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**
FIVE

**4. PAGE**
1 of 1

**5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)**
MARTA DELGADO
PO BOX 141507
ARECIBO PUERTO RICO 00614 787-617-1550

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 732-542-0040

3600318

**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) PARKER | LABRADOR MIX | | M | BLACK | 1/16/20 | TOO YOUNG FOR | 12/13/19 | DHLPP + 4L (1-5) |
| (2) POLO | LABRADOR MIX | | M | BLK/BRN | | RABIES | 1/1/20 | DHLPP + 4L (1-5) |
| (3) PEPE | LABRADOR MIX | | M | BLACK | 1/15/20 | BORDETELLA | 1/15/20 | DHLPP + 4L (1-5) |
| (4) PACO | LABRADOR MIX | | M | BLACK | | (1-5) | 1/16/20 | FECAL NEGATIVE (1-5) |
| (5) PABLO | LABRADOR MIX | | M | BROWN | | | | |
| (6) | | | | | | | | |

**9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)**
I HEREBY CERTIFY THAT THE ANIMALS IN THIS SHIPMENT ARE TO THE BEST OF MY KNOWLEDGE ACCLIMATED TO AIR TEMPERATURES OF 20-85°F

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. CARLOS G. DEL TORO
PO BOX 332
MANATI PUERTO RICO 00674
787-691-4033

**LICENSE NUMBER AND STATE**
248

Accredited ☑ Yes ☐ No
If yes, please complete below

**NATIONAL ACCREDITATION NUMBER**
036188

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**
1/16/2020

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. 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

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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**
FOUR

**4. PAGE**
1 of 1

**5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)**
MARTA DELGADO
PO BOX 141507
ARECIBO PUERTO RICO 00614 787-617-1550

**6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)**
MONMOUTH COUNTY SPCA
260 WALL ST
EATONTOWN NJ 07724 732-542-0040

3600306

3600306

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) PAULA | LABRADOR/MIX | 10W | F | BLACK |
| (2) PINTA | LABRADOR/MIX | 10W | F | BLK/WHT |
| (3) PATSY | LABRADOR/MIX | 10W | F | BLACK |
| (4) PENNY | LABRADOR/MIX | 10W | F | BRIND/BRI |
| (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 |
| 1-16-2020 | TOO YOUNG FOR RABI | 12-13-19 | DHLPP + 4L (1-4) |
| | (1-4) | 1-1-20 | DHLPP + 4L (1-4) |
| 1-15-2020 | BORDETELLA (1-4) | 1/15/20 | DHLPP + 4L (1-4) |
| | | 1-16-20 | FECAL NEGATIVE (1-4) |
| | | | |
| | | | |

**9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS *(WHEN REQUIRED)***
I HEREBY CERTIFY THAT THE ANIMALS IN THIS SHIPMENT ARE TO THE BEST OF MY KNOWLEDGE ACCLIMATED TO AIR TEMPERATURES OF 20-85°F

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. CARLOS G. DEL TORO
PO BOX 332
MANATI PUERTO RICO 00674
787-691-4033

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

**LICENSE NUMBER AND STATE**
248 PUERTO RICO

Accredited ☑ Yes ☐ No
If yes, please complete below

**NATIONAL ACCREDITATION NUMBER**
036188

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

**DATE**

**SIGNATURE OF ISSUING VETERINARIAN**
Dr. Carlos G. del Toro

**DATE**
1/16/2020

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

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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 of 1

**5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)**
The Sato Project
Christina Beckles
2002 Calle Cacique
San Juan, PR 00911
(646)-320-3940

**6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)**
St. Hubert's Animal Welfare Center
PO Box 159
Madison, NJ 07940
575 Woodland Ave
(973)-377-2296

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) | Pusho | Australian Shep. Mix | 2yr | S/F | cream/white | 14 jan 2020 | Nob# 366859 | 16 jan 20 | Snap 4DX-neg for all; 30 DIC 19 DHLPP |
| (2) | Lolita | Hound Mix | 1yr | F | brindle | 14 jan 2020 | Nob# 366859 | 16 jan 20 | Snap 4DX-Ehrlichia⊕; 30 DIC 19 DHLPP |
| (3) | Blanca | Hound Mix | 4mo | F | white/red | 14 jan 2020 | Nob# 366859 | 30 DIC 19 | DHLPP |
| (4) | Sola | Collie Mix | 2yr | S/F | brown | 14 jan 2020 | Nob# 366859 | 16 jan 20 | Snap 4DX-Ehrlichia⊕; 30 DIC 19 DHLPP |
| (5) | Negri | Hound Mix | 3mo | F | black/white | 14 jan 2020 | Nob# 366859 | 30 DIC 19 | DHLPP |
| (6) | Juancho | Hound Mix | 4mo | M | dark brown | 14 jan 2020 | Nob# 366859 | 30 DIC 19 | DHLPP |

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

THIS PATIENT LISTED APPEARS TO BE HEALTHY UPON PHYSICAL EXAM AND FREE OF PARASITES.

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**
CLÍNICA VETERINARIA MI MASCOTA
A-2 CALLE JESÚS T. PIÑEIRO
LAS PIEDRAS, PR. 00771
(787)912-7000 / (787)464-9247
ISSUING VETERINARIAN: DRA. AGNIELIS FELICIANO ADRIÁN

**LICENSE NUMBER AND STATE**
LIC.540, PR

Accredited ☑ Yes ☐ No
If yes, please complete below

**NATIONAL ACCREDITATION NUMBER**
044121

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**
16 enero 2020

$2.00 #3593897 $2.00
3593897

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 of 1

**5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)**
The Sato Project
Christina Beckles
2002 Calle Cacique
San Juan, PR 00911
(646)-320-3940

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

**6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)**
St. Hubert's Animal Welfare Center
PO Box 159
Madison, NJ 07940
575 Woodland Ave
(973)-377-2296

**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) | Brownie | Beagle Mix | 2yr | C/M | brown | 14 jan 2020 | Nob # 366859 | 16 jan 20 | Snap 4Dx - neg. for all; 30 DIC 19 DHLPP |
| (2) | Franky | Sharpei Mix | 10 mo | S/F | brown | 14 jan 2020 | Nob # 366859 | 16 jan 20 | Snap 4Dx - neg for all; 30 DIC 19 DHLPP |
| (3) | Mr. Bi | Hound Mix | 6mo | C/M | brown/black mix | 14 jan 2020 | Nob # 366859 | 16 jan 20 | Snap 4Dx - neg for all; 30 DIC 19 DHLPP |
| (4) | No. 10 | Hound Mix | 1yr | M | brown | 14 jan 2020 | Nob # 366859 | 16 jan 20 | Snap 4Dx - neg for all; 30 DIC 19 DHLPP |
| (5) | No. 9 | Hound Mix | 1yr | M | Cream | 14 jan 2020 | Nob # 366859 | 16 jan 20 | Snap 4Dx - neg for all; 30 DIC 19 DHLPP |
| (6) | No. 11 | Hound Mix | 4mo | M | Cream | 14 jan 2020 | Nob # 366859 | 30 DIC 19 | DHLPP |

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

THIS PATIENT LISTED APPEARS TO BE HEALTHY UPON PHYSICAL EXAM AND FREE OF PARASITES.

**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**

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

**NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN**

CLÍNICA VETERINARIA MI MASCOTA
A-2 CALLE JESÚS T. PIÑEIRO
LAS PIEDRAS, PR. 00771
(787)912-7000 / (787)464-9247
ISSUING VETERINARIAN: DRA. AGNIELIS FELICIANO ADRIÁN

**LICENSE NUMBER AND STATE**
LIC.540, PR

Accredited ☑ Yes ☐ No
If yes, please complete below

**NATIONAL ACCREDITATION NUMBER**
044121

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

**SIGNATURE OF ISSUING VETERINARIAN**


#3593896

**DATE**
16 enero 2020

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**
6

**4. PAGE**
1 of 1

**5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)**
The Sato Project
Christina Beckles
2002 Calle Caeique
San Juan, PR 00911
(646)-320-3940

**6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)**
St. Hubert's Animal Welfare Center
PO BOX 159
575 Woodland Ave
Madison, NJ 07940
(973)-377-2296

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) | No. 3 | Hound Mix | 3yr | S/F | white/cream |
| (2) | No. 1 | Hound Mix | 2.5yr | S/F | white/yellow spots |
| (3) | No. 17 | Hound Mix | 1yr | F | white/black spots |
| (4) | No. 13 | Hound Mix | 1yr | F | white/red |
| (5) | No. 15 | Hound Mix | 1yr | C/M | white/red |
| (6) | No. 18 | Labrador Mix | 6yr | F | black |

**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) | 14 jan 2020 | Nob # 366859 | 16 jan 20 | Snap 4DX - neg for all; 30 DIC 19 DHLPP |
| (2) | 14 jan 2020 | Nob # 366859 | 16 jan 20 | Snap 4DX - Anaplasma⊕; 30 DIC 19 DHLPP |
| (3) | 14 jan 2020 | Nob # 366859 | 16 jan 20 | Snap 4DX - Ehrlichia⊕, Anaplasma⊕; 30 DIC 19 DHLPP |
| (4) | 14 jan 2020 | Nob # 366859 | 16 jan 20 | Snap 4DX - neg for all; 30 DIC 19 DHLPP |
| (5) | 14 jan 2020 | Nob # 366859 | 16 jan 20 | Snap 4DX - Ehrlichia⊕; 30 DIC 19 DHLPP |
| (6) | 14 jan 2020 | Nob # 366859 | 16 jan 20 | Snap 4DX - neg for all; 30 DIC 19 DHLPP |

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

THIS PATIENT LISTED APPEARS TO BE HEALTHY UPON PHYSICAL EXAM AND FREE OF PARASITES.

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**

CLÍNICA VETERINARIA MI MASCOTA
A-2 CALLE JESÚS T. PIÑEIRO
LAS PIEDRAS, PR. 00771
(787)912-7000 / (787)464-9247
ISSUING VETERINARIAN: DRA. AGNIELIS FELICIANO ADRIÁN

**LICENSE NUMBER AND STATE**
LIC.540, PR

Accredited ☑ Yes ☐ No
If yes, please complete below

**NATIONAL ACCREDITATION NUMBER**
044121

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**


#3593888

**DATE**
16 enero 2020

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

**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)**
[X] Dog [ ] Cat [ ] Other_____
[ ] Nonhuman Primate [ ] Ferret [ ] Rodent

**2. CERTIFICATE NUMBER - OFFICIAL USE ONLY**

**3. TOTAL NUMBER OF ANIMALS**
4

**4. PAGE**

**5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)**
WE LOVE SATOS
1440 ALOA BUENA VISTA
PONCE PR 00716
787-432-2664

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

**6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)**
ST. HUBERT'S ANIMAL WELFARE CENTER
PO BOX 159
5756 WOODLAND AVENUE
MADISON NJ 07940
973-377-2296

**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) NEGRI # 1854 | LABRADOR MIX | 2YRS | F | BLACK |
| (2) HAPPY # 1337 | CORGI MIX | 7YRS | M | WHITE/TAN |
| (3) GABY NUTELLA # 1628 | LABRADOR MIX | 10M | F | BROWN |
| (4) GOLDIE # 5002 | LABRADOR MIX | 1YR | F | YELLOW |
| (5) | | | | |
| (6) | | | | |

**8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY**

| RABIES VACCINATION [X] 1 YEAR [ ] 2 YEARS [X] 3 YEARS | | OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS | |
|---|---|---|---|
| Vaccination Date | Product | Date | Product Type and/or Results |
| 11/08/2019 | RAB SN D054765A EXP. 3/11/21 | 11/08/2019 | DHLPP + BORDETELLA |
| 08/09/2019 | IMR SN 12643 EXP. 2/15/2020 | 08/09/2019 | DHLPP + BORDETELLA |
| 10/2/2019 | NOB SN 338150B EXP. 08/18/2020 | 10/2/2019 | DHLPP + BORDETELLA |
| 12/28/2019 | ELA SN D020246A EXP. 1/21/2021 | 12/28/2019 | DHLPP + BORDETELLA |
| | | | |
| | | | |

**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.

[X] 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.

[X] 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 ISSUI**
JUAN C. ALVAREZ BENITEZ, DVM
HOSPITAL VETERINARIO DEL SUR
1254 AVE. MUÑOZ RIVERA
PONCE, P.R. 00717-0642
TEL. ( 787) 840-0550 SELLO 3607925


**LICENSE NUMBER AND STATE**
163 / PUERTO RICO

**Accredited** [X] **Yes** [ ] **No**
**If yes, please complete below**
**NATIONAL ACCREDITATION NUMBER**
058146

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**
1/17/2020

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**

FIVE

**4. PAGE**

1 of 1

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

WE LOVE SATOS
URBANIZACION STAR LIGHT
CALLE NOVAS 3013
PONCE PUERTO RICO 00717
787-[illegible]

USDA Licensee/Registration Number (if applicable)

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

ST. HUBERT'S ANIMAL WELFARE CENTER
PO BOX 159
575 WOODLAND AVENUE
MADISON, NJ 07940
973-377-2296

**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) CANDY | CANINE-MIXED | 1 YEARS | N-FEMALE | CREAM |
| (2) ANGELO | CANINE-MIXED | 2 YEARS | N-MALE | YELLOW |
| (3) MOSCU | CANINE-MIXED | 1,10 YEARS | N-MALE | BROWN |
| (4) RIO | CANINE-MIXED | 1,10 YEARS | N-MALE | BROWN |
| (5) SARAH | CANINE- LABRADOR MIXED | 3 YEARS | N-FEMALE | BROWN |
| (6) | | | | |

**8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY**

PABIES VACCINATION
☑ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS

| Vaccination Date | Product | Date | Product Type and/or Results |
|---|---|---|---|
| 11/02/2019 | DEFENSOR ZOETIS / SERIAL 35468613 EXP 11/1[illegible]2020 | 01/13/2020 | FECAL NEGATIVE/PYRANTEL/4DX NEGATIVE |
| 01/14/2020 | MERK NOBIVAC/ SERIAL 366859 EXP 1/26/2021 | 01/14/2020 | FECAL NEGATIVE/PYRANTEL/HW NEGATIVE/ EE POSITIVE/BORDETELLA/DHLPP |
| 01/13/2020 | MERK NOBIVAC/ SERIAL 366859 EXP 1/26/2021 | 01/13/2020 | FECAL NEGATIVE/PYRANTEL/4DX NEGATIVE/BORDETELLA/DHLPP |
| 01/13/2020 | MERK NOBIVAC/ SERIAL 366859 EXP 1/26/2021 | 01/13/2020 | FECAL NEGATIVE/PYRANTEL/4DX NEGATIVE/BORDETELLA/OTIC TREATMENT/DHLPP |
| 01/14/2020 | MERK NOBIVAC/ SERIAL 366859 EXP 1/26/2021 | 01/14/2020 | FECAL NEGATIVE/PYRANEL/4DX NEGATIVE/BORDETELLA/DHLPP |
| | | | |

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

THE ANIMALS IN THIS SHIPMENT APPEARS HEALTHY FOR TRANSPORT BUT NEEDS TO BE MAINTAINED AT A TEMPERATURE WITHIN THE ANIMAL THERMONEUTRAL ZONE. THIS STATEMENT APPLIES TO ALL TRANSPORTATION PHASES. THE CARGO TERMINAL, SURFACE TRANSPORTATION TO THE PLANE, THE TARMAC AND THE CARGO HOLD. I RECOMMEND THE AMBIENT TEMPERATURE OF THE ENVIROMENT BE NOT OUTSIDE THE LIMITS OF SPECIFICATIONS USDA REGULATION 9CFR3.18 THE TRANSPORTATION STANDARDS 9CFR3.19 SPECIFIES THAT THE AMBIENT TEMPERATURE IN AIRPORT ANIMAL HOLDING AREAS MUST NOT FALL BELOW 45F OR RISE ABOVE 85F.

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**

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

**DATE**

**NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN**

Dr. José I. Rivera Torres
Lic. Núm. 398
Calle Comercio 148 | Juana Díaz, PR 00795
Tel.: (787) 925.8800 | 903.9535

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

**LICENSE NUMBER AND STATE**

398PR

Accredited ☑ Yes ☐ No
If yes, please complete below

**NATIONAL ACCREDITATION NUMBER**

003328

**SIGNATURE OF ISSUING VETERINARIAN**

**DATE**

01/17/2020

$2.00 $2.00 3579501

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

ANIMAL HEALTH
REYNOLDSBURG, OHIO 43068

CANARY – TO STATE OFFICIAL AT DESTINATION
GOLDENROD – HOME OFFICE COPY

DATE 1/20/20

CONSIGNOR Sierra's Haven CONSIGNEE St. Huberts AWC

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

| SPECIES | BREED | SEX | AGE | COLOR & MARKINGS | | RABIES VAC DATE | RABIES TAG NO. |
|---|---|---|---|---|---|---|---|
| K-9 | Beagle Mix | M | 1y | Red/White | Bypass | 1-8-20 | 872305 |
| K-9 | Coonhound | M | 5m | Black/Tan | Judge | 12-15-19 | 872306 |
| K-9 | Husky Mix | M | 8.5m | Tan/White | Paul Fred | 1-17-20 | 872307 |

OTHER VACCINATIONS

_____, Date _____

UTD

_____, 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, Ohio 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 1-20-20

CONSIGNOR Sierra's Haven CONSIGNEE St. Huberts AWC

ADDRESS 80 Easter Drive Portsmouth OHIO 45662 ADDRESS 575 Woodland Ave. Madison, NJ 07940

| SPECIES | BREED | SEX | AGE | COLOR & MARKINGS | | RABIES VAC DATE | RABIES TAG NO. |
|---|---|---|---|---|---|---|---|
| K9 | Husky Lab | M | 3.5m | Grey/White | Schatzi | 1-17-20 | 872308 |
| K9 | Retriever Mix | F | 4m | Black | Shelby | 1-17-20 | 872309 |
| K9 | Toscatte | M | 3.5m | White/Brown | Dobey | 1-17-20 | 872310 |

OTHER VACCINATIONS

_____, Date _____

UTD

_____, 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, OHIO 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- 253075

| KY. ORIGIN: | Consignor (Last Name) | (First Name) | Animal Consigned To: | Consignee (Last Name) | (First Name) |
|---|---|---|---|---|---|
| | | | | | |

| Ky. Origin Address: | City | State | ZIP | Destination Address: | City | State | ZIP |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| County | Area Code / Telephone | Premises ID | County | Area Code / Telephone | Premises ID |
|---|---|---|---|---|---|
| | | | | | |

| 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 _____

Transported by: ☐ Car ☐ Air ☐ Rail ☑ Truck Number of animals on this CVI _____ Number of days this CVI is valid: _____ days

| Animal's Name/ID | Breed | Age | Sex | Color | Date of Rabies Vaccination | Type of Vaccine | Other Vaccinations |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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 _____ Signature _____ Name Printed _____ Accreditation Number _____

Clinic Name _____ Address _____

City, State, ZIP _____ AC/Phone _____ County _____

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

**3. TOTAL NUMBER OF ANIMALS**
FIVE

**4. PAGE**
1 of 1

**5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)**
MARTA DELGADO Marta Bonilla
PO BOX 141507
ARECIBO PUERTO RICO 00614 787-617-1550

**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 — 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) PARKER | LABRADOR MIX | | M | BLACK | 1/16/20 | TOO YOUNG FOR | 12/13/19 | DHLPP + 4L (1-5) |
| (2) POLO WH | LABRADOR MIX | | M | BLK/BRN | | RABIES | 1/1/20 | DHLPP + 4L (1-5) |
| (3) PEPE MH | LABRADOR MIX | | M | BLACK | 1/15/20 | BORDETELLA | 1/15/20 | DHLPP + 4L (1-5) |
| (4) PACO WH | LABRADOR MIX | | M | BLACK | | (1-5) | 1/16/20 | FECAL NEGATIVE (1-5) |
| (5) PABLO MH | LABRADOR MIX | | M | BROWN | | | | |
| (6) | | | | | | | | |

**9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)**
I HEREBY CERTIFY THAT THE ANIMALS IN THIS SHIPMENT ARE TO THE BEST OF MY KNOWLEDGE ACCLIMATED TO AIR TEMPERATURES OF 20-85°F

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**
DR. CARLOS G. DEL TORO
PO BOX 332
MANATI PUERTO RICO 00674
787-691-4033

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

**LICENSE NUMBER AND STATE**
248

Accredited ☑ Yes ☐ No
If yes, please complete below

**NATIONAL ACCREDITATION NUMBER**
036188

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

**DATE**

**SIGNATURE OF ISSUING VETERINARIAN**
Dr. Carlos G. del Toro

**DATE**
11/16/2020

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**
ONE

**4. PAGE**
1 of 1

**5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)**
MARTA DELGADO
PO BOX 141507
ARECIBO PUERTO RICO 00614 787-617-1550

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 732-542-0040

3600308

**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) | PEYITO | CHIHUAHUA/MIX | 10 W | M | BLK/TAN |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

**8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY** 3600308

| 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 |
| 1-16-2020 | TOO YOUNG FOR | 12-20-19 | DHLPP + 4L |
| | RABIES | 01-03-20 | DHLPP + 4L |
| 1-14-20 | BORDETELLA | 1-16-20 | FECAL NEGATIVE |
| | | | |
| | | | |
| | | | |

**9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)**
I HEREBY CERTIFY THAT THE ANIMAL IN THIS SHIPMENT IS TO THE BEST OF MY KNOWLEDGE ACCLIMATED TO AIR TEMPERATURES OF 20-85

**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. CARLOS G. DEL TORO
PO BOX 332
MANATI PUERTO RICO 00674
787-691-4033

**LICENSE NUMBER AND STATE**
248 PUERTO RICO

Accredited ☑ Yes ☐ No
If yes, please complete below

**NATIONAL ACCREDITATION NUMBER**
036188

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**
Dr. Carlos G. del Toro

**DATE**
1/16/2020

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**
TWO

**4. PAGE**
1 of 1

**5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)**
MARTA DELGADO
PO BOX 141507
ARECIBO PUERTO RICO 00614
787-617-1550

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
732-542-0040

3600350

**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) CANDY 2020-0053 | CHIHUAHUA/MIX | 18M | F | WHT/BEIGE |
| (2) | | | | |
| (3) DAISY 2020-0054 | CHIHUAHUA/MIX | 18M | F | WHT/BEIGE |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

**8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY** 3600350

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 |
|---|---|---|---|
| 1-13-2020 | NOBIVAC | 1-13-20 | DHLPP + 4L CANDY/DAISY |
| | 366859 | 1-21-20 | FECAL NEGATIVE CANDY/DAISY |
| | EXP 26 JAN 21 | 1-13-20 | BORDETELLA DAISY |
| | CANDY/DAISY | | |
| 1-13-2020 | BORDETELLA CANDY | | |
| 1-13-2020 | 4DX NEG CANDY/DAISY | | |

**9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)**
I HEREBY CERTIFY THAT THE ANIMALS IN THIS SHIPMENT ARE TO THE BEST OF MY KNOWLEDGE ACCLIMATED TO AIR TEMPERATURES OF 20-85°F.

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. CARLOS G. DEL TORO
PO BOX 332
MANATI PUERTO RICO 00674
787-691-4033

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

**LICENSE NUMBER AND STATE**
248 PUERTO RICO

Accredited ☑ Yes ☐ No
If yes, please complete below

**NATIONAL ACCREDITATION NUMBER**
036188

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

**DATE**

**SIGNATURE OF ISSUING VETERINARIAN**
Dr. Carlos G. del Toro

**DATE**
1-21-2020

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**
ONE

**4. PAGE**
1 of 1

**5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)**
MARTA DELGADO
PO BOX 141507
ARECIBO PUERTO RICO 00614 787-617-1550

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

**6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)**
MONMOUTH COUNTY SPCA
260 WALL ST
WEATONTOWN NJ 07724 732-542-0040

3600308

**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) | PEYITO | CHIHUAHUA/MIX | 10 W | M | BLK/TAN |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

**8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY** 3600308

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) | 1-16-2020 | TOO YOUNG FOR | 12-20-19 | DHLPP + 4L |
| (2) | | RABIES | 01-03-20 | DHLPP + 4L |
| (3) | 1-14-20 | BORDETELLA | 1-16-20 | FECAL NEGATIVE |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

**9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)**
I HEREBY CERTIFY THAT THE ANIMAL IN THIS SHIPMENT IS TO THE BEST OF MY KNOWLEDGE ACCLIMATED TO AIR TEMPERATURES OF 20-85

**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. CARLOS G. DEL TORO
PO BOX 332
MANATI PUERTO RICO 00674
787-691-4033

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

**LICENSE NUMBER AND STATE**
248 PUERTO RICO

Accredited ☑ Yes ☐ No
If yes, please complete below

**NATIONAL ACCREDITATION NUMBER**
036188

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

**DATE**

**SIGNATURE OF ISSUING VETERINARIAN**
C. G. del Toro

**DATE**
1/14/2020

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.

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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 - OFFICIAL USE ONLY**

**3. TOTAL NUMBER OF ANIMALS**
ONE

**4. PAGE**
1 of 1

**5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)**
HAYDEE DE JESUS
PO BOX 2178
ARECIBO PR,00613
(787) 232-7290

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
732-542-0040

$2.00 $2.00 3600340

3600340

**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) | SULLY 2019-2490 | POMERANIAN/MIX | 5Y | SF | 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) | 12/16/19 | NOBIVAC | 12-16-19 | DHLPP + 4L SULLY |
| (2) | | D020246A | 1-21-20 | FECAL NEGATIVE SULLY |
| (3) | | EXP 1/21/21 | | |
| (4) | | SULLY | | |
| (5) | 01-09-2020 | BORDETELLA SULLY | | |
| (6) | | | | |

**9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)**
I HEREBY CERTIFY THAT THE ANIMAL IN THIS SHIPMENT IN TO THE BEST OF MY KNOWLEDGE ACCLIMATED TO AIR TEMPERATURES OF 20-85°F.

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. GARLOS G. DEL TORO
PO BOX 332
MANATI PUERTO RICO 00674
787-691-4033

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

**LICENSE NUMBER AND STATE**
248 PUERTO RICO

Accredited ☑ Yes ☐ No
If yes, please complete below

**NATIONAL ACCREDITATION NUMBER**
036188

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

**DATE**

**SIGNATURE OF ISSUING VETERINARIAN**
Dr. Garlos G. del Toro

**DATE**
1/20/2020

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 0579-0020 and 0579-0036. The time required to complete this information collection is estimated to average .13 to .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 regulations 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
0579-0020
0579-0036

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**

Three

**4. PAGE**

1 of 1

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

All Sato Rescue
Calle Emannuelli 212
San Juan, P.R. 00917
Tel. 787-667-6328

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
Tel 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 | Product | OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS Date | Product Type and/or Results |
|---|---|---|---|---|---|---|---|---|---|
| (1) | Peter | Schnauzer Mix | 10w | M | Black/White | | Too young for Rabies | 01-17-20 | Fecal: nos |
| (2) | Paul | Schnauzer Mix | 10w | M | White/Brindle | | Too young for Rabies | 01-17-20 | Fecal: nos |
| (3) | Mario | Schnauzer Mix | 10w | M | Black/White | | Too young for Rabies | 01-17-20 | Fecal: nos |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |

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

Peter, Paul and Mario: Dhlpp: 12-25-19, 01-09-2020
Bordetella: 01-09-2020

I hereby certify that the animals mention above are, to the best of my knowledge, acclimated to air temperature not below 20 F and not above 85 F

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.

X 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.

X 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. José A. Nieves Rodriguez
88 Carr 848 Km 0.9 Apt 37
Trujillo Alto, PR 00976
Tel. 787-617-1044

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

**LICENSE NUMBER AND STATE**

646 PR

**Accredited** [Yes] No
**If yes, please complete below**

**NATIONAL ACCREDITATION NUMBER**

084400

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

**DATE**

**SIGNATURE OF ISSUING VETERINARIAN**

**DATE**

01-21-2020

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**
THREE

**4. PAGE**
1 of 1

3600344

3600344

**5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)**
MARTA DELGADO
PO BOX 141507
ARECIBO PUERTO RICO 00614 787-617-1550

**6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)**
STERLING ANIMAL SHELTER
JAYSON BOLLACK
17 LAURELWOOD ROAD
STERLING MA 01564 978-422-8585

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 | Product | OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS Date | Product Type and/or Results |
|---|---|---|---|---|---|---|---|---|
| N/A (1) CHISPA 20-0029 | LABRADOR/MIX | 14W | F | TAN/WHITE | 1-9-2020 | MER 18433 EXP 4-11-21 | 12-3-19 | DHLPP + 4L CHISPA/LOLA/FLUFFY |
| (2) LOLA 20-0030 | LABRADOR/MIX | 14W | F | WHITE | | CHISPA/LOLA/FLUFFY | 12-17-19 | DHLPP + 4L CHISPA/LOLA/FLUFFY |
| N/A (3) FLUFFY 20-0028 | LABRADOR/MIX | 14W | F | WHITE | 12-31-19 | BORDETELLA | 1-17-20 | FECAL (1-3) NEGATIVE |
| (4) | | | | | | CHISPA/LOLA/FLUFFY | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |

**9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)**
I HEREBY CERTIFY THAT THE ANIMALS IN THIS SHIPMENT ARE TO THE BEST OF MY KNOWLEDGE ACCLIMATED TO AIR TEMPERATURES OF 20-85

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**
DR. HECTOR J. GARCIA
PO BOX 332
MANATI PUERTO RICO 00674
787-691-4033

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

**LICENSE NUMBER AND STATE**
199 PUERTO RICO

Accredited ☑ Yes ☐ No
If yes, please complete below

**NATIONAL ACCREDITATION NUMBER**
054221

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

**DATE**

**SIGNATURE OF ISSUING VETERINARIAN**

**DATE**
1/17/2020

APHIS Form 7001
(NOV 2010)

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