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

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

OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

1. TYPE OF ANIMAL SHIPPED (select one only)

☑ Dog ☐ Cat ☐ Other_____

☐ Nonhuman Primate ☐ Ferret ☐ Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS

2

4. PAGE

1 of 1

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

Project Safe Pet
168 Highway 274 #311
Lake Wylie, SC 29710
(937) 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) Birdy	Shep/Pit Mix	10w	F	Tan
(2) Kitty	Shep/Pit Mix	10w	F	Tan and Black
(3) Marley/Max	Boxer Mix	9w	M	Black and Brown
(4) Reese	Boxer Mix	9w	F	Brown and Black
(5) Daisy	Boxer Mix	9w	F	Brown and Black
(6) Foxy	Shep/Retriever	10w	M	Black and tan

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION ☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS

Vaccination Date	Product
	too young
	too young
	too young
	too young
	too young
	too young

OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS

Date	Product Type and/or Results
01/23/2020	Nobivac Dapp, Fecal- Negative
01/23/2020	Nobivac Dapp, Fecal- Roundworms
01/24/2020	Nobivac Dapp, Fecal- Negative
01/24/2020	Nobivac Dapp, Fecal- Negative
01/24/2020	Nobivac Dapp, Fecal- Negative
01/29/2020	Nobivac Dapp, Fecal- Negative

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
1125 N. Anderson Road
Rock Hill, SC 29732
Jenna Blake, DVM
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

01/24/2020

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
2

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
7325420040

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) 20-028-L Daisy 2	Retriever Mix	13wks	F	Black
(2) 20-029-L Rose	Retriever Mix	13wks	F	Black
(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
		1/31/2020	Da2pp, Interceptor, Fecal (Coccidia)
		1/31/2020	Da2pp, Interceptor, Fecal (Coccidia)

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
Fecal (1/31/2020): Coccidia
Prophylactic deworming with pyrantel pamoate
Sent home Ponazuril x 3 days SID

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
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
1/31/2020

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
2

4. PAGE
1 of 1

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

Project Safe Pet
168 Highway 274 #311
Lake Wylie, SC 29710
(937) 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	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) Rea	Lab Mix	14w	F	Black and White	01/28/2020	Merial Rabies	01/28/2020	Nobivac Dapp, Bordetalla, Fecal- Negative
(2) Leie	Lab Mix	14w	F	Black and White	01/28/2020	Merial Rabies	01/28/2020	Nobivac Dapp, Bordetella, Fecal- Negative
(3)								
(4)								
(5)								
(6)								

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

VETERINARY CERTIFICATION: I certify that the animals described in box 7 have been examined by me this date, that the information provided in box 8 is true and accurate to the best of my knowledge, and that the following findings have been made ("X" applicable statements).

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ENDORSEMENT FOR INTERNATIONAL EXPORT (*IF NEEDED*)

PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

Healthy Pets
1125 N. Anderson Road
Rock Hill, SC 29732
Jenna Blake, DVM
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
01/30/2020

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
4

4. PAGE
1 of 1

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

Project Safe Pet
168 Highway 274 #311
Lake Wylie, SC 29710
(937) 534-7726

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

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

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

7. ANIMAL IDENTIFICATION

	NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1)	Lady-981020025470171	Labrador Mix	2yrs	F	Brown
(2)	Cameron	Jack Russell/Lab Mix	17w	F	Brindle
(3)	Drew	Jack Russell/Lab Mix	17w	F	Brindle
(4)	Lucy	Jack Russell/Lab Mix	17w	F	Chocolate
(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
10/22/2019	Rabies	10/22/2019	Dapp, Bordetella
01/30/2020	Merial Rabies	01/30/2020	Nobivac Dapp, Bordetella, Fecal- negative
01/30/2020	Merial Rabies	01/30/2020	Nobivac Dapp, Bordetella, Fecal- negative
01/30/2020	Merial Rabies	01/30/2020	Nobivac Dapp, Bordetella, Fecal- negative

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.

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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
1125 N. Anderson Road
Rock Hill, SC 29732
Jenna Blake, DVM
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
01/30/2020

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
1

4. PAGE
1

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

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

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

7. ANIMAL IDENTIFICATION

	NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1)	Briar-Boo	Lab Mix	2yr	F	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)	1/24/2020	Defensor 3 358353C (12/15/2020)	1/24/2020	DA2PP, BORD (Fecal: Hookworm) (1dx: heartworm +)
(2)				
(3)				
(4)				
(5)				
(6)				

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
Fecal (1/24/2020): Positive for hookworms, dewormed with pyrantel pamoate
1dx: Strong Positive for Heartworm
Rx: Simparica given orally (1/24/2020)

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
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
1/24/2020

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
2

4. PAGE
1 of 1

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

Project Safe Pet
168 Highway 274 #311
Lake Wylie, SC 29710
(937) 534-7726

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

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

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

7. ANIMAL IDENTIFICATION

NAME AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1) Birdy	Shep/Pit Mix	10w	F	Tan
(2) Kitty	Shep/Pit Mix	10w	F	Tan and Black
(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
		01/23/2020	Nobivac Dapp, Fecal- Negative
		01/23/2020	Nobivac Dapp, Fecal- Roundworms

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

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ENDORSEMENT FOR INTERNATIONAL EXPORT (*IF NEEDED*)

PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

Healthy Pets
1125 N. Anderson Road
Rock Hill, SC 29732
Jenna Blake, DVM
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
01/23/2020

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
2

4. PAGE
1 of 1

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

Project Safe Pet
168 Highway 274 #311
Lake Wylie, SC 29710
(937) 534-7726

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

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

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

7. ANIMAL IDENTIFICATION

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1) Birdy	Shep/Pit Mix	10w	F	Tan
(2) Kitty	Shep/Pit Mix	10w	F	Tan and Black
(3) Marley/Max	Boxer Mix	9w	M	Black and Brown
(4) Reese	Boxer Mix	9w	F	Brown and Black
(5) Daisy	Boxer Mix	9w	F	Brown and Black
(6) Foxy	Shep/Retriever	10w	M	Black and tan

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
	too young	01/23/2020	Nobivac Dapp, Fecal- Negative
	too young	01/23/2020	Nobivac Dapp, Fecal- Roundworms
	too young	01/24/2020	Nobivac Dapp, Fecal- Negative
	too young	01/24/2020	Nobivac Dapp, Fecal- Negative
	too young	01/24/2020	Nobivac Dapp, Fecal- Negative
	too young	01/29/2020	Nobivac Dapp, Fecal- Negative

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

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

DATE

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

Healthy Pets
1125 N. Anderson Road
Rock Hill, SC 29732
Jenna Blake, DVM
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 ISSUING VETERINARIAN
Jenna Blake, DVM

DATE
01/24/2020

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

MISSISSIPPI BOARD OF ANIMAL HEALTH
CERTIFICATE FOR INTERSTATE MOVEMENT

№ 228285

FOR SMALL ANIMALS

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

OWNER

Last Name	First	Middle Initial	Phone No.
Trotter	Jane	St Hubert Animal Shelter	985-783-5010

Address (Street or RFD)	City	Zip Code	County
215 Merlin Rd	Summit	39666	Pike

ANIMAL DESCRIPTION

Tag No.	Breed	Color	Sex	Age Years	Age Months	Name
	Mixed	Red/Blk	M	9	5	Jackster

VACCINE USED

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

Vaccination Date Not old enough for Rabies By _____ D.V.M. _____
Miss. License Number

This Rabies Vaccination Expires _____

CONSIGNEE

Last Name	First	Middle Initial	Phone No.
Harrington	Colton	St. Hubert Animal Welfare	973-277-2297

Address (Street or RFD)	City	State	Zip Code
575 Merlin Ave.	Madison	NJ	07940

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.

Licensed Veterinarian	D.V.M.	Date	Phone	National Accreditation Number
		2/5/2010	601 469 4320	32116 4

OWNER FOR TRANSPORTING ANIMAL

MISSISSIPPI BOARD OF ANIMAL HEALTH
CERTIFICATE FOR INTERSTATE MOVEMENT

№ 228286

FOR SMALL ANIMALS

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

OWNER

Last Name	First	Middle Initial		Phone No.
Traylor,	Jean	St. Charles Parish	LA	985-783-501

Address (Street or RFD)	City	Zip Code	County
315 Martin Rd.	Summit	39666	Pike

ANIMAL DESCRIPTION

Tag No.	Breed	Color	Sex	Age Years	Months	Name
—	Mixed	Red/white	F	9	Mos	Jill

VACCINE USED

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

Vaccination Date / Not old enough for Rabies By _____ D.V.M. _____ Miss. License Number

This Rabies Vaccination Expires _____

CONSIGNEE

Last Name	First	Middle Initial		Phone No.
Harrington.	Colleen.	St. Hubert's Animal Wlfr.		973-377-

Address (Street or RFD)	City	State	Zip Code
515 Woodland Ave.	Madison	NJ	Ctr 07940

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.

Licensed Veterinarian D.V.M. 2/5/2020 Date 601 461 4362 Phone 32144 National Accreditation Number

OWNER FOR TRANSPORTING ANIMAL

MISSISSIPPI BOARD OF ANIMAL HEALTH
CERTIFICATE FOR INTERSTATE MOVEMENT

No 185510

FOR SMALL ANIMALS

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

OWNER

Last Name	First	Middle Initial	Phone No.
St. Charles Animal Shelter			985 783 5011

Address (Street or RFD)	City	Zip Code	County
3117 Mary Rd	Sunset MS	39666	Pike

ANIMAL DESCRIPTION

Tag No.	Breed	Color	Sex	Age Yrs. Mos.	Name
057998	Shih X	B/W	M(N)		Sam

VACCINE USED

Manufacturer	Serial No.	Live ◻ CEO ◻ TC	Killed ◻TC ◻Murine ◻Caprine
Zoetis	350RB2A0		

Vaccination Date 1/4/20 By Brandi Sam D.V.M. 1097 Miss. License Number

HWT-NEG 1/30 D,A2,P,V 1/5 Dew 1/7 ... 1/4 ...

This Rables Vaccination Expires ____

CONSIGNEE

Last Name	First	Middle Initial	Phone No.
St. Hubert's Animal Welfare Center			973377229

Address (Street or RFD)	City	State	Zip Code
575 Woodland Ave	Madison	NJ	07940

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.

[signature] D.V.M. 2/7/20 6012708337 1097

Licensed Veterinarian Date Phone Miss. License Number

OWNER FOR TRANSPORTING ANIMAL

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 3 three

4. PAGE 1 of 1

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)
St. Charles Parish Animal Shelter
3115 Martin Rd.
Summit, MS 39666
Jason Troxler (985-783-5010)

USDA License/Agency Registration Number (if applicable)

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)
St. Huberts Animal Welfare Center
Izzy Harrington (973-377-2229)
575 Woodland Ave.
Madison, NJ 07940

7. ANIMAL IDENTIFICATION

	NAME, AND/OR OTHER TATTOO NUMBER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1)	Angel	poodle/maltese	9y.	Fe	white
(2)	Izzy	poodle/maltese	6y.	M/N	white
(3)	Conner	Shep mix	4m	M	tricolor
(4)					
(5)					
(6)					

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION ☑ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS

Vaccination Date	Product	Date	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS Product Type and/or Results
2-4-20	Imrab 3 lot 32462	1-10-20	DA2PPL4 + Bordatella 4DX
2-4-20	Imrab 3 lot 32463	1-10-20	DA2PPL4 + Bordatella 4DX
2-7-20	Imrab 3 lot 32460	1-27-20	DA2PPL4 + Bordatella HW

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)
(1) Bad teeth

all individual records for treatment and other items.

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
Coast Veterinnary 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 USDA VETERINARIAN Apply USDA Seal or Stamp here | DATE

SIGNATURE OF ISSUING VETERINARIAN Dr. Jacqueline L. Rhoden | DATE 2-7-20

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance