ALL ANIMAL HEALTH CERTIFICATE
Valid for 30 days after examination

MISSISSIPPI BOARD OF ANIMAL HEALTH
CERTIFICATE FOR INTERSTATE MOVEMENT

MS № 235542

BOX 3889, Jackson, MS 39207 - Ph 601-359-1170

ped From: Mcomb Animal Shelter (Owner's name)
ess: 125 E Michigan AVE
McComb, MS 39648

Shipped To: St Huberts Animal Welfare (Name)
Address: 575 Woodland Ave
Madison, NJ 07940

Shipped By: _____ Auto X Air

Identification (Name, Microchip, Other)	Species	Breed, Description, & Color	Age	Sex	Rabies Vaccination			Other	
					Date	Mfg. & Ser. #	Expires	Dated	Type
rinn	K9	mix black/white	1y	SF	9/11/19	merial 18415	9/11/20		
ilvia	K9	mix black	5m	F	12/4/19	merial 18415	12/4/20		
liver	K9	mix black	5m	M	12/4/19	merial 18415	12/4/20		
hance	K9	mix brown/tan	5m	M	12/4/19	merial 18415	12/4/20		
una	K9	mix black/white	1 1/2y	F	10/22/19	merial 18415	10/22/20		
lliot	K9	mix black	6m	M	10/31/19	Zoetis 325595	10/31/20		
ax	K9	mix tan/white	5m	M	11/1/19	Elanco	11/1/20		
enji	K9	mix tan/brown black	4m	M	12/4/19	merial 18415	12/4/20		

I hereby certify that the animal(s) listed above has/have been examined by me on (date) 12/4/19 and found to be free from contagious and infectious diseases unless noted, and to the best of my knowledge have not been exposed to rabies, or other communicable diseases and did not originate within a rabies quarantined area.

rinarian's Signature

Date 12/4/19

059133
National Accreditation Number

ck Bobo DVM
inarian's Name (PRINT)

Lic. # 1885

52 Highway 16 W
inarian's Address

Phone (601) 741-8111

Vathage MS 39051

p two white copies to State Veterinarian within 7 days, give
l gold copies to the owner. Retain yellow copy for your files

INTERNATIONAL TRAVEL: Contact USDA, APHIS, Veterinary Services or country of destination for entry requirements.

cording 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 ormation unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0036 and 0579-0333. e time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, arching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 2143.9, CFR, Subchapter A, Part 2).

OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

WARNING: Anyone who makes a false, fictitious, or fraudulent statement on this document, or uses such document knowing it to be false, fictitious, or fraudulent may be subject to a fine of not more than $10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 1001).

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

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS (3) three

4. PAGE 1 of 1

NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)
McLemb Animal Shelter
125 East Michigan Avenue
McLemb, MS 39648 attn: Michelle
601-810-1387

USDA License/or Registration Number (if applicable)

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)
St Hubert's Animal Welfare Center
575 Woodland Avenue
Madison, NJ 07940
973-377-2297

7. ANIMAL IDENTIFICATION

NAME AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
Sasha	lab mix	6m+	Fe	Black
Bruce	Black mouth cur	2y	m	Bl/tan
CoCo	cur mix	4	Fe	Brin/wh

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

1 year 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
12-6-19	Nobivac 3 350891A		See individual
"	"		certificates on each
"	"		dog.

REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)
All 3 dogs have had at least one distemper and rabies certificates are included. all are heartworm -: see dates att.

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. Jacqueline L. Broome
Coast Veterinary Hospital
3401 Hewes Avenue
Gulfport, MS 39507
228-864-7122

LICENSE NUMBER AND STATE
MS 941

Accredited ☒ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
043348

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

SIGNATURE OF ISSUING VETERINARIAN Dr. Jacqueline L. Broome | **DATE** 12-6-19

PHIS Form 7001
(OV 2010)

This certificate is valid for 30 days after issuance

CERTIFICATE FOR INTERSTATE MOVEMENT

FOR SMALL ANIMALS

No 179840

BOX 3889, Jackson, MS 39207– Ph. 601/359-1170

OWNER

Last Name	First	Middle Initial	Phone No.

Address (Street or RFD)	City	Zip Code	County

ANIMAL DESCRIPTION

Tag No.	Breed	Color	Sex	Age Yrs.	Age Mos.	Name

VACCINE USED

Manufacturer	Serial No.	Live ☐ CEO ☐ TC	Killed ☐ TC ☐ Murine ☐ Caprine

Vaccination Date _____ By _____ D.V.M. _____
Miss. License Number

This Rabies Vaccination Expires _____

CONSIGNEE

Last Name	First	Middle Initial	Phone No.

Address (Street or RFD)	City	State	Zip Code

This is to certify that this animal was examined by me and is sufficiently healthy for shipment on the date. To my knowledge, this animal has not been exposed to rabies and did not originate from a rabies quarantined area.

_____ D.V.M. _____ _____ _____
Licensed Veterinarian Date Phone Miss. License Number

OWNER FOR TRANSPORTING ANIMAL

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OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS
2

4. PAGE
1

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

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

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
Monmouth County SPCA
260 Wall St.
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) 19-367-Y Bailey	Collie Mix	7 wk	F	Blk/White
(2) 19-398-Y Merlot	Collie Mix	7 wk	F	Tricolor
(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
		12/30/19	DA2PP 1y, Bord IN 1Y
		12/30/19	DA2PP 1y, Bord IN 1Y

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
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
12/30/19

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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☒ 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

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

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) 19-399-Y Stella	Collie Mix	1 y	F	Black/White	11/18/19	Zoetis	12/30/19	DA2PP 1y, Bord IN 1Y
(2) 19-392-Y Jameson	Collie Mix	7 wk	M	Tricolor			12.30/19	DA2PP 1y, Bord IN 1Y
(3) 19-393-Y Goose	Collie Mix	7 wk	M	Tricolor			12.30/19	DA2PP 1y, Bord IN 1Y
(4) 19-394-Y Margarita	Collie Mix	7 wk	F	Tricolor			12.30/19	DA2PP 1y, Bord IN 1Y
(5) 19-395-Y Jack	Collie Mix	7 wk	M	Tricolor			12.30/19	DA2PP 1y, Bord IN 1Y
(6) 19-396-Y Brandy	Collie Mix	7 wk	F	Tricolor			12.30/19	DA2PP 1y, Bord IN 1Y

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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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

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

DATE

SIGNATURE OF ISSUING VETERINARIAN
Scarlett Springate

DATE
12/30/19

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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☑ 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
1379 Morgans Bend
Rock Hill, SC 29730
973-534-7726

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

Monmouth 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) Gracie	German Shepard	13w	F	Black and Tan
(2) Sandy	Labrador	17w	F	Tan and white
(3)				
(4)				
(5)				
(6)				

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION
☑ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS

Vaccination Date	Product
	too young
11/25/2019	Merial Rabies

OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS

Date	Product Type and/or Results
12/02/2019	Nobivac Dapp
11/25/2019	Nobivac Bordetella
12/13/2019	Nobivac Dapp

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

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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

Healthy Pets Spay and Neuter
Jenna Blake, DVM
1125 N Anderson Rd
Rock Hill, SC 29730
(803)-327-7387

LICENSE NUMBER AND STATE
3778 SC

Accredited ☑ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
028883

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

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

DATE

SIGNATURE OF ISSUING VETERINARIAN
Jenna Blake, DVM

DATE
12/13/2019

APHIS Form 7001
(NOV 2010)

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OMB APPROVED
0579-0036
0579-0333

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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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
1379 Morgans Bend
Rock Hill, SC 29730
973-534-7726

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

Monmouth 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
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8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION
☑ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS

Vaccination Date	Product
	too young
11/25/2019	Merial Rabies

OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS

Date	Product Type and/or Results
12/02/2019	Nobivac Dapp
11/25/2019	Nobivac Bordetella
12/13/2019	Nobivac Dapp

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ENDORSEMENT FOR INTERNATIONAL EXPORT (*IF NEEDED*)

PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

Healthy Pets Spay and Neuter
Jenna Blake, DVM
1125 N Anderson Rd
Rock Hill, SC 29730
(803)-327-7387

LICENSE NUMBER AND STATE
3778 SC

Accredited ☑ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
028883

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

DATE

SIGNATURE OF ISSUING VETERINARIAN
Jenna Blake, DVM

DATE
12/13/2019

APHIS Form 7001
(NOV 2010)

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OMB APPROVED
0579-0036
0579-0333

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☐ Nonhuman Primate ☐ Ferret ☐ Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS
3

4. PAGE
1 of 1

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

Project Safe Pet
1379 Morgans Bend
Rock Hill, SC 29730
973-534-7726

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

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

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

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

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION ☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS: Vaccination Date	Product	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS: Date	Product Type and/or Results
(1) Freckles	Jack Russell Mix	9w	F	Black & White		too young	12/12/2019	Nobivac Dapp; Fecal negative
(2) Oliver	Jack Russell Mix	9w	M	Black			12/12/2019	Nobivac Dapp; Fecal negative
(3) Skunky	Jack Russell Mix	9w	M	Black & White			12/12/2019	Nobivac DAPP; Fecal negative
(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

Healthy Pets Spay and Neuter
Jenna Blake, DVM
1125 N Anderson Rd
Rock Hill, SC 29730
(803)-327-7387

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

LICENSE NUMBER AND STATE
3778 SC

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
12/12/2019

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
3

4. PAGE
1

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)
Project Safe Pet
1516 Village Harbor Lane
Lake Wylie, SC 29710
973-534-7726

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

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
Monmouth County SPCA
260 Wall Street
Eatontown, NJ 07724
732.542.0040

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

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION ☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
					Vaccination Date	Product	Date	Product Type and/or Results
(1) 19-363-L Koda	Lab Mix	16wks	M	Black	1/3/2020	Zoetis 372929A (16Feb21)	1/3/2020	Da2pp, Simparica, Fecal (Hookworms/Whipworms).
(2) 19-366-L Peter	Lab Mix	16wks	M	Black	1/3/2020	Zoetis 372929 A (16Feb21)	1/3/2020	Da2pp, Simparica, Fecal (Hookworm/Whipworms)
(3) 19-367-L Charlie	Lab Mix	16wks	M	Black	1/3/2020	Zoetis 372929A (16Feb21)	1/3/2020	Da2PP, Simparica, Fecal (Hookworm/Whipworm)
(4)								
(5)								
(6)								

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
Fecal (1/3/2020): Hookworms and Whipworms. Sent Panacur granules SID x 3 days

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
Maria Belu Dvm
2445 Ebenezer Rd.
Rock Hill, SC 29732
803-366-1950

LICENSE NUMBER AND STATE
SC: 4074

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
11/14/2019

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

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

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

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) Margarita	Lab. Retriever Mix	1	FS	Chocolate
(2) Martini	Lab. Retriever Mix	1	FS	Silver
(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
9/18/19	Merial	8/23/18	DA2PP
9/18/19	Merial	1/2/20	CIV H3N2 3W, Bordetella IN 1Y

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
Jay E. Hreiz, VMD
2445 Ebenezer Rd.
Rock Hill, SC 29732
803-366-1950

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

LICENSE NUMBER AND STATE
2687: SC

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

NATIONAL ACCREDITATION NUMBER
004989

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

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE
1/2/20

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

CERTIFICATE OF VETERINARY INSPECTION

Mississippi Board of Animal Health
PO Box 3889
Jackson, MS 39207

Certificate #: 20-MS-0064-865AV
Issue Date: 01-11-2020
Entry Permit#:

Total # of Animals: 9
Inspection Date: 01-10-2020

Consignor - Contact Person at Origin	Consignee - Contact Person at Destination	Carrier (Transporter)
Name: CARES Animal Shelter	Name: St. Hubert's Animal Welfare Center	Shipment Date: 01-12-2020
Address: 1645 Desoto Avenue Clarksdale, MS 38614	Address: 575 Woodland Ave Madison, NJ 07940	Carrier: Consignor
Phone: (662) 627-7870	Phone:	Phone:
Physical Address: 1645 Desoto Avenue Clarksdale, MS 38614	Physical Address: 575 Woodland Ave Madison, NJ 07940	Transport Method: Air
County:	County:	Moving: Interstate
Premises ID:	Premises ID:	

Disease Certification Statements	Flock/Herd Accredited Free For	Current State / Area Status
		N/A

Owner Statement	Veterinary Certification
"The animals in this shipment are those certified to and listed on this certificate" Date: Signature:	"I certify, as an accredited veterinarian that the animals described on this certificate 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"

Digitally Signed By:	Address:	City:	State:	Zip:
jon Swartzfager, DVM	614 Gaines Highway	Boyle	MS	38730
Date/Time:	**USDA Accreditation:**	**License State / #**	**Phone #:**	**Email:**
01-11-2020, 07:13 PM	003836	MS 1750	(662) 843-4854	mags8011972@gmail.com

Animal Details

Animal Type: Small Animal Species: Dogs Movement Purpose: Other

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
1	Poinsettia	Female	2 years	Retriever/Terrier Mix			Vaccinations: Type: Rabies, Date: 01-10-2020, Vaccine Serial Number: 384071A, Expiration Timeframe: 1 Year
2	Pepper	Male	6 weeks	Terrier Mix			
3	Pazzo	Male	6 weeks	Terrier Mix			

CERTIFICATE OF VETERINARY INSPECTION

Mississippi Board of Animal Health
PO Box 3889
Jackson, MS 39207

Certificate #: 20-MS-0064-865AV
Issue Date: 01-11-2020
Entry Permit#:

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Consignor - Contact Person at Origin	Consignee - Contact Person at Destination	Carrier (Transporter)
Name: CARES Animal Shelter	Name: St. Hubert's Animal Welfare Center	Shipment Date: 01-12-2020
Address: 1645 Desoto Avenue Clarksdale, MS 38614	Address: 575 Woodland Ave Madison, NJ 07940	Carrier: Consignor
Phone: (662) 627-7870	Phone:	Phone:
Physical Address: 1645 Desoto Avenue Clarksdale, MS 38614	Physical Address: 575 Woodland Ave Madison, NJ 07940	Transport Method: Air
County:	County:	Moving: Interstate
Premises ID:	Premises ID:	

Disease Certification Statements	Flock/Herd Accredited Free For	Current State / Area Status
		N/A

Owner Statement	Veterinary Certification
"The animals in this shipment are those certified to and listed on this certificate" Date: Signature:	"I certify, as an accredited veterinarian that the animals described on this certificate 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"

Digitally Signed By:	Address:	City:	State:	Zip:
jon Swartzfager, DVM	614 Gaines Highway	Boyle	MS	38730
Date/Time:	**USDA Accreditation:**	**License State / #**	**Phone #:**	**Email:**
01-11-2020, 07:13 PM	003836	MS 1750	(662) 843-4854	mags8011972@gmail.com

Animal Details

Animal Type: Small Animal Species: Dogs Movement Purpose: Other

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
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3	Pazzo	Male	6 weeks	Terrier Mix			

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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
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

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

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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 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

DATE
1/14/2020

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance