

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 **275310**

Origin Contact PSP Rescue/Chris 720 (973) 534-7726

Destination Contact Monmouth SPCA (732) 542-0040

Origin Address 168 Highway 274 #311 Lake Wylie, SC 29710

Destination Address 260 Wall Street Eatontown, NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
9wks	F	Quinn Black/Tan Bernese Mt Mix	too young	N/A
9wks	F	Milktoes Black/Tan Mix	too young	N/A
9wks	M	Teddy Tan Mix	too young	N/A
9wks	M	Finn Black/Tan Bernese Mt Mix	too young	N/A

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.

STATE VET USE ONLY

NAME OF ACCREDITED VETERINARIAN (PRINT)

ADDRESS OF ACCREDITED VETERINARIAN

DATE

Jenna Blake, DVM

1125 N. Anderson Rd
Rock Hill, SC 29730

11/18/2020

SIGNATURE OF ACCREDITED VETERINARIAN

TELEPHONE

FEDERAL ACCRED. #

Jenna Blake, DVM

803-327-7387

028883

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

3

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STATE OF SOUTH CAROLINA
COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
 (REV 02/16)

☒ CANINE ☐ FELINE ☐ PET BIRD

No. A **275313**

Origin Contact PSP Rescue/Chris 720 (973) 534-7726

Destination Contact Monmouth SPCA (732) 542-0040

Origin Address 168 Highway 274 #311 Lake Wylie, SC 29710

Destination Address 260 Wall Street Eatontown, NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
9wks	M	Falcon Tricolor Husky mix	too young	N/A
9wks	F	Jewel Black/Tan Husky mix	too young	N/A
9wks	M	Cooper Red/Black mix	too young	N/A

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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NAME OF ACCREDITED VETERINARIAN (PRINT)

ADDRESS OF ACCREDITED VETERINARIAN

DATE

Jenna Blake, DVM

1125 N. Anderson Rd.
Rock Hill, SC 29730

11/18/2020

SIGNATURE OF ACCREDITED VETERINARIAN

TELEPHONE

FEDERAL ACCRED. #

Jenna Blake, DVM

803-327-7387

028883

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

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COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
 (REV 02/16)

☒ CANINE ☐ FELINE ☐ PET BIRD

No. A **275304**

Origin Contact PSP Rescue/Chris Rizzo (973) 534-7726 Destination Contact Monmouth SPCA (732) 542-0040
 Origin Address 168 Highway 271 #311 Lakeview, SC 29710 Destination Address 260 Wall Street Eatontown, NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
6wks	M	Simon Black/White mix	too young	N/A

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.

STATE VET USE ONLY

NAME OF ACCREDITED VETERINARIAN (PRINT) <u>Jenna Blake, DVM</u>	ADDRESS OF ACCREDITED VETERINARIAN <u>1125 N. Anderson Rd. Rock Hill, SC 29730</u>	DATE <u>12/10/2020</u>
SIGNATURE OF ACCREDITED VETERINARIAN <u>Jenna Blake, DVM</u>	TELEPHONE <u>803-327-7387</u>	FEDERAL ACCRED. # <u>028883</u>

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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

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STATE OF SOUTH CAROLINA
COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
 (REV 02/16)

☒ CANINE ☐ FELINE ☐ PET BIRD

No. A **275322**

Origin Contact PSP Rescue/Chris Rizzo (973) 534-7726 Destination Contact Monmouth SPCA (732) 542-0040
 Origin Address 168 Highway 271 #311 Lakeview, SC 29710 Destination Address 260 Wall Street Eatontown, NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
6wks	F	Security Brown mix	too young	N/A
6wks	F	Boss Brindle/White mix	too young	N/A
6wks	M	Alvin Black/White mix	too young	N/A
6wks	M	Theodore Black/White mix	too young	N/A

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.

STATE VET USE ONLY

NAME OF ACCREDITED VETERINARIAN (PRINT) <u>Jenna Blake, DVM</u>	ADDRESS OF ACCREDITED VETERINARIAN <u>1125 N. Anderson Rd. Rock Hill, SC 29730</u>	DATE <u>12/10/2020</u>
SIGNATURE OF ACCREDITED VETERINARIAN <u>Jenna Blake, DVM</u>	TELEPHONE <u>803-327-7387</u>	FEDERAL ACCRED. # <u>028883</u>

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



Clemson Livestock Poultry Health
PO BOX 102406
Columbia, SC 29224-2406
Phone: 803-788-2260

Certificate #: 20-SC-0157-601AV
Issue Date: 12-09-2020
Entry Permit#:

Total # of Animals: 4
Inspection Date: 12-09-2020

CERTIFICATE OF VETERINARY INSPECTION

Consignor	Location of Animals	Consignee	Destination of Shipment	Carrier (Transporter)
Chris Rizzo/PSP Rescue 1516 Village Harbor Lane Clover, SC 29710 Phone: (973) 534-7726 County: York Premises ID:	Chris Rizzo/PSP Rescue 1516 Village Harbor Lane Clover, SC 29710 Phone: (973) 534-7726 County: York Premises ID:	Monmouth County SPCA 260 Wall Street Eatontown, NJ 07724 Phone: (732) 818-8879 County: Premises ID:	Monmouth County SPCA 260 Wall Street Eatontown, NJ 07724 Phone: (732) 818-8879 County: Premises ID:	Shipment Date: 12-12-2020 Carrier: Consignor Phone: Transport Method: Car 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" <table><tr><td>Digitally Signed By</td><td>Address:</td><td>City:</td><td>State:</td><td>Zip:</td></tr><tr><td>Maria Belu, DVM</td><td>2445 Ebenezer Rd</td><td>Rock Hill</td><td>SC</td><td>29732</td></tr><tr><td>Date/Time:</td><td>USDA Accreditation:</td><td>License State / #</td><td>Phone #:</td><td>Email:</td></tr><tr><td>12-09-2020, 10:16 AM</td><td>090401</td><td>SC 4074</td><td>(803) 366-1950</td><td>drbelu@ebenezeravets.com</td></tr></table>	Digitally Signed By	Address:	City:	State:	Zip:	Maria Belu, DVM	2445 Ebenezer Rd	Rock Hill	SC	29732	Date/Time:	USDA Accreditation:	License State / #	Phone #:	Email:	12-09-2020, 10:16 AM	090401	SC 4074	(803) 366-1950	drbelu@ebenezeravets.com
Digitally Signed By	Address:	City:	State:	Zip:																	
Maria Belu, DVM	2445 Ebenezer Rd	Rock Hill	SC	29732																	
Date/Time:	USDA Accreditation:	License State / #	Phone #:	Email:																	
12-09-2020, 10:16 AM	090401	SC 4074	(803) 366-1950	drbelu@ebenezeravets.com																	

Animal Details

Animal Type: Small Animal	Species: Dogs	Movement Purpose: Companion Animal					
Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official ID#	Tests / Vaccinations / Treatments
1	20-317-Cococa	Male	7 weeks	Labrador Mix			Tests & Accessions: Test Name: Parvo Snap Test, Result: Negative, Test Date: 11-30-2020 Vaccinations: Type: Other Name: Da2PP 3 week, Date: 11-30-2020 Type: Other Name: Bordetella, Date: 11-30-2020



Clemson Livestock Poultry Health
PO BOX 102406
Columbia, SC 29224-2406
Phone: 803-788-2260

CERTIFICATE OF VETERINARY INSPECTION

Certificate #: 20-SC-0157-601AV
Issue Date: 12-09-2020
Entry Permit#:

Total # of Animals: 4
Inspection Date: 12-09-2020

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
2	20-318-Cinder	Female	7 weeks	Labrador Mix			Tests & Accessions: Test Name: Parvo Snap Test, Result: Negative, Test Date: 11-30-2020 Vaccinations: Type: Other, Name: Da2PP 3 week, Date: 11-30-2020 Type: Other, Name: Bordatella, Date: 11-30-2020
3	20-319-Ryder	Male	7 weeks	Labrador Mix			Tests & Accessions: Test Name: Parvo Snap Test, Result: Negative, Test Date: 11-30-2020 Vaccinations: Type: Other, Name: Da2PP 3 week, Date: 11-30-2020 Type: Other, Name: Bordatella, Date: 11-30-2020
4	20-320-Duke	Male	7 weeks	Labrador Mix			Tests & Accessions: Test Name: Parvo Snap Test, Result: Negative, Test Date: 11-30-2020 Vaccinations: Type: Other, Name: Da2PP 3 week, Date: 11-30-2020 Type: Other, Name: Bordatella, Date: 11-30-2020



Clemson Livestock Poultry Health
PO BOX 102406
Columbia, SC 29224-2406
Phone: 803-788-2260

CERTIFICATE OF VETERINARY INSPECTION

Certificate #: 20-SC-0158-800AV
Issue Date: 12-12-2020
Entry Permit#:

Total # of Animals: 2
Inspection Date: 12-12-2020

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
1	20-307-Kaptan	Male	07-21-2020	Hound Mx			Tests & Accessions: Test Name: Fecal, Result: Hookworms, Test Date: 11-21-2020 Vaccinations: Type: Rabies, Date: 11-21-2020, Booster Date: 11-21-2021, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP, Date: 12-12-2020 Type: Other, Name: Canine Influenza, Date: 12-12-2020 Type: Other, Name: Bordetella IN, Date: 11-21-2020 Additional Notes: Dewormed with Pyrantel 11/21/20 and 12/12/20
2	20-308-Janie	Female	11-09-2017	Lab Retriever Mix			Tests & Accessions: Test Name: Heartworm, Result: Strong Positive, Test Date: 11-21-2020 Test Name: Fecal, Result: Hookworms, Test Date: 11-21-2020 Vaccinations: Type: Rabies, Date: 11-21-2020, Booster Date: 11-21-2021, Expiration Timeframe: 1 Year Type: Other, Name: Bordetella IN, Date: 11-21-2020 Type: Other, Name: DA2PP, Date: 11-21-2020 Type: Other, Name: Canine Influenza (H3N2), Date: 12-12-2020 Additional Notes: Dewormed with Pyrantel 11/21/20 and 12/12/20



Clemson Livestock Poultry Health
PO BOX 102406
Columbia, SC 29224-2406
Phone: 803-788-2260

CERTIFICATE OF VETERINARY INSPECTION
Certificate #: 20-SC-0156-800AV
Issue Date: 12-12-2020
Entry Permit#:

Total # of Animals: 2
Inspection Date: 12-12-2020

Consignor	Location of Animals	Consignee	Destination of Shipment	Carrier (Transporter)
Chris Rizzo/PSP Rescue 1516 Village Harbor Lane Clover, SC 29710 Phone: (973) 534-7726 County: York Premises ID:	Chris Rizzo/PSP Rescue 1516 Village Harbor Lane Clover, SC 29710 Phone: (973) 534-7726 County: York Premises ID:	Monmouth County SPCA 260 Wall Street Eatontown, NJ 07724 Phone: (732) 818-8879 County: Premises ID:	Monmouth County SPCA 260 Wall Street Eatontown, NJ 07724 Phone: (732) 818-8879 County: Premises ID:	Shipment Date: 12-12-2020 Carrier: Consignor Phone: Transport Method: Car 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: April Stephens, DVM Date/Time: 12-12-2020, 11:09 AM Address: 2445 Ebenezer Rd City: Rock Hill State: SC Zip: 29732 USDA Accreditation: SC 2924 License State / # : (803) 366-1950 Email: drstephens@ebenezerpets.com

Animal Details		
Animal Type: Small Animal	Species: Dogs	Movement Purpose: Companion Animal



Clemson Livestock Poultry Health
PO BOX 102406
Columbia, SC 29224-2406
Phone: 803-788-2260

CERTIFICATE OF VETERINARY INSPECTION

Certificate #: 20-SC-0158-800AV
Issue Date: 12-12-2020
Entry Permit#:

Total # of Animals: 2
Inspection Date: 12-12-2020

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official ID#	Tests / Vaccinations / Treatments
1	20-307-Kaptan	Male	07-21-2020	Hound Mix			Tests & Accessions: Test Name: Fecal, Result: Hookworms, Test Date: 11-21-2020 Vaccinations: Type: Rabies, Date: 11-21-2020, Booster Date: 11-21-2021, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP Date: 12-12-2020 Type: Other, Name: Canine Influenza, Date: 12-12-2020 Type: Other, Name: Bordetella IN, Date: 11-21-2020 Additional Notes: De wormed with Pyrantel 11/21/20 and 12/12/20
2	20-308-Janie	Female	11-09-2017	Lab. Retriever Mix			Tests & Accessions: Test Name: Heartworm, Result: Strong Positive, Test Date: 11-21-2020 Test Name: Fecal, Result: Hookworms, Test Date: 11-21-2020 Vaccinations: Type: Rabies, Date: 11-21-2020, Booster Date: 11-21-2021, Expiration Timeframe: 1 Year Type: Other, Name: Bordetella IN, Date: 11-21-2020 Type: Other, Name: DA2PP Date: 11-21-2020 Type: Other, Name: Canine Influenza (H3N2), Date: 12-12-2020 Additional Notes: De wormed with Pyrantel 11/21/20 and 12/12/20



Clemson Livestock Poultry Health
PO BOX 102406
Columbia, SC 29224-2406
Phone: 803-788-2260

CERTIFICATE OF VETERINARY INSPECTION
Certificate #: 20-SC-0158-627AV
Issue Date: 12-12-2020
Entry Permit#:

Total # of Animals: 4
Inspection Date: 12-12-2020

Consignor	Location of Animals	Consignee	Destination of Shipment	Carrier (Transporter)
Chris Rizzo/PSP Rescue 1516 Village Harbor Lane Clover, SC 29710 Phone: (973) 534-7726 County: York Premises ID:	Chris Rizzo/PSP Rescue 1516 Village Harbor Lane Clover, SC 29710 Phone: (973) 534-7726 County: York Premises ID:	Monmouth County SPCA 260 Wall Street Eatontown, NJ 07724 Phone: (732) 818-8879 County: Premises ID:	Monmouth County SPCA 260 Wall Street Eatontown, NJ 07724 Phone: (732) 818-8879 County: Premises ID:	Shipment Date: 12-12-2020 Carrier: Consignor Phone: Transport Method: Car 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: April Stephens, DVM Address: 2445 Ebenezer Rd City: Rock Hill State: SC Zip: 29732 Date/Time: 12-12-2020, 10:57 AM USDA Accreditation: 059057 License State / #: SC 2924 Phone #: (803) 366-1950 Email: drstephens@ebenezeravets.com

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



Clemson Livestock Poultry Health
PO BOX 102406
Columbia, SC 29224-2406
Phone: 803-788-2260

CERTIFICATE OF VETERINARY INSPECTION

Certificate #: 20-SC-0158-627AV
Issue Date: 12-12-2020
Entry Permit#:

Total # of Animals: 4
Inspection Date: 12-12-2020

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official ID#	Tests / Vaccinations / Treatments
1	20-298 Thoe	Male	08-17-2020	Mixed			Tests & Accessions: Test Name: Feces parasite check, Result: No Oocytes Seen, Test Date: 12-11-2020 Vaccinations: Type: Rabies, Date: 12-11-2020, Booster Date: 12-11-2021, Tag Number: 332101, Vaccine Serial Number: 419399, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 Year, Date: 12-11-2020 Type: Other, Name: Bordatella IN 1 year, Date: 11-18-2020 Type: Other, Name: Canine Influenza, Date: 12-11-2020
2	20-299 DJ	Male	08-17-2020	Mixed			Tests & Accessions: Test Name: Feces parasite check, Result: No Oocytes Seen, Test Date: 12-11-2020 Vaccinations: Type: Rabies, Date: 12-11-2020, Booster Date: 12-11-2021, Tag Number: 332104, Vaccine Serial Number: 419399, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 Year, Date: 12-11-2020 Type: Other, Name: Bordatella IN 1 year, Date: 11-18-2020 Type: Other, Name: Canine Influenza, Date: 12-11-2020
3	20-300 Alexa	Female	08-17-2020	Mixed			Tests & Accessions: Test Name: Feces parasite check, Result: No Oocytes Seen, Test Date: 12-11-2020 Vaccinations: Type: Rabies, Date: 12-11-2020, Booster Date: 12-11-2021, Tag Number: 332102, Vaccine Serial Number: 419399, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 Year, Date: 12-11-2020 Type: Other, Name: Bordatella IN 1 year, Date: 11-18-2020 Type: Other, Name: Canine Influenza, Date: 12-12-2020



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CERTIFICATE OF VETERINARY INSPECTION

Certificate #: 20-SC-0158-627AV
Issue Date: 12-12-2020
Entry Permit#:

Total # of Animals: 4
Inspection Date: 12-12-2020

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official ID#	Tests / Vaccinations / Treatments
4	20-301 Autumn	Female	08-17-2020	Mixed			Tests & Accessions: Test Name: Feces parasite check, Result: No Oocysts Seen, Test Date: 12-11-2020 Vaccinations: Type: Rabies, Date: 12-11-2020, Booster Date: 12-11-2021, Tag Number: 332103, Vaccine Serial Number: 419399, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 Year, Date: 12-11-2020 Type: Other, Name: Bordetella IN 1 year, Date: 11-18-2020 Type: Other, Name: Canine Influenza, Date: 12-12-2020



Clemson Livestock Poultry Health
PO BOX 102406
Columbia, SC 29224-2406
Phone: 803-788-2260

CERTIFICATE OF VETERINARY INSPECTION
Certificate #: 20-SC-0154-928AV
Issue Date: 11-30-2020
Entry Permit#:

Total # of Animals: 4
Inspection Date: 11-30-2020

Consignor	Location of Animals	Consignee	Destination of Shipment	Carrier (Transporter)
Chris Rizzo/PSP Rescue 1516 Village Harbor Lane Clover, SC 29710 Phone: (973) 534-7726 County: York Premises ID:	Chris Rizzo/PSP Rescue 1516 Village Harbor Lane Clover, SC 29710 Phone: (973) 534-7726 County: York Premises ID:	Monmouth County SPCA 260 Wall Street Eatontown, NJ 07724 Phone: (732) 818-8879 County: Premises ID:	Monmouth County SPCA 260 Wall Street Eatontown, NJ 07724 Phone: (732) 818-8879 County: Premises ID:	Shipment Date: 12-12-2020 Carrier: Consignor Phone: Transport Method: Car 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: Jay Hreiz, DVM Date/Time: 11-30-2020, 04:32 PM Address: 2445 Ebenezer Rd City: Rock Hill State: SC Zip: 29732 USDA Accreditation: 004989 License State / #: SC 2687 Phone #: (803) 366-1950 Email: dstephens@ebenezeravets.com

Animal Details						
Animal Type: Small Animal		Species: Dogs	Movement Purpose: Other			
Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official ID#
1	20-313 Puppy 4	Male	10-06-2020	Hound Mix		
2	20-311 Puppy 2	Female	10-06-2020	Hound Mix		
3	20-312 Puppy 3	Male	10-06-2020	Hound Mix		
Tests / Vaccinations / Treatments						
Vaccinations: Type: Other, Name: DA2PP 3 Week, Date: 11-30-2020						
Vaccinations: Type: Other, Name: DA2PP 3 Week, Date: 11-30-2020						
Vaccinations: Type: Other, Name: DA2PP 3 Week, Date: 11-30-2020						



Clemson Livestock Poultry Health
PO BOX 102406
Columbia, SC 29224-2406
Phone: 803-788-2260

CERTIFICATE OF VETERINARY INSPECTION

Certificate #: 20-SC-0154-928AV
Issue Date: 11-30-2020
Entry Permit#:

Total # of Animals: 4
Inspection Date: 11-30-2020

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
4	20-310 Puppy 1	Female	10-06-2020	Hound Mix			Vaccinations: Type: Other, Name: DA2PP 3 Week, Date: 11-30-2020



Clemson Livestock Poultry Health
PO BOX 102406
Columbia, SC 29224-2406
Phone: 803-788-2260

CERTIFICATE OF VETERINARY INSPECTION
Certificate #: 20-SC-0158-373AV
Issue Date: 12-11-2020
Entry Permit#:

Total # of Animals: 1
Inspection Date: 11-30-2020

Consignor	Location of Animals	Consignee	Destination of Shipment	Carrier (Transporter)
Chris Rizzo/PSP Rescue 1516 Village Harbor Lane Clover, SC 29710 Phone: (973) 534-7726 County: York Premises ID:	Chris Rizzo/PSP Rescue 1516 Village Harbor Lane Clover, SC 29710 Phone: (973) 534-7726 County: York Premises ID:	Monmouth County SPCA 260 Wall Street Eatontown, NJ 07724 Phone: (732) 818-8879 County: Premises ID:	Monmouth County SPCA 260 Wall Street Eatontown, NJ 07724 Phone: (732) 818-8879 County: Premises ID:	Shipment Date: 12-12-2020 Carrier: Consignor Phone: Transport Method: Car 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: Jay Hreiz, DVM Date/Time: 12-11-2020, 07:32 AM Address: 2445 Ebenezer Rd. City: Rock Hill State: SC Zip: 29732 USDA Accreditation: 004989 License State / #: SC 2687 Phone #: (803) 366-1950 Email: dhreiz@ebenezer vets.com		
Animal Details				
Animal Type: Small Animal	Species: Dogs	Movement Purpose: Other		



Clemson Livestock Poultry Health
PO BOX 1022406
Columbia, SC 29224-2406
Phone: 803-788-2260

CERTIFICATE OF VETERINARY INSPECTION

Certificate #: 20-SC-0158-373AV
Issue Date: 12-11-2020
Entry Permit#:

Total # of Animals: 1
Inspection Date: 11-30-2020

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
1	20-314 Sissey	Female	2 years	Hound Mix			Tests & Accessions: Test Name: Heartworm test, Result: Negative, Test Date: 11-30-2020 Vaccinations: Type: Rabies, Date: 11-30-2020, Booster Date: 11-30-2021, Tag Number: 332090, Vaccine Serial Number: 419399, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 Year, Date: 11-30-2020 Type: Other, Name: Bordetella IN 1 year, Date: 11-30-2020 Type: Other, Name: Canine Influenza 3 week, Date: 11-30-2020



Alabama Department of
Agriculture and Industries
1445 Federal Drive
Montgomery, AL 36107
Phone: 334-240-7253
Fax: 334-240-7199

CERTIFICATE OF VETERINARY INSPECTION

CERTIFICATE NUMBER

Contact State of Destination for Movement Requirements and Certificate Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM
For Interstate Travel - Certificate Valid for 30 days from Inspection

20-AL-16538270

http://ag.alabama.gov/divisions/animal-industry/inspection-requirements

INSPECTION DATE	ISSUE DATE	ENTRY PERMIT NUMBER	BRAND INSPECTION NUMBER & ISSUE DATE
2020-12-11	2020-12-14		

Name: **Gardiff** | DOB: 2020-02-14 | Color: Black/Brown/White | Gender: Male | Breed: Mixed/Large | Head Count: 1

Official ID Types: Animal ID | IDs:
46188073

Remarks:

Tests				
Name	Type	Lab	Test Date	Accession
Heartworm	IDEXX-HTWRM		2020-12-07	
				2020-12-07
				Negative

Vaccinations

Name	Type	Manufacturer	Lot Number	Lot Expiration	Administered	Expiration	Remarks
Rabies	Killed	Elanco	D020246A		2020-12-04	2021-12-04	

Name: **Tundra** | DOB: 2020-07-14 | Color: Black/White | Gender: Female | Breed: Mixed/Large | Head Count: 1

Official ID Types: Animal ID | IDs:
46213513

Remarks:

Vaccinations

Name	Type	Manufacturer	Lot Number	Lot Expiration	Administered	Expiration	Remarks
Rabies	Killed	Elanco	D020246A		2020-12-11	2021-12-11	

Name: **Snowball** | DOB: 2020-07-14 | Color: White/Brown | Gender: Male | Breed: Mixed/Large | Head Count: 1

Official ID Types: Animal ID | IDs:
46213445

Remarks:

Vaccinations

Name	Type	Manufacturer	Lot Number	Lot Expiration	Administered	Expiration	Remarks
Rabies	Killed	Elanco	D020246A		2020-12-11	2021-12-11	



Alabama Department of
Agriculture and Industries
1445 Federal Drive
Montgomery, AL 36107
Phone: 334-240-7253
Fax: 334-240-7198

<http://ag.alabama.gov/divisions/animal-industry/import-requirements>

CERTIFICATE OF VETERINARY INSPECTION

CERTIFICATE NUMBER

Contact State of Destination for Movement Requirements and Certificate Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM
For Interstate Travel - Certificate Valid for 30 days from inspection

20-AL-16538270

INSPECTION DATE	ISSUE DATE	ENTRY PERMIT NUMBER	BRAND INSPECTION NUMBER & ISSUE DATE
2020-12-11	2020-12-14		

Name: Nomy | DOB: 2020-10-14 | Color: Tan/Black/White | Gender: Male | Breed: Mixed/Large | Head Count: 1

Official ID Types: Animal ID | IDs:
46168294

Remarks:

Name: Goby | DOB: 2020-10-14 | Color: Black/White | Gender: Male | Breed: Mixed/Large | Head Count: 1

Official ID Types: Animal ID | IDs:
46168278

Remarks:

Name: Chuckie | DOB: 2020-10-14 | Color: Tan/Black/White | Gender: Male | Breed: Mixed/Medium | Head Count: 1

Official ID Types: Animal ID | IDs:
46168150

Remarks:

Name: Gili | DOB: 2020-10-14 | Color: Tan/Black/White | Gender: Male | Breed: Mixed/Large | Head Count: 1

Official ID Types: Animal ID | IDs:
46168284

Remarks:

OWNER / AGENT STATEMENT The animals in this shipment are those certified to and listed on this certificate. Signature _____ Date _____	VETERINARIAN'S SIGNATURE: This is a legally binding equivalent of a handwritten signature Darcie Skipper-Odom DVM 2020-12-14 16:21:15 -06:00	Darcie Skipper-Odom 131 Aston Woods Dr Chelsea, AL 35043 Phone: 2057326536
OFFICIAL USE ONLY The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.	VETERINARIAN CERTIFICATION: I certify, as an accredited Veterinarian, that the above 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.	Darcie Skipper-Odom 4826 - AL National Accreditation Number: 061682



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

Owner Humane Society, TN Consignee St Hubert's
Address 16717 Kingston Pike Address 575 Woodland Ave
City Knoxville City Mach 800
State TN State NJ Zip Code 07940
Telephone No. 805-573-9075 Telephone No. 973-377-2295

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #
KU	ROCKY	BORDER	M	5Y	Brown/Black		0100453
KU	MARK	Sheltie	M	3Y	Black/Brown		0100455
KU	ROSS	Collie	M	3Y	Blk/Brown		0100454

Remarks _____

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
Novartis	1028	8/5/11	L	8/11/11

Distribution:

Interstate Shipments

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

Accredited Veterinarian

Vet Code

Patrick S. Stewart DVM
Type or Print

Signature

Address

City

State

zip

Email Address

Telephone



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

Owner Humane Society, TN
Address 1017 Kingston pk
City Knoxville
State Tennessee
Telephone No. 865-573-9675

Consignee SI Hubert's
Address 575 Woodland Ave
City Morison
State New Jersey Zip Code 07940
Telephone No. 973-377-2295

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #
19	Rocky	Boxer	M	3Y	Brown/BK		814370
19	Barton	Hound	M	8m	BK/Brown		814375
19	Wile	Hound	M	4m	Brown		814373
19	Uia	Hound	F	4m	Brown		814374
19	Carly	Minnh	F	6m	BK/Brown		814372
19	Shawki	Basset	M	2Y	Black/white		814371
19	Val	Terr	F	1Y	White		814370
19	Wendy	Ch	M	2Y	Grey/BK		814309
19	Wendy	Ch	M	4Y	Tan		814308
19	Wendy	Ch	F	3Y	Tan		814307
19	Wendy	Ch	M	2Y	BK/BK		814305

Remarks 3 Boehringer 12/14/20

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
Wendy	1017	12/20	K	12/20
Wendy	1017	12/20	K	12/20
Wendy	1017	12/20	K	12/20

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

Accredited Veterinarian

Vet Code

Patrick S. Hackett 0591029

Type or Print

Signature Patrick S. Hackett D.V.M.

Address 11407 Couchmill Rd

City Knoxville State TN zip 37931

Email Address hackett@ps.0101.com

Telephone: 865-507-1474



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

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

Consignee St. Hubert's Animal Welfare Center
Address 575 Woodhird Ave
City Madison
State NT Zip Code 07940
Telephone No. 973-377-2095

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #	
canine	Rile	mixed	m	1yr	black/tan	—	035532	11/10/2
canine	Winston	walker hound	m	5yr	tricolor	—	035576	11/24/
canine	Tucker	mixed breed	mn	1 1/2yr	tan/blk	—	035518	11/10/
canine	Dawson	mixed breed	m	3yr	white/brown	—	035529	11/10/
canine	Banjo	terrier mix	m	7m	black/tan	—	035574	11/24/
canine	Chase	shep hound	m	1yr	black/tan	—	035571	11/24/
canine	Luke	heeler	mn	5yr	white/black	982000407333531	035539	11/7/2
canine	Cannoli	mixed breed	F	8yrs	white/black	—	035526	11/10/2
canine	Krazi	heeler	FS	2yrs	white/red	—	035541	11/7/2
canine	Marley	boxer mix	F	2yr	tricolor	—	033 035543	11/7/
canine	Sally	shep mix	F	6m	black	—	035678	10/6/2

Remarks

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.

Rabies Vaccination Data				
Manufacturer	Serial #	Exp.	Type	Date
Nobivac3-Merck	395411	4/15/21	K	10/20/20
Nobivac3-Merck	395411	4/15/21	K	11/10/20
Nobivac3-Merck	420628	10/5/21	K	11/17/20
Nobivac3-Merck	420628	10/5/21	K	11/24/20

Distribution:

Interstate Shipments

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

Accredited Veterinarian

Vet Code

Alice W. Sasser DVM 029220
Type or Print

Signature

AWSasser, DVM

Address 170 Kefauver Ln
City Madisonville State TN zip 37354

Email Address animalshelter@monmetn.com

Telephone: 423-442-1015



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

Owner Monroe County Animal Shelter Consignee St. Hubert's Animal Welfare Center
Address 170 Hefauver Ln Address 575 Woodland Ave
City Madisonville City Madison
State TN State NJ Zip Code 07940
Telephone No. 423-442-1015 Telephone No. 973-377-2295

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #
canine	Selma	shep mix	F	6m	black	—	0355177
canine	Pambo	mixed breed	MN	3yrs	tan	—	0355110
canine	Cupcake	mixed breed	FS	3yrs	brown	981020037029129	035547
canine	Burger	terrier mix	M	12wks	black/white	—	too young
canine	Blackberry	terrier mix	F	12wks	black/white	—	too young
canine	Tiny	mixed breed	F	10wks	white/black	—	too young
canine	Emilio	border collie	M	8wks	black/white	—	too young
canine	Freckulus	border collie	M	8wks	black/white	—	too young
canine	Ramona	mixer breed	F	2yrs	white/brown	—	035512
canine	Rudy	mixer breed	M	4wks	white/brown	—	too young
canine	Ruby	beagle mix	F	4yrs	brown/white	—	

Remarks _____

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.

Babies Vaccination Data				
Manufacturer	Serial #	Exp.	Type	Date
Nobivac 3-Merck	395411	6/15/21	K	10/21/20
Nobivac 3-Merck	395411	6/15/21	K	11/03/20
Nobivac 3-Merck	4200228	10/5/21	K	11/17/20
Nobivac 3-Merck	4200228	10/5/21	K	12/11/20

Distribution:

Interstate Shipments

White
* Canary
* Pink
Goldenrod

TN State Veterinarian
Accompany Shipment
TN State Veterinarian
Retain

Accredited Veterinarian

Vet Code

Alice W. Sasser DVM 009280
Type or Print

Signature

Alice W. Sasser, DVM

Address 170 Hefauver Ln

City Madisonville State TN zip 37354

Email Address animal.shelter@monmetn.com

Telephone: 423-442-1015

Rainy

Interstate Health Certificate for Dogs and Cats

DATE 12/21/2020 Coker/Creal
 Shipper: Hemlock Society 7 Lake **116535**
 Address: 10200 CR 2403
Tool TX 75143
 Shipped to: St. Huberts Animal Welfare Center
 Address: 575 Woodland Ave Madison NJ
07940

Species: K-9 Breed: Lab mix Sex: F
 Age: 1 yr Weight: 54.4 Color: blk/wht
 RABIES VACCINATION DATE: 12/21/20
 Vaccine type: Killed Lot No. 4122435
 Manufacturer: Merck Expiration Date: 08/31/2021
 Vaccination is: ☐ a booster (previous vaccination date: _____)

I certify that I have examined the animal described and to the best of my knowledge and belief attest to the statements indicated: (Check applicable statements)

- ☒ 1. Free from infectious, contagious, and /or communicable disease.
☒ 2. In good physical condition.
☒ 3. Owner states no known exposure to rabies or other communicable disease within 2 wks (days/months).
☐ 4. The county of residence is not under a rabies quarantine for dogs and cats.
☒ 5. Animal has not bitten anyone within the last 10 days.
☒ 6. This animal must be maintained in an environment with an ambient temperature between 35 and 85 degrees Fahrenheit/Celsius during transport.

This certificate is not a guarantee of the future health of this animal.

Signature of veterinarian: [Signature] License No. 6878
 Address: 2007 S. Palestine
Athens TX 75751

Confirm animal import requirements with health or consular officials for state or country of destination.

White: Owner
 Pink: Carrier
 Goldenrod: Carrier or Veterinarian



OWNER

Tammy

Interstate Health Certificate for Dogs and Cats

DATE 12/21/2020 Shipper Humane Society of Cedar Creek Lake **116516**
Address: 10200 CR 2463
Tool TX 75143
Shipped to: St. Hubert Animal Welfare Center
Address: 575 Woodland Ave
Madison Ave NJ 07940

Species: K-9 Breed: Shep/Plott x Sex: F
Age: 3yr Weight: 58.2 Color: Brindle/wht
RABIES VACCINATION DATE: 12/21/20
Vaccine type: Killed Lot No. 4122635
Manufacturer: Merck Expiration Date: 08/31/2022
Vaccination is: ☐ a booster (previous vaccination date: _____)

I certify that I have examined the animal described and to the best of my knowledge and belief attest to the statements indicated: (Check applicable statements)

- ☒ 1. Free from infectious, contagious, and /or communicable disease.
- ☒ 2. In good physical condition.
- ☒ 3. Owner states no known exposure to rabies or other communicable disease within 3 wks (days/months).
- ☒ 4. The county of residence is not under a rabies quarantine for dogs and cats.
- ☒ 5. Animal has not bitten anyone within the last 10 days.
- ☒ 6. This animal must be maintained in an environment with an ambient temperature between 35 and 85 degrees Fahrenheit/Celsius during transport.

This certificate is not a guarantee of the future health of this animal.

Signature of veterinarian Stacy L. Taylor, DVM License No. 6878

Address 2007 S. Palestine

Atkins TX 75751

Confirm animal import requirements with health or consular officials for state or country of destination.

White: Owner

Pink: Carrier

Goldenrod: Carrier or Veterinarian



OWNER

Ethel

Interstate Health Certificate for Dogs and Cats

DATE 12/21/2020 Shipper Humane Society of Cedar Creek **116511**
 Address: 10200 CR 2403
Tool, TX 75143
 Shipped to: St. Huberts Animal Welfare Center
 Address: 575 Woodland Ave
Madison NJ 07940

Species: K-9 Breed: Dobbie mix Sex: F
 Age: 9 months Weight: 33.5 Color: black & tan
 RABIES VACCINATION DATE: 12/21/20
 Vaccine type: killed Lot No. 359654B
 Manufacturer: Mercik Expiration Date: 03/23/20
 Vaccination is: ☐ a booster (previous vaccination date: _____)

I certify that I have examined the animal described and to the best of my knowledge and belief attest to the statements indicated: (Check applicable statements)

- ☒ 1. Free from infectious, contagious, and /or communicable disease.
☒ 2. In good physical condition.
☒ 3. Owner states no known exposure to rabies or other communicable disease within 3 weeks (days/months).
☒ 4. The county of residence is not under a rabies quarantine for dogs and cats.
☒ 5. Animal has not bitten anyone within the last 10 days.
☒ 6. This animal must be maintained in an environment with an ambient temperature between 35 and 85 degrees Fahrenheit/Celsius during transport.

This certificate is not a guarantee of the future health of this animal.

Signature of veterinarian J. Sullivan, DVM License No. 6878

Address 2007 S. Palestine
Athens TX 75751

Confirm animal import requirements with health or consular officials for state or country of destination.

White: Owner
 Pink: Carrier
 Goldenrod: Carrier or Veterinarian



OWNER

Wren

Interstate Health Certificate for Dogs and Cats

DATE	<u>12/21/2020</u>		
Shipper	<u>Humane Society of Cedar Creek, TX</u>		
Address:	<u>10200 CR 2403</u> <u>Tool, TX 75143</u>		
Shipped to:	<u>St. Huberts Animal Welfare Center</u>		
Address:	<u>575 Woodland Ave</u> <u>Madison NJ 0794</u>		
Species:	<u>K-9</u>	Breed:	<u>Lab Hound</u>
Age:	<u>9 months</u>	Weight:	<u>46.6</u>
		Color:	<u>tan</u>
RABIES VACCINATION DATE:	<u>12/21/20</u>		
Vaccine type:	<u>Killed</u>	Lot No.	<u>359654B</u>
Manufacturer:	<u>Merck</u>	Expiration Date:	<u>03/23/20</u>
Vaccination is:	☐ a booster (previous vaccination date: _____)		

I certify that I have examined the animal described and to the best of my knowledge and belief attest to the statements indicated: (Check applicable statements)

- ☒ 1. Free from infectious, contagious, and /or communicable disease.
- ☒ 2. In good physical condition.
- ☒ 3. Owner states no known exposure to rabies or other communicable disease within 2 wks (days/months).
- ☒ 4. The county of residence is not under a rabies quarantine for dogs and cats.
- ☒ 5. Animal has not bitten anyone within the last 10 days.
- ☒ 6. This animal must be maintained in an environment with an ambient temperature between 35 and 85 degrees Fahrenheit/Celsius during transport.

This certificate is not a guarantee of the future health of this animal.

Signature of veterinarian Bullw. S. F. Pen License No. 6878
 Address 2007 S. Palestine
Athen, TX 75751

Confirm animal import requirements with health or consular officials for state or country of destination.

White: Owner
 Pink: Carrier
 Goldenrod: Carrier or Veterinarian



OWNER

Cole

Interstate Health Certificate for Dogs and Cats

DATE 12/21/2020 Shipper Human Society of Cole Creek **116517**
 Address: 10200 CR 2403
Tool TX 75143
 Shipped to: St. Huberts Animal Welfare Center
 Address: 575 Woodland Ave Madison NJ 079

Species: K-9 Breed: Lab x Sex: ♂
 Age: 7 months Weight: 42 Color: blk
 RABIES VACCINATION DATE: 12/1/20
 Vaccine type: Killed Lot No. 4122635
 Manufacturer: Merck Expiration Date: 08/31/2021
 Vaccination is: ☐ a booster (previous vaccination date: _____)

I certify that I have examined the animal described and to the best of my knowledge and belief attest to the statements indicated: (Check applicable statements)

- ☒ 1. Free from infectious, contagious, and /or communicable disease.
☒ 2. In good physical condition.
☒ 3. Owner states no known exposure to rabies or other communicable disease within 2 wks (days/months).
☒ 4. The county of residence is not under a rabies quarantine for dogs and cats.
☒ 5. Animal has not bitten anyone within the last 10 days.
☒ 6. This animal must be maintained in an environment with an ambient temperature between 35 and 85 degrees Fahrenheit/Celsius during transport.

This certificate is not a guarantee of the future health of this animal.

Signature of veterinarian [Signature] License No. 6878
 Address 2007 S. Palestine
4th TX 75751

Confirm animal import requirements with health or consular officials for state or country of destination.



White: Owner
 Pink: Carrier
 Goldenrod: Carrier or Veterinarian

OWNER

Jubilee

Interstate Health Certificate for Dogs and Cats

DATE	<u>12/21/2020</u>		
Shipper:	<u>Athens Animal Rescue Shelter</u> 112304		
Address:	<u>901 West College St.</u> <u>Athens TX, 75751</u>		
Shipped to:	<u>St Hubert's</u>		
Address:	<u>575 Woodlands Ave</u> <u>Madison NJ 07940</u>		
Species:	<u>Canine</u>	Breed:	<u>Catahoula mix</u> Sex: <u>F</u>
Age:	<u>1yr 10 mos</u>	Weight:	<u>50 lbs</u> Color: <u>Tri</u>
RABIES VACCINATION DATE: <u>12/21/2020</u>			
Vaccine type:	<u>Killed</u>	Lot No.	<u>443186</u>
Manufacturer:	<u>Zoetis</u>	Expiration Date:	<u>30 Jun 2021</u>
Vaccination is: ☐ a booster (previous vaccination date: _____)			

I certify that I have examined the animal described and to the best of my knowledge and belief attest to the statements indicated: (Check applicable statements)

- ☒ 1. Free from infectious, contagious, and /or communicable disease.
- ☒ 2. In good physical condition.
- ☒ 3. Owner states no known exposure to rabies or other communicable disease within 25 days (days/months).
- ☒ 4. The county of residence is not under a rabies quarantine for dogs and cats.
- ☒ 5. Animal has not bitten anyone within the last 10 days.
- ☒ 6. This animal must be maintained in an environment with an ambient temperature between 35 and 85 degrees Fahrenheit/Celsius during transport.

This certificate is not a guarantee of the future health of this animal.

Signature of veterinarian [Signature] License No. 6878
 Address 2007 S. Palestine
Athens TX 75751

Confirm animal import requirements with health or consular officials for state or country of destination.

White: Owner
 Pink: Carrier
 Goldenrod: Carrier or Veterinarian



OWNER



Texas Animal Health Commission
PO Box 12966
Austin, TX 78711-2966

CERTIFICATE OF VETERINARY INSPECTION

Certificate #: 20-TX-0162-281AV
Issue Date:
Entry Permit#:

Total # of Animals: 16
Inspection Date: 12-26-2020

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
10	A46316193 Lucy	Spayed Female	4 years	Dachshund Mix	IMP	9851120008134 17	Tests & Accessions Test Name: SNAP Canine Heartworm Antigen. Result: Positive, Test Date: 12-17-2020 Vaccinations: Type: Rabies, Date: 12-17-2020, Booster Date: 12-17-2021, Tag Number: 5264630 Vaccine Serial Number: 412637, Expiration Timeframe: 1 Year Type: Other, Name: UAPPy, Date: 12-17-2020 Type: Other, Name: Bordetella Intranasal, Trac-3, Date: 12-17-2020
11	A46316172 Zimo	Neutered Male	2 years	Blue Heeler Mix	IMP	9820004076142 94	Tests & Accessions Test Name: SNAP Canine Heartworm Antigen. Result: Negative, Test Date: 12-18-2020 Vaccinations: Type: Rabies, Date: 12-18-2020, Booster Date: 12-18-2021, Tag Number: 5264649, Vaccine Serial Number: 412637, Expiration Timeframe: 1 Year Type: Other, Name: DAPPy, Date: 12-18-2020 Type: Other, Name: Bordetella Intranasal, Trac-3, Date: 12-18-2020
12	A46313008 Baby Boy	Neutered Male	2 years	Kelppo Mix	IMP	9810200310121 48	Tests & Accessions Test Name: SNAP Canine Heartworm Antigen. Result: Negative, Test Date: 12-22-2020 Vaccinations: Type: Rabies, Date: 12-22-2020, Booster Date: 12-22-2021, Tag Number: 16747, Vaccine Serial Number: 444591, Expiration Timeframe: 1 Year Type: Other, Name: DAPPy, Date: 12-22-2020 Type: Other, Name: Bordetella Intranasal, Trac-3, Date: 12-22-2020

Baby Boy
46313008