

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 0579-0033. 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. 21.43g; CFR, Subchapter A, Part 2).

OMB APPROVED
0579-0036
0579-0033

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. 1003).

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

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

Project Safe Pet
1379 Morgans Bend
Rock Hill, SC 29732
973-534-7726

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

Monmouth County SPCA
260 West St.
Freehold, NJ 07724
732-642-0040

USDA License/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 YEAR	2 YEARS	3 YEARS	Product	Date	Product Type and/or Results
(1) 19-367-Y Bailey	Collie Mix	7 wk	F	Blk/White					12/30/19	DA2PP 1Y, Bord IN 1Y
(2) 19-398-Y Melot	Collie Mix	7 wk	F	Tricolor					12/30/19	DA2PP 1Y, Bord IN 1Y
(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).

☐ 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

Scarlett Sprague, 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

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

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UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
UNITED STATES INTERSTATE AND INTERNATIONAL
CERTIFICATE OF HEALTH EXAMINATION
FOR SMALL ANIMALS

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
1379 Morgans Bend
Rock Hill, SC 29732
973-534-7726

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)
Monmouth County SPCA
260 West St.
Eatontown, NJ 07724
732-642-0040

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	Date	Product Type and/or Results
(1) 19-389-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 Jamison	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)

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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
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

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here

DATE

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

SIGNATURE OF ISSUING VETERINARIAN

DATE

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. 2143g, 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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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)
Mommouth SPCA
260 Wall Street
Eatonstown, NJ 07724
732-542-0040

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

3. TOTAL NUMBER OF ANIMALS
2

4. PAGE
1 of 1

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

USDA Licensee/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		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS			
Vaccination Date	Product	Date	Product Type and/or Results
11/25/2019	too young	12/02/2019	Nobivac Dapp
	Merial Rabies	11/25/2019	Nobivac Bordetella
		12/13/2019	Nobivac Dapp

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
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

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here
DATE
NOTE: International shipments may require certification by an accredited veterinarian.
SIGNATURE OF ISSUING VETERINARIAN
Jenna Blake DVM
DATE
12/13/2019

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
UNITED STATES INTERSTATE AND INTERNATIONAL
CERTIFICATE OF HEALTH EXAMINATION
FOR SMALL ANIMALS

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

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		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS
					☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS		
					Vaccination Date	Product	Date
(1) Gracie	German Shepard	13w	F	Black and Tan	too young		12/02/2019
(2) Sandy	Labrador	17w	F	Tan and white			11/23/2019
(3)							12/13/2019
(4)							
(5)							
(6)							

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)
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ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)	LICENSE NUMBER AND STATE
PRINTED NAME OF USDA VETERINARIAN	3778 SC
SIGNATURE OF USDA VETERINARIAN	Accredited ☒ Yes ☐ No If yes, please complete below NATIONAL ACCREDITATION NUMBER
SIGNATURE OF ISSUING VETERINARIAN	028883
SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here	DATE
DATE	12/13/2019

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OMB APPROVED
0579-0036
0579-0033

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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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
Edison, NJ 07724
732-542-0040

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 of 1

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) Freckles	Jack Russell Mix	9w	F	Black & White
(2) Oliver	Jack Russell Mix	9w	M	Black
(3) Skunky	Jack Russell Mix	9w	M	Black & White
(4)				
(5)				
(6)				

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
1 YEAR	2 YEARS	3 YEARS	
☐	☐	☐	
Vaccination Date	Product	Date	Product Type and/or Results
	too young	12/12/2019	Nobivac DAPP; Fecal negative
		12/12/2019	Nobivac DAPP; Fecal negative
		12/12/2019	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).

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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

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here

NOTE: International shipments may require certification by an accredited veterinarian.
SIGNATURE OF ISSUING VETERINARIAN
Jenna Blake, DVM

LICENSE NUMBER AND STATE
3778 SC
Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
028883

DATE
12/12/2019

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OMB APPROVED
0578-0036
0578-0033

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

Project Safe Pet
1516 Village Harbor Lane
Lake Wylie, SC 29710
873-534-7728

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

Monmouth County SPCA
280 W. Main Street
Eatontown, NJ 07724
732-842-0040

7. ANIMAL IDENTIFICATION

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS
(1) 19-363-L Koda	Lab Mix	16wks	M	Black	☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS	
(2) 19-366-L Peter	Lab Mix	16wks	M	Black	Vaccination Date: 1/3/2020 Product: Zoetis 372829A (16Feb21)	Date: 1/3/2020 Product Type and/or Results: Da2pp, Simparica, Fecal (Hookworm/Whipworm).
(3) 19-367-L Charlie	Lab Mix	16wks	M	Black	Vaccination Date: 1/3/2020 Product: Zoetis 372829 A (16Feb21)	Date: 1/3/2020 Product Type and/or Results: Da2pp, Simparica, Fecal (Hookworm/Whipworm).
(4)						
(5)						
(6)						

8. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

Fecal (1/3/2020), Hookworms and Whipworms. Sent Panacur granules SID x 3 days

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ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

Maria Belli DVM
2445 Ebenezer Rd.
Rock Hill, SC 29732
803-366-1950

SC: 4074
Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
079345

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp Here

SIGNATURE OF ISSUING VETERINARIAN

DATE

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

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No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA. If legislation shall be held in effect, any information furnished or collected for transportation in commerce, unless accompanied by a label in accordance with the requirements of 7 U.S.C. 21.43.9, CFR, Subchapter A, Part 21.

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

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

Project Safe Pet
1378 Morgans Bend
Rock Hill, SC 29732
973-534-7726



USDA Licensed/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	RABIES VACCINATION ☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS Vaccination Date 9/18/19	Product Merial	Date 8/23/18	Product Type and/or Results DA2PP
(1) Margarita	Lab. Retriever Mix	1	FS	Chocolate	9/18/19	Merial	1/2/20	CIV H3N2 3W, Bordetella IN 1Y
(2) Martin	Lab. Retriever Mix	1	FS	Silver				
(3)								
(4)								
(5)								
(6)								

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

VETERINARY CERTIFICATION: I certify that the animal(s) 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

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

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

SIGNATURE OF ISSUING VETERINARIAN

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

DATE

1/2/20

DO NOT STAPLE

SUBMIT WITHIN 7 DAYS OF DATE ISSUED

STATE OF SOUTH CAROLINA
COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
(REV 02/16)

☒ CANINE ☐ FELINE ☐ PET BIRD

No. A **256591**

Origin Contact Union Co Animal Control Destination Contact Monmouth
Origin Address 1647 Jonesville Hwy Union SC 29379 Destination Address 260 Wall St Eatontown NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
8wkh	M	Pooch Blk/tan Shep X		too young
8wkh	M	Puffin Tan/Blk muzzle Shep X		too young
8wkh	F	Pixel Tan Shep X		too young
8wkh	M	Potcheio Tan/wht Shep X		too young

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.

NAME OF ACCREDITED VETERINARIAN (PRINT)	ADDRESS OF ACCREDITED VETERINARIAN	DATE
James N Grantham DVM	1312 S Pinckney St Union SC 29379	1/3/20
SIGNATURE OF ACCREDITED VETERINARIAN	TELEPHONE	FEDERAL ACCRED. #
<i>James N Grantham DVM</i>	803-427-3177	033490

STATE VET USE ONLY

Clemson Livestock Poultry Health • P.O. Box 102406 • Columbia, SC 29224 • 803.788.2260

DISTRIBUTION: ORIGINAL WHITE (1) & CANARY (2) TO STATE VET - PINK (3) TO ACCOMPANY SHIPMENT - GOLDENROD (4) VETERINARIAN'S COPY

DO NOT STAPLE

SUBMIT WITHIN 7 DAYS OF DATE ISSUED

STATE OF SOUTH CAROLINA
COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
(REV 02/16)

☒ CANINE ☐ FELINE ☐ PET BIRD

No. A **256588**

Origin Contact Union Co Animal Control Destination Contact Monmouth
Origin Address 1647 Jonesville Hwy Union SC 29379 Destination Address 260 Wall St Eatontown NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
8wkh	F	Pinky Tan/Blk Shep X		too young
14wkh	F	Bertie Blk/Tan/wht Corgi X		too young

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.

NAME OF ACCREDITED VETERINARIAN (PRINT)	ADDRESS OF ACCREDITED VETERINARIAN	DATE
James N Grantham DVM	1312 S. Pinckney St Union SC 29379	1/3/20
SIGNATURE OF ACCREDITED VETERINARIAN	TELEPHONE	FEDERAL ACCRED. #
<i>James N Grantham DVM</i>	803-427-3177	033490

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SUBMIT WITHIN 7 DAYS OF DATE ISSUED

STATE OF SOUTH CAROLINA

COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
(REV 02/16)☒ CANINE ☐ FELINE ☐ PET BIRD

No. A 256591

Origin Contact Union Co Animal Control

Destination Contact Monmouth

Origin Address 1647 Jonesville Hwy Union SC 29379

Destination Address 260 Wall St Eatontown NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
8wkh	M	Pooch Blk/Tan Shep X		too young
8wkh	M	Puffin Tan/Blk muzzle Shep X		too young
8wkh	F	Pixel Tan Shep X		too young
8wkh	M	Pitcho Tan/Wht Shep X		too young

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.

NAME OF ACCREDITED VETERINARIAN (PRINT)	ADDRESS OF ACCREDITED VETERINARIAN	DATE
James N Grantham DVM	1312 S Pinckney St Union SC 29379	1/3/20
SIGNATURE OF ACCREDITED VETERINARIAN	TELEPHONE	FEDERAL ACCRED. #
<i>James N Grantham DVM</i>	803-427-3177	033490

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DISTRIBUTION: ORIGINAL WHITE (1) & CANARY (2) TO STATE VET - PINK (3) TO ACCOMPANY SHIPMENT - GOLDENROD (4) VETERINARIAN'S COPY

DO NOT STAPLE

SUBMIT WITHIN 7 DAYS OF DATE ISSUED

STATE OF SOUTH CAROLINA

COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
(REV 02/16)☒ CANINE ☐ FELINE ☐ PET BIRD

No. A 256588

Origin Contact Union Co Animal Control

Destination Contact Monmouth

Origin Address 1647 Jonesville Hwy Union SC 29379

Destination Address 260 Wall St Eatontown NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
8wkh	F	Pinky Tan/Blk Shep X		too young
14wkh	F	Bertie Blk/Tan/wht Corgi X		too young

I certify that I have examined the above described companion animals and found them to be free from symptoms of contagious, infectious or communicable disease and, to the best of my knowledge, have not been exposed to rabies. I am accredited in South Carolina and familiar with the entrance requirements of the state or country of destination and that this certificate is issued in compliance therewith.

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James N Grantham DVM	1312 S Pinckney St Union SC 29379	1/3/20
SIGNATURE OF ACCREDITED VETERINARIAN	TELEPHONE	FEDERAL ACCRED. #
<i>James N Grantham DVM</i>	803-427-3177	033490

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DISTRIBUTION: ORIGINAL WHITE (1) & CANARY (2) TO STATE VET - PINK (3) TO ACCOMPANY SHIPMENT - GOLDENROD (4) VETERINARIAN'S COPY



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

CERTIFICATE OF VETERINARY INSPECTION

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

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: Jon Swartzfager, DVM Date/Time: 01-11-2020, 07:13 PM Address: 614 Gaines Highway Boyle MS 1750 USDA Accreditation: 003836 City: Boyle State: MS Zip: 38730 Phone #: (662) 843-4854 Email: 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			



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

CERTIFICATE OF VETERINARY INSPECTION

Consignor - Contact Person at Origin		Consignee - Contact Person at Destination		Carrier (Transporter)	
Name: CARES Animal Shelter Address: 1645 Desoto Avenue Clarksdale, MS 38614 Phone: (662) 627-7870 Physical Address: 1645 Desoto Avenue Clarksdale, MS 38614 County: Premises ID:		Name: St. Hubert's Animal Welfare Center Address: 575 Woodland Ave Madison, NJ 07940 Phone: Physical Address: 575 Woodland Ave Madison, NJ 07940 County: Premises ID:		Shipment Date: 01-12-2020 Carrier: Consignor Phone: Transport Method: Air Moving: Interstate	
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: Jon Swartzfager, DVM Address: 614 Gaines Highway Boyle MS 38730 Date/Time: 01-11-2020, 07:13 PM USDA Accreditation: 003836 License State / #: MS 1750 Phone #: (662) 843-4854 Email: 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			



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

CERTIFICATE OF VETERINARY INSPECTION

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

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

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
4	Paddy	Male	6 weeks	Terrier Mix			
5	Percy	Male	6 weeks	Terrier Mix			
6	Pancho	Male	6 weeks	Terrier Mix			
7	Pebble	Female	6 weeks	Terrier Mix			
8	Elmo	Male	6 months	Retriever			Vaccinations: Type: Rabies, Date: 01-10-2020, Vaccine Serial Number: 384071A, Expiration Timeframe: 1 Year
9	Butch	Male	1 years	Retriever			Vaccinations: Type: Rabies, Date: 01-10-2020, Vaccine Serial Number: 384071A, Expiration Timeframe: 1 Year

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
UNITED STATES INTERSTATE AND INTERNATIONAL
CERTIFICATE OF HEALTH EXAMINATION
FOR SMALL ANIMALS

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
280 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) PAULA	LABRADOR/MIX	10W F		BLACK
(2) PINTA	LABRADOR/MIX	10W F		BLK/WHT
(3) PATSY	LABRADOR/MIX	10W F		BLACK
(4) PENNY	LABRADOR/MIX	10W F		BRIND/BR
(5)				
(6)				

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
Vaccination Date	Product	Date	Product Type and/or Results
1-16-2020	TOO YOUNG FOR RAB	12-13-15	DHLPP + 4L (1-4)
	(1-4)	1-1-20	DHLPP + 4L (1-4)
1-15-2020	BORDETELLA (1-4)	1/15/20	DHLPP + 4L (1-4)
		1-16-20	FECAL NEGATIVE (1-4)

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

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

☒ I have verified the presence of the microchip. If a microchip is listed in box 7.

☒ I certify that the animal(s) described above and on continuation sheet(s), if applicable, have been inspected by me on this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animal or other animals or would endanger public health.

☒ To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and has/have not been exposed to rabies.

ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)
PRINTED NAME OF USDA VETERINARIAN
NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN
DR. CARLOS G. DEL TORO
PO BOX 332
MANATI PUERTO RICO 00674
787-691-4033

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here DATE
NOTE: International shipments may require certification by an accredited veterinarian.
SIGNATURE OF ISSUING VETERINARIAN
L. G. J. Del Toro
LICENSE NUMBER AND STATE
248 PUERTO RICO
Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
036188

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 0579-0033. 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
0579-0033

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).

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/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) PARKER	LABRADOR MIX	M		BLACK
(2) POLO	LABRADOR MIX	M		BLK/BRN
(3) PEPE	LABRADOR MIX	M		BLACK
(4) PACO	LABRADOR MIX	M		BLACK
(5) PABLO	LABRADOR MIX	M		BROWN
(6)				

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
Vaccination Date	Product	Date	Product Type and/or Results
1/16/20	TOO YOUNG FOR RABIES	12/13/19	DHLPP + 4L (1-5)
1/15/20	BORDETELLA (1-5)	1/1/20	DHLPP + 4L (1-5)
		1/15/20	DHLPP + 4L (1-5)
		1/16/20	FECAL NEGATIVE (1-5)

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

VETERINARY CERTIFICATION: I certify that the animals described in box 7 have been examined by me this date, that the information provided in box 8 is true and accurate to the best of my knowledge, and that the following findings have been made ("X" applicable statements).
☒ I have verified the presence of the microchip, if a microchip is listed in box 7.
☒ I certify that the animal(s) described above and on continuation sheet(s), if applicable, have been inspected by me on this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animal or other animals or would endanger public health.
☒ To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and has/have not been exposed to rabies.

ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

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

LICENSE NUMBER AND STATE
248
Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
036188

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here DATE

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

DATE

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

Dr. Carlos G. Del Toro

1/16/2020



UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
UNITED STATES INTERSTATE AND INTERNATIONAL
CERTIFICATE OF HEALTH EXAMINATION
FOR SMALL ANIMALS

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
MONTMONTOWN 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			OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
					☐ 1 YEAR	☐ 2 YEARS	☐ 3 YEARS	Product	Product Type and/or Results
(1) PAULA	LABRADOR/MIX	10W	F	BLACK	1-16-2020	TOO YOUNG FOR RAB	12-13-14	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/BR			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 TEMPERATURE OF 20-85°F

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☒ I certify that the animal(s) described above and on continuation sheet(s), if applicable, have been inspected by me on this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animal or other animals or would endanger public health.

☒ To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and has/have not been exposed to rabies.

ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)
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DR. CARLOS G. DEL TORO
PO BOX 332
MANATI PUERTO RICO 00674
787-691-4033

LICENSE NUMBER AND STATE
248 PUERTO RICO

Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
036188

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

SIGNATURE OF ISSUING VETERINARIAN
Dr. C. G. Del Toro

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here DATE