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

LOUISIANA CERTIFICATE OF VETERINARY INSPECTION

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

Certificate Number 72-2525-158102124

ENTRY PERMIT #:

INSPECTION DATE: **02/06/2020**

SHIPMENT DATE: **02/08/2020**

○ Large Animal ◉ Small Animal

CONSIGNOR - Contact Person at Origin

First Name	Last Name	AND/OR
Jena	Troxler	

Business Name: St Charles Parish Animal Shelter
Physical Address of Animals: 921 Deputy Jeff G Watson Drive

City	State	Zip Code	County
Luling	LA	70070	St. Charles

Phone Number: (985) 783-5010
Location ID#:
Consignor's Address (if different):

CONSIGNEE - Contact Person at Destination

First Name	Last Name	AND/OR
Colleen	Harrington	

Business Name: St Huberts Animal Welfare Society
Physical Address of Animals: 575 Woodland Avenue

City	State	Zip Code	County
Madison	NJ	07940	

Phone Number: (973) 377-2293
Location ID#:
Consignee's Address (if different):
☐ Print Reconsigned

CARRIER (Transporter)

Business Name: Wings Of Rescue
Physical Address: 40363 Camino El Destino

City	State	Zip Code	Phone Number
Indio	CA	92203	(310) 896-8343

Transport Method	Purpose of Movement
Air	Pet

☒ Interstate ☐ Intrastate

Weather Acclimation Statement

SPECIES	# OF ANIMALS	DESCRIPTION / BREED / MICROCHIP	AGE		SEX	RABIES VACC DATE	RABIES BOOSTER DUE	RABIES TAG NUMBER	RABIES SERIAL NUMBER	OTHER TESTS, VACCINATIONS/TREATMENT. PLEASE LIST DATE & PRODUCT USED
Canine	1	MYA/DACHSHUND MIX/982000410248099	5	Y	F	1/31/2020	1/31/2021	012527	385356B	DHLPP (1/24/20), DHLPP (2/7/20), BORDETELLA (1/31/20), FECAL (-) (1/31/20)
Canine	1	TESSA/SMALL MIX BREED/982126055144902	7	M	F	2/4/2020	2/4/2021	012532	385356B	DHLPP (1/27/20), BORDATELLA (1/28/20), FECAL (-) (2/4/20)
Canine	1	QUEEN/BULLY MIX/982000411763664	4	M	F	2/3/2020	2/3/2021	012530	385356B	DHLPP (1/10/20), DHLPP (1/28/20), BORDETELLA (1/10/20), FECAL (-) (1/28/20)
Canine	1	PANDA/BULLY MIX/982000411768085	5	M	F	2/3/2020	2/3/2021	012529	385356B	DHLPP (1/17/20), DHLPP (1/31/20), BORDETELLA (2/4/20), FECAL (-) (2/3/20)
Canine	1	PENNY/BULL DOG MIX/982126055145101	9	M	F	2/4/2020	2/4/2021	012533	385356B	DHLPP (1/24/20), DHLPP (2/7/20), BORDETELLA (1/28/20), FECAL (-) (2/3/20)
TOTAL	5									

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

2/6/2020
DATE

Jena Troxler
SIGNATURE

VETERINARY CERTIFICATION - I certify, as an accredited veterinarian that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No further warranty is made or implied.

Date 02/06/2020 | Printed Name Jena Troxler, Dvm | Phone (985) 783-5010 | Email jtroxler@stcharlesgov.net

Address 921 Deputy Jeff G. Watson Dr. | City Luling | State LA | Zip 70070

USDA Accreditation # 0 3 6 7 5 8 | State of License LA | License # 0 0 0 2 5 2 5

Signature **Jena Troxler**

Digitally signed by Jena Troxler
Date: 2020.02.06 12:02:19 -06'00'

CERTIFICATE AND CERTIFICATE # OFFICIAL AFTER DIGITALLY SIGNED

Version 3.2

Certificate Signed by: **Jena Troxler, Dvm** Date **02/06/2020** **Certificate is only valid for 30 days from inspection**

AL-S 0048294

SMALL ANIMAL

HEALTH CERTIFICATE

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

Date Issued 2/6/20

CONSIGNOR OR SHIPPER Sylacauga Animal Shelter

CONSIGNEE OR PURCHASER St. Huberts Animal Welfare

ORIGIN Sylacauga, AL 35150

DESTINATION Madison, NJ 07940

COMPLETE PHYSICAL ADDRESS FOR CONSIGNOR
1212 Wynette Rd

COMPLETE PHYSICAL ADDRESS FOR CONSIGNEE
575 Woodland Ave

DESCRIPTION OF ANIMALS

Species	Breed	Sex	Age	Color or Markings	Rabies Tag No.
Canine	Terrier	F	4yr	White/Black (Florence)	201271
Canine	Terrier	F	11mos	Brown (Freida)	201215
Canine	Lab	M	9mos	Black (Smokey)	201214
Canine	Lab Mix	M	1yr	Black/Tan (Klipper)	201255

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV - K	2/6/20
DHLP	MLV - K	
FVRCP	MLV - K	
OTHER		

APPROVED BY:

I hereby certify that I have examined the above animal(s) and find it to be free of any symptoms of communicable disease. To my knowledge this animal(s) has not been exposed to rabies.

Accredited Veterinarian Kevin P. Moulin, DVM

Printed Signature Kevin P. Moulin

Telephone No. 256-378-7066

Veterinary Accreditation No. 020047

Address 1440 Cooks Pines Dr
Childersburg, AL 35044

Interstate Shipments:
original-accompany shipment, canary-State Veterinarian, pink-State Veterinarian, goldenrod-Issuing veterinarian

Foreign Shipments: original, canary and pink for USDA APHIS Veterinary Services 1445 Federal Drive, Montgomery, AL 36107-1123 goldenrod-Issuing veterinarian

AL-S 0048294

SMALL ANIMAL

HEALTH CERTIFICATE

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

Date Issued 2/6/20

CONSIGNOR OR SHIPPER Sylacauga Animal Shelter CONSIGNEE OR PURCHASER St. Hubert's Animal Welfare

ORIGIN Sylacauga, AL 35150 DESTINATION Madison, NJ 07940

COMPLETE PHYSICAL ADDRESS FOR CONSIGNOR
1212 Wynette Rd

COMPLETE PHYSICAL ADDRESS FOR CONSIGNEE
575 Woodland Ave

DESCRIPTION OF ANIMALS

Species	Breed	Sex	Age	Color or Markings	Rabies Tag No.
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Canine	Lab	M	9mos	Black (Smokey)	201214
→ Canine	Lab Mix	M	1yr	Black/Tan (Klipper)	201255

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV-R (K)	2/6/20
DHLP	MLV – K	
FVRCP	MLV – K	
OTHER		

APPROVED BY:

I hereby certify that I have examined the above animal(s) and find it to be free of any symptoms of communicable disease. To my knowledge this animal(s) has not been exposed to rabies.

Accredited Veterinarian Kevin P. Moulin, DVM
Printed Signature Kevin P. Moulin
Telephone No. 256-378-7066

Veterinary Accreditation No. 020047
Address 1440 Cooks Pines Dr
Childersburg, AL 35044

Interstate Shipments:
original-accompany shipment, canary-State Veterinarian, pink-State Veterinarian, goldenrod-issuing veterinarian

Foreign Shipments:
original, canary and pink for USDA APHIS Veterinary Services 1445 Federal Drive, Montgomery, AL 36107-1123 goldenrod-issuing veterinarian

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

487878

Date Issued 2/4/20
Expiration 30 days after issuance

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

Owner Maine County Animal Shelter
Address 170 Hefauver Ln
City Madisonville
State TN
Telephone No. 423-442-1015

Consignee St. Hubert's Animal Welfare
Address 515 Woodward Ave
City Madison
State NJ Zip Code 07940
Telephone No. 973-377-2295

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #	
Canine	~~Fin~~ Krista	F	Lhc breed	3yr	blk/wh	—	004848	11/3
Canine	Shadow	F	Shep mix	1yr	blk/tan	—		2/4
Canine	Butterscotch	F	Shep mix	1yr	Cream	—		2/4
→ Canine	Blossom	F	Pit bull	1yr	brindle	—	035151	11/3

Remarks all rabies vaccines given by licensed veterinarian

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

Vaccination Data				
Manufacturer	Serial #	Exp.	Type	Date
Zoetis/Merck	35089118	10/30/20	K	11/13/19
Zoetis/Merck	31d8861	9/10/21	K	1/21/20
Zoetis/Merck	31d8861	9/12/21	K	2/4/20

Accredited Veterinarian Amanda Barry Vet Code 023382
Type or Print

Signature Amanda Barry

Address P.O. Box 89
City Calvert City State TN zip 37314
Email Address drs-barry@hotmail.com
Telephone: 423-404-8241

Distribution:

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

AG-0059 (Rev. 02/15)

RDA's pending

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

461204

Date Issued 1/24/19
Expiration 30 days after issuance

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

Owner [illegible]
Address 112 [illegible] Road
City [illegible]
State TN
Telephone No. [illegible]

Consignee [illegible]
Address 515 Woodland [illegible]
City Madison
State NJ Zip Code
Telephone No. 973-377-2295

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #
Canine	Ellie	[illegible]	F	[illegible]	Black		624509
Canine	Zeus	[illegible]	M	[illegible]	[illegible]		624510
Canine	Hanno	[illegible]	M	[illegible]	[illegible]		624511
Canine	[illegible]	[illegible]	F	[illegible]	Black/White		624512
Canine	[illegible]	[illegible]	F	[illegible]	Black/White		624513
Canine	[illegible]	[illegible]	F	[illegible]	Black/White		624514
Canine	[illegible]	[illegible]	F	13W	Black/White		624515
Canine	Bessy	[illegible]	F	[illegible]	Tan		624516
Canine	[illegible]	[illegible]	F	[illegible]	[illegible]		624517
Canine	[illegible]	[illegible]	MN	[illegible]	[illegible]		624518
Canine	[illegible]	[illegible]	F	[illegible]	Black/White		624519

Remarks eyes and ears clear

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

Vaccination Data				
Manufacturer	Serial #	Exp.	Type	Date
Nobivac	311623	[illegible]	[illegible]	[illegible]

Accredited Veterinarian Michael [illegible] Vet Code [illegible]
Type or Print

Signature

Address 316 Highway [illegible] N
City Camden State TN zip [illegible]
Email Address vetwork316@gmail
Telephone: 731 213 2555

Distribution: **Interstate Shipments**

White	TN State Veterinarian
* Canary	Accompany Shipment
* Pink	TN State Veterinarian
Goldenrod	Retain

AG-0059 (Rev. 02/15)

RDA's pending

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

461203
12/11/20

Date Issued 12/11/20
Expiration 30 days after issuance

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

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

Consignee St Hubert's Animal C
Address 575 Woodland Dr
City Madison
State NJ Zip Code 07940
Telephone No. 973-377-3295

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #
Canine	Franklin	Catahoula	m	2y	Brown/White		624520
Canine	Frederick	Catahoula	m	1y	Tri-Color		624521
Canine	Franny	Collie	F	1y	Merle/White		624522
Canine	Francine	Catahoula	F	1y	Tan/White		624523
Canine	Buck	Mixed	m	14W	Black		624524
Canine	Moose	Labrador	m	14W	Black		624525
Canine	Hatch	Lab mix	m	14W	Black		624526
Canine	Max	Lab mix	m	14W	Black		624527
Canine	Blue	Lab mix	m	14W	Black		624528
Canine	Duke	Lab mix	m	14W	Black		624529
Canine	Sadie	Lab mix	F	14W	Black		624530

Remarks Lungs and ears clear

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

Vaccination Data				
Manufacturer	Serial #	Exp.	Type	Date
Merial	311022	2/20	Rabies	11/20

Accredited Veterinarian Michael Riley Vet Code 1691
Type or Print

Signature

Address 310 Highway 641 N
City Camden State TN zip 38320
Email Address MRileyDVM310@gmail.com
Telephone: 731-213-2555

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

AG-0059 (Rev. 02/15)

RDA's pending

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0036 and 0579-0333. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 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
11

4. PAGE
1 of 2

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)
Valley River Humane Society
7450 US Hwy 19
Marble, NC 28905

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
MCSPCA
260 Wall Street
Eaton, NJ 07724

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

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

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION ☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
					Vaccination Date	Product	Date	Product Type and/or Results
(1) Elisabeth	Shepherd mix	1.5 yr	F	blk/tan	12/18/19	Rabies	12/14/19	DHPP/Bordetella
(2) Elisabeth Pup 1	Shepherd mix	1 mo	M	blk/tan	N/A	Rabies	1/24/20	DHPP/Bordetella
(3) Elisabeth Pup 2	Shepherd mix	1 mo	M	blk/tan	N/A	Rabies	1/24/20	DHPP/Bordetella
(4) Elisabeth Pup 3	Shepherd mix	1 mo	F	tan/blk	N/A	Rabies	1/24/20	DHPP/Bordetella
(5) Elisabeth Pup 4	Shepherd mix	1 mo	F	tan/blk	N/A	Rabies	1/24/20	DHPP/Bordetella
(6) Elisabeth Pup 5	Shepherd mix	1 mo	F	tan/blk	N?A	Rabies	1/24/20	DHPP/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.

☒ 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. Greg Cranford
Peachtree Animal Hospital
Hwy 141
Murphy, NC 28906

LICENSE NUMBER AND STATE
1556 NC

Accredited ☒ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
055347

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
John G Cranford DVM

DATE
1/28/20

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
11

4. PAGE
2 of 2

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)
Valley River Humane Society
7450 US Hwy 19
Marble, NC 28905

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
MCSPCA
260 Wall Street
Eaton, NJ 07724

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

7. ANIMAL IDENTIFICATION

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1) Vicky	Feist mix	1.5 yr	F	brown/white
(2) Vicky pup 1	Feist mix	23 da	M	grey/white
(3) Vicky pup 2	Feist mix	23 da	F	grey/white
(4) Vicky pup 3	Feist mix	23 da	F	tri color
(5) Vicky pup 4	Feist mix	23 da	F	grey/white
(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
1/9/20	Rabies	1/18/20	DHPP/Bordetella
N/A	Rabies	1/27/20	Bordetella
N/A	Rabies	1/27/20	Bordetella
N/A	Rabies	1/27/20	Bordetella
N/A	Rabies	1/27/20	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.

☒ 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. Greg Cranford
Peachtree Animal Hospital
Hwy 141
Murphy, NC 28906

LICENSE NUMBER AND STATE
1556 NC

Accredited ☒ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
055347

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
John A. Cranford DVM

DATE
1/28/20

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

L ANIMAL HEALTH CERTIFICATE
lid for 30 days after examination

MISSISSIPPI BOARD OF ANIMAL HEALTH
CERTIFICATE FOR INTERSTATE MOVEMENT

MS 235537

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

ed From: St Charles Parish Shelter
(Owner's name)
ss: 921 Deputy Jeff G Watson Dr.
Luling LA 70070
6018101387

Shipped To: St Hubert's Animal Welfare
(Name)
Address: 575 Woodland Ave
Madison NJ 07940

Shipped By: ____ Auto X Air

ntification Microchip, Other	Species	Breed, Description, & Color	Age	Sex	Rabies Vaccination			Other	
					Date	Mfg. & Ser. #	Expires	Dated	Type
ayden	K9	mix tan/white	low	M	Too young				

certify that the animal(s) listed above has/have been examined by me on (date) 1-22-20 and found to be free from contagious and infectious diseases unless noted, and to the best owledge have not been exposed to rabies, or other communicable diseases and did not originate within a rabies quarantined area.

nian's Signature: DK Bobo DVM
Date: 1-22-20
National Accreditation Number: 059133
ian's Name (PRINT): Highway 16 W
Lic #: 1885
ian's Address: Ethrage MS 39051
Phone: 6017418111

white copies to State Veterinarian within 7 days, give
ld copies to the owner. Retain yellow copy for your files.

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

iana Department of Agriculture and Forestry
al Health and Food Safety
Florida Blvd, Suite 4000
n Rouge, LA 70806
925-3980

LOUISIANA CERTIFICATE OF VETERINARY INSPECTION

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

Certificate Number
72-2525-1579796117

TRY PERMIT #:

PECTION DATE: **01/21/2020**	SHIPMENT DATE: **01/25/2020**	○ Large Animal ◉ Small Animal
CONSIGNOR - Contact Person at Origin	**CONSIGNEE - Contact Person at Destination**	**CARRIER (Transporter)**
t Name: — Last Name: **Troxler** — AND/OR	First Name: **Colleen** — Last Name: **Harrington** — AND/OR	Business Name: **Wings Of Rescue**
iness Name: **Charles Parish Animal Shelter**	**Business Name**: **St Huberts Animal Welfare Society**	Physical Address: **40363 Camino El Destino**
sical Address of Animals: **Rue La Cannes**	Physical Address of Animals: **575 Woodland Avenue**	City: **Indio** — State: **CA** — Zip Code: **92203** — Phone Number: **(310) 896-8343**
g — State: **LA** — Zip Code: **70070** — County: **St. Charles**	City: **Madison** — State: **NJ** — Zip Code: **07940** — County:	Transport Method: **Air** — Purpose of Movement: **Pet**
ne Number: **(985) 783-5010** — Location ID#	Phone Number: **(973) 377-2293** — Location ID#	☒ Interstate ☐ Intrastate
signor's Address (if different)	Consignee's Address (if different) ☐ Print Reconsigned	

ther Acclimation
ıment

ECIES	# OF ANIMALS	DESCRIPTION / BREED / MICROCHIP	AGE		SEX	RABIES VACC DATE	RABIES BOOSTER DUE	RABIES TAG NUMBER	RABIES SERIAL NUMBER	OTHER TESTS, VACCINATIONS/TREATMENT. PLEASE LIST DATE & PRODUCT USED	
ine	1	MIKI/ SCHNAUZER/ 982126055144214	3	Y	M	1/20/2020	1/20/2021	013008	354688A	DHLPP (1/14/20), BORDATELLA (1/14/20), FECAL (-) (1/21/2020)	
ine	1	ABBY/ TERRIER / 982000410544741	2	Y	F	1/16/2020	1/16/2021	012508	354688A	DHLPP (1/16/20), BORDATELLA (1/16/20), FECAL (-) (1/16/2020)	
ınine	1	CAROLINE/MEDIUM MIX/982126055144245	3	M	F	1/21/2020	1/21/2021	012511	354688A	DHLPP (12/23/19), DHLPP (1/7/20),DHLPP (1/21/20), BORDATELLA (12/23/19), FECAL (-) (1/7/2020)	
ine	1	CHLOE/ MALTESE/ 982000411768814	12	Y	F	1/13/2020	1/13/2021	013007	354688A	DHLPP (1/13/2020), BORDATELLA (1/13/2020), FECAL (-) (1/13/2020)	
ine	1	CORBIN/SHIHTZU/ 483E783A0C	13	Y	M	1/14/2020	1/14/2021	012505	354688A	DHLPP (1/3/2020), BORDATELLA (1/3/2020), FECAL (-) (1/3/2020)	
nine	1	KAILEY/TERRIER/ 982000411787749	3	Y	F	1/20/2020	1/20/2021	013009	354688A	DHLPP (1/10/2020), DHLPP (1/24/2020), BORDATELLA (1/10/2020), FECAL (-) (1/29/2020)	
AL	6										

IER/AGENT STATEMENT
animals in this shipment are those
ed to and listed on this certificate."

1/23/20
Jena Troxler DVM
ATURE

VETERINARY CERTIFICATION - I certify, as an accredited veterinarian that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No further warranty is made or implied.

Date **01/23/2020** | Printed Name **Jena Troxler, Dvm** | Phone **(985) 783-5010** | Email **jtroxler@stcharlesgov.net**
Address **921 Deputy Jeff G. Watson Dr.** | City **Luling** | State **LA** | Zip **70070**
USDA Accreditation # **0 3 5 7 5 6** | State of License **LA** | License # **0 0 0 2 5 2 5**
Signature **Jena Troxler**
Digitally signed by Jena Troxler
Date: 2020.01.23 10:15:35 -06'00'

Version 3.2

ificate Signed by: Jena Troxler, Dvm — Date: 01/23/2020 — Certificate is only valid for 30 days from inspection

MALL ANIMAL HEALTH CERTIFICATE
Valid for 30 days after examination

MISSISSIPPI BOARD OF ANIMAL HEALTH
CERTIFICATE FOR INTERSTATE MOVEMENT
BOX 3889, Jackson, MS 39207 - Ph 601-359-1170

MS № 235554

Shipped From: St Charles Parish Shelter (Owner's name)
Address: 921 Deputy Jeff G Watson Dr.
Luling LA 70070
601 810 1387

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 Date	Rabies Vaccination Mfg. & Ser. #	Rabies Vaccination Expires	Other Dated	Other Type
Lexie	K9	Hound x white tan	8m	SF	11-7-19	Zoetis 322595	11-7-20		
Sally	K9	mix black white	12m	F	1-22-20	merial 18415	1-22-21		
Susie	K9	mix black white	12w	F	1-22-20	merial 18415	1-22-21		
Sara	K9	mix black white	12w	F	1-22-20	merial 18415	1-22-21		
Stacia	K9	mix black white	12w	~~F~~	1-22-20	merial 18415	1-22-21		
Bobby	K9	mix chocolate	10w	m	Too young				
Brady	K9	mix tan white	10w	m	↓				
Bryce	K9	mix white tan	10w	m					

I hereby certify that the animal(s) listed above has/have been examined by me on (date) 1-22-20 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.

Veterinarian's Signature
1-22-20
Date
059133
National Accreditation Number

Cook Baba DVM
Veterinarian's Name (PRINT)
1885
Lic. #
85 Highway 16 W
Veterinarian's Address
Carthage MS 39051
6017418111
Phone

Top two white copies to State Veterinarian within 7 days, give third 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

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

CERTIFICATE OF VETERINARY INSPECTION FOR SMALL ANIMALS

SA

☐ Interstate Shipment ☐ Exhibition ☐ Sales | Date 1/25/20

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

Consignee: St. Hubert's Animal Welfare
Destination: 575 Woodland Ave, Madison, NJ 07940

DESCRIPTION OF ANIMALS

SPECIES	BREED	SEX	AGE	COLOR OR MARKINGS	TAG NO.
K-9	Terr X	F	1yr	Chyanna Br.	43659672
K-9	Terr X	M	1yr	Ismah W/T	4362282
K-9	Terr X	F	2yr	Shania W/T	42563776
K-9	Chih	F	3yr	Isabella Brt	43610354
K-9	Lab	M	25yr	Jax Red	43604116

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

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

IMMUNIZATION DATA

Rabies Vaccination ☐ Attenuated Live Virus ☒ Tissue Vaccine | Date of Rabies Vaccination | Tag No.

Distemper Immunization ☐ Active Date: ☒ Passive | Hepatitis Immunization ☐ Active Date: ☒ Passive

Other Immunization

I hereby certify that the animal(s) listed above have been examined by me and found to be free from symptoms of contagious and/or infectious disease, and is apparently healthy.

Signature of Veterinarian

Address: 5455 E Judge Perez Violet, LA

Please Print Name of Veterinarian: Paige Massey DVM

Veterinarian Code No.: 5124

AHS-24-74 (r.1/17) WHITE - Accompany Animal GREEN, CANARY - La. State Veterinarian (Interstate Shipment Only) PINK - Veterinarian GOLDENROD - Owner