	PARVO, LEPTO, DISTEMPER, HEPATITIS, BORDETELLA (5/6/19 MERIAL) HEARTWORM TREATED WITH DIROBAN (5/8/19, 5/9/19)	
Canine	1	TAN/GREY/CHIHUAHUA/982126053232736	1	Y	F	5/3/2019	5/3/2020	010132	338947	PARVO, LEPTO, DISTEMPER, HEPATITIS, BORDETELLA (5/13/19 MERIAL)	
Canine	1	BLACK/TAN/TERRIER/982000364919669	9	Y	F	5/3/2019	5/3/2020	010135	338947	PARVO, LEPTO, DISTEMPER, HEPATITIS, BORDETELLA (5/15/19 MERIAL)	
Canine	1	WHITE/MALTESE/982126055330075	4	Y	F	5/3/2019	5/3/2020	010136	338947	PARVO, LEPTO, DISTEMPER, HEPATITIS, BORDETELLA (5/15/19 MERIAL)	
Canine	1	BLACK/LABRADOR/982126055727946	5	M	M	5/13/2019	5/13/2020	010150	338947	PARVO, LEPTO, DISTEMPER, HEPATITIS, BORDETELLA (5/7/19 MERIAL)	
Canine	1	BLACK/LABRADOR/982126055727781	5	M	F	5/13/2019	5/13/2020	010146	338947	PARVO, LEPTO, DISTEMPER, HEPATITIS, BORDETELLA (5/7/19 MERIAL)	
Canine	1	BLACK/WHITE/LABRADOR/985112001307567	5	Y	F	5/15/2019	5/15/2020	010158	338947	PARVO, LEPTO, DISTEMPER, HEPATITIS, BORDETELLA (5/4/19 MERIAL)	

Certificate Sig[illegible] by: Jena Troxler Date 05/17/2019 **Certific[illegible] is only valid for 30 days from inspection.**

Mississippi Board of Animal Health
PO Box 3889
Jackson, MS 39207
Phone: 601-359-1170
Fax: 601-359-1177
http://www.mbah.state.ms.us/regulations/index.html

CERTIFICATE OF VETERINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM

CERTIFICATE NUMBER: 19-MS-14676817

INSPECTION DATE	ISSUE DATE	ENTRY PERMIT NUMBER	BRAND INSPECTION NUMBER & ISSUE DATE
2019-05-13	2019-05-14		

Name: Raquel | **DOB:** 2019-04-23 | **Color:** Red sable | **Gender:** Female | **Breed:** Hound mix | **Head Count:** 1

Official ID Types: | **IDs:**

Remarks: [Weight: 5]

Name: Noah | **Age:** 1.5 years | **Color:** Tan/Grey | **Gender:** Female | **Breed:** Yorkie/Dachshund mix | **Head Count:** 1

Official ID Types: | **IDs:**

Remarks: [Weight: 22]

Vaccinations

Name	Type	Manufacturer	Lot Number	Lot Expiration	Administered	Expiration	Remarks
Rabies	MLV/Killed	Merial	12649		2019-05-13	2020-05-13	Tag # 4024

Name: Blackberry | **DOB:** 2019-03-12 | **Color:** Black | **Gender:** Female | **Breed:** Lab mix | **Head Count:** 1

Official ID Types: | **IDs:**

Remarks: [Weight: 10]

Name: Bow Peep | **DOB:** 2019-03-05 | **Color:** Black | **Gender:** Female | **Breed:** Chihuahua mix | **Head Count:** 1

Official ID Types: | **IDs:**

Remarks: [Weight: 8]

Name: Meaux | **DOB:** 2019-02-26 | **Color:** Brown/White | **Gender:** Female | **Breed:** Hound mix | **Head Count:** 1

Official ID Types: | **IDs:**

Remarks: [Weight: 15]

Name: Matthias | **DOB:** 2019-02-26 | **Color:** Tan | **Gender:** Male | **Breed:** Lab mix | **Head Count:** 1

Official ID Types: | **IDs:**

Remarks: [Weight: 20]

Mississippi Board of Animal Health
PO Box 3889
Jackson, MS 39207
Phone: 601-359-1170
Fax: 601-359-1177
http://www.mbah.state.ms.us/regulations/index.html

CERTIFICATE OF VETERINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM 7001

CERTIFICATE NUMBER: 19-MS-14676817

INSPECTION DATE	ISSUE DATE	ENTRY PERMIT NUMBER	BRAND INSPECTION NUMBER & ISSUE DATE
2019-05-13	2019-05-14		

Name: Kisses | DOB: 2019-03-12 | Color: Black | Gender: Female | Breed: Yorkie mix | Head Count: 1

Official ID Types: | IDs:

Remarks: [Weight: 5]

OWNER / AGENT STATEMENT
The animals in this shipment are those certified to and listed on this certificate.
Signature **Date**

OFFICIAL USE ONLY
The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.

VETERINARIAN'S SIGNATURE:
This is a legally binding equivalent of a handwritten signature.

Carrie Nunnery
2019-05-14 16:58:28 -05:00

VETERINARIAN CERTIFICATION - I certify, as an accredited Veterinarian, that the above animals have been inspected by me and that they are not showing signs of infectious, contagious, and/or communicable disease, (except where noted). The vaccinations and results of tests are 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. No further warranty is made or implied.

Carrie Nunnery
1008 Johnston Chapel Road
Summit, MS 39666
Phone: 601-276-2489

License Number and State: 1797 - MS
National Accreditation Number: 020287

Louisiana Department of Agriculture and Forestry
Animal Health and Food Safety
5825 Florida Blvd, Suite 4000
Baton Rouge, LA 70806
(225) 925-3980

LOUISIANA CERTIFICATE OF VETERINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM
OFFICIAL USE ONLY: The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.

Certificate Number
72-3013-1558131286

ENTRY PERMIT #:

INSPECTION DATE: 05/17/2019

SHIPMENT DATE: 05/18/2019

○ Large Animal ◉ Small Animal

CONSIGNOR - Contact Person at Origin

First Name: | Last Name: | AND/OR

Business Name: Jefferson Parish Animal Shelter
Physical Address of Animals: 1 Humane Way
City: Jefferson | State: LA | Zip Code: 70123 | County: Jefferson
Phone Number: (504) 736-6111 | Location ID#:
Consignor's Address (if different):

CONSIGNEE - Contact Person at Destination

First Name: | Last Name: | AND/OR

Business Name: St. Hubert'S
Physical Address of Animals: 575 Woodland Rd
City: Madison | State: NJ | Zip Code: 07940 | County: Madison
Phone Number: (973) 377-2295 | Location ID#:
Consignee's Address (if different): ☐ Print Reconsigned

CARRIER (Transporter)

Business Name: Wings Of Rescue
Physical Address: 7900 Balboa Rd
City: Van Nuys | State: CA | Zip Code: 91406 | Phone Number: (310) 896-8343
Transport Method: Truck | Purpose of Movement: Pet
☒ Interstate ☐ Intrastate

Weather Acclimation Statement:

SPECIES	# OF ANIMALS	DESCRIPTION / BREED / MICROCHIP	AGE		SEX	RABIES VACC DATE	RABIES BOOSTER DUE	RABIES TAG NUMBER	RABIES SERIAL NUMBER	OTHER TESTS, VACCINATIONS/TREATMENT, PLEASE LIST DATE & PRODUCT USED	
Canine	1	DOG, CHIHUAHUA, 982126054752895	6	M	M	5/7/2019	5/7/2020	110030	282271	4/30/19 1-DAPPVL2, INTRA-TRAC 3,	
Canine	1	SPARKY, CHIHUAHUA, 982000410883460	4	Y	M	5/13/2019	5/13/2020	110032	282271	5/8/19 1-DAPPVL2, INTRA-TRAC 3	
Canine	1	NICO, CHIHUAHUA, 982126053201674	2	Y	F	11/1/2018	11/1/2019	110033	270747	10/24/19 1-DAPPV, INTRA-TRAC 3	
Canine	1	MILO, RAT TERRIER, 982126054753063	3	Y	M	5/1/2019	5/10/2020	133920	282271	05/24/19 1-DAPPVL4, INTRA-TRAC 3	
Canine	1	JUNIOR, RAT TERRIER, 982126054762939	2	Y	M	4/29/2019	4/29/2020	110031	282271	4/26/19 DAPPVL2, INTRA-TRAC 3	
Canine	1	CHEYENNE, MIN PIN MIX, 982000364060889	7	M	F	5/16/2019	5/16/2020	110034	282271	4/11/19 DAPPVL2, INTRA-TRAC 3	
Canine	1	REPTAR, LAB MIX, 982126054753445	2	Y	M	5/14/2019	5/14/2020	133921	282271	5/31/19 -DAPPVL4, INTRA-TRAC 3,	
TOTAL	7										

OWNER/AGENT STATEMENT
"The animals in this shipment are those certified to and listed on this certificate."

DATE

SIGNATURE

VETERINARY CERTIFICATION - I certify, as an accredited veterinarian that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are 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. No further warranty is made or implied.

Date 05/17/2019 | Printed Name Genevieve Wisdom | Phone (504) 736-6111 | Email gwisdom@jeffparish.net
Address 1 Humane Way | City Jefferson | State LA | Zip 70123
USDA Accreditation # 04380 1 | State of License LA | License # 00030 1 3

Signature **GENEVIEVE WISDOM**
Digitally signed by GENEVIEVE WISDOM
Date: 2019.05.17 17:15:02 -05'00'

CERTIFICATE AND CERTIFICATE # OFFICIAL AFTER DIGITALLY SIGNED

Version 3.2

Certificate Signed by: Genevieve Wisdom Date 05/17/2019 **Certificate is only valid for 30 days from inspection.**

LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY
MIKE STRAIN DVM, COMMISSIONER
Animal Health & Food Safety, 5825 Florida Blvd., Suite 4000, Baton Rouge, LA 70806 (225) 925-3980, FAX (225) 237-5555

CERTIFICATE OF VETERINARY INSPECTION FOR SMALL ANIMALS

SA

☐ Interstate Shipment ☐ Exhibition ☐ Sales Date 5/16/19

Owner: St. Bernard Parish Animal Services
Address: 5455E. Judge Perez Dr. Violet LA 70092

Consignee: St. Hubert Animal Welfare Center
Destination: 515 Woodland Ave, Madison, N.J. 07940

DESCRIPTION OF ANIMALS

SPECIES	BREED	SEX	AGE	COLOR OR MARKINGS	TAG NO.
K9	Dachshund/ Chihuahua	F	2yr	gray/white —	Candy A4164920
K9	Rat Terrier	M	3yrs	White/BLK —	Brees A4164949

Is the area from which the shipment originated under quarantine for Rabies? ☐ Yes ☑ No

To the best of your knowledge has the animal(s) been exposed to Rabies? ☐ Yes ☑ No

IMMUNIZATION DATA

Rabies Vaccination ☐ Attenuated Live Virus ☑ Tissue Vaccine

Date of Rabies Vaccination

Tag No.

Distemper Immunization ☐ Active Date: ☑ Passive

Hepatitis Immunization ☐ Active Date: ☑ Passive

Louisiana Department of Agriculture and Forestry
Animal Health and Food Safety
5825 Florida Blvd, Suite 4000
Baton Rouge, LA 70806
(225) 925-3980

LOUISIANA CERTIFICATE OF VETERINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM
OFFICIAL USE ONLY: The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.

Certificate Number
72-3555-1558126608

ENTRY PERMIT #:

INSPECTION DATE: 05/17/2019	**SHIPMENT DATE:** 05/18/2019	○ Large Animal ◉ Small Animal
CONSIGNOR - Contact Person at Origin	**CONSIGNEE - Contact Person at Destination**	**CARRIER (Transporter)**
First Name:	First Name:	Business Name: Wings Of Rescue
Last Name:	Last Name:	Physical Address:
AND/OR	AND/OR	City: State: CA Zip Code: Phone Number:
Business Name: Acadiana Animal Aid	Business Name: St Huberts	Transport Method: Air
Physical Address of Animals: 142 Le Medicin Road	Physical Address of Animals: 575 Woodland Road	Purpose of Movement: Other (Specify) Adoption
City: Carencro State: LA Zip Code: 70520 County: Lafayette	City: Madison State: NJ Zip Code: 07940 County:	☒ Interstate ☐ Intrastate
Phone Number: (337) 896-1553 Location ID#:	Phone Number: (973) 377-2295 Location ID#:	
Consignor's Address (if different):	Consignee's Address (if different): ☐ Print Reconsigned	

Weather Acclimation Statement:

	SPECIES	# OF ANIMALS	DESCRIPTION / BREED / MICROCHIP	AGE	SEX	RABIES VACC DATE	RABIES BOOSTER DUE	RABIES TAG NUMBER	RABIES SERIAL NUMBER	OTHER TESTS, VACCINATIONS/TREATMENT. PLEASE LIST DATE & PRODUCT USED
✓	Canine	1	BOUDREAUX / LAB X / BLACK	4 M	M	4/8/2019	4/8/2020	1570	UNKNOWN	NOBIVAC DAPP 3/19/19, 4/2/19, 4/20/19, 5/14/19 / BORDETELLA 3/19/19
	TOTAL	1								

OWNER/AGENT STATEMENT
"The animals in this shipment are those certified to and listed on this certificate."

DATE

SIGNATURE

VETERINARY CERTIFICATION - I certify, as an accredited veterinarian that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are 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. No further warranty is made or implied.

Date 05/17/2019 | Printed Name Katie Voitier Crabbe | Phone (337) 896-1553 | Email dvm@acadianaanimalaid.org

Address 142 Le Medicin Road | City Carencro | State LA | Zip 70520

USDA Accreditation # 0 8 7 0 5 0 | State of License LA | License # 0 0 0 3 5 5 5

Signature **KATIE VOITIER CRABBE** Digitally signed by KATIE VOITIER CRABBE Date: 2019.05.17 15:56:59 -05'00'

CERTIFICATE AND CERTIFICATE # OFFICIAL AFTER DIGITALLY SIGNED

Version 3.2

Certificate Signed by: Katie Voitier Crabbe Date 05/17/2019 **Certificate is only valid for 30 days from inspection.**