

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 275335

Origin Contact PSP Rescue/Julie Hallar 779-6662 (1704) Destination Contact Monmouth SPCA (732) 542-0040
 Origin Address 168 Highway 271 #311 Lake Wylie, SC 29710 Destination Address 260 Wall Street Eatontown, NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
5yrs	F	Cookie - Black/White American Pitbull	12/21/2020	208493

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

1/1/2021

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

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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 275308

Origin Contact PSP Rescue/Julie Hallar 779-6662 (1704) Destination Contact Monmouth SPCA (732) 542-0040
 Origin Address 168 Highway 271 #311 Lake Wylie, SC 29710 Destination Address 260 Wall Street Eatontown, NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
13wks	F	Mumford - Red/White Hound Mix	1/5/2020	91473

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

1/5/2020

SIGNATURE OF ACCREDITED VETERINARIAN

TELEPHONE

FEDERAL ACCRED. #

Jenna Blake, DVM

803-327-7387

028883

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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 275340

Origin Contact HWTR/Sarah Levens (937) 657-4331

Destination Contact Monmouth SPCA (732) 542-0040

Origin Address 1605 Shelland Lane Rock Hill, SC 29730

Destination Address 260 Wall Street Eatontown, NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
9wks	M	Ralphie Brown/White American Pitbull Mix	too young	N/A
9wks	F	Joy Brown/White American Pitbull 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) Jenna Blake, DVM	ADDRESS OF ACCREDITED VETERINARIAN 1125 N. Anderson Rd. Rock Hill, SC 29730	DATE 1/6/2020
SIGNATURE OF ACCREDITED VETERINARIAN Jenna Blake, DVM	TELEPHONE 803-327-7387	FEDERAL ACCRED. # 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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STATE OF SOUTH CAROLINA

COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

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

No. A 275331

Origin Contact PSPBEXUP/Julie Hallor (704) 779-6662

Destination Contact Monmouth SPCA (732) 542-0040

Origin Address 168 Highway 271 #311 Lare White, SC 29710

Destination Address 260 Wall Street Eatontown, NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
8wks	M	Jasper Brown/White Amer Pitbull Mix	too young	N/A
8wks	M	Oscar Brown/White Amer Pitbull 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) Jenna Blake, DVM	ADDRESS OF ACCREDITED VETERINARIAN 1125 N. Anderson Rd. Rock Hill, SC 29730	DATE 1/6/2020
SIGNATURE OF ACCREDITED VETERINARIAN Jenna Blake, DVM	TELEPHONE 803 327-7387	FEDERAL ACCRED. # 028883

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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

STATE OF SOUTH CAROLINA
 COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
 (REV 02/16)

SUBMIT WITHIN 7 DAYS OF DATE ISSUED

☒ CANINE ☐ FELINE ☐ PET BIRD

No. A 275339

Origin Contact 1581556/Julie Hric 779-6662 (17041) Destination Contact _____

Origin Address 1681 Highway 221# 311 Lakeview, SC 29710 Destination Address _____

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
2wks	F	Amr. Brindle Chihuahua/Dachshund	two young	N/A
2wks	M	Amr. Brindle Chihuahua/Dachshund	two 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.

NAME OF ACCREDITED VETERINARIAN (PRINT)	ADDRESS OF ACCREDITED VETERINARIAN	DATE	STATE VET USE ONLY
Tenna Blake, DVM	1135 N. Macdon Rd. Rock Hill, SC 29730	1/4/2021	
SIGNATURE OF ACCREDITED VETERINARIAN <i>Tenna Blake, DVM</i>	TELEPHONE 803-327-7387	FEDERAL ACCRED. # 028883	

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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 OF VETERINARY INSPECTION

Certificate #: 21-SC-0164-624AV
Issue Date: 01-06-2021
Entry Permit#:

Total # of Animals: 2
Inspection Date: 01-05-2021

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
2	21-002-Douglas	Neutered Male	1 years	Hound Mix			Tests & Accessions: Test Name: 1dx, Result: Negative, Test Date: 12-04-2020 Vaccinations: Type: Rabies, Date: 12-30-2020, Booster Date: 12-30-2021, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 12-18-2020 Type: Other, Name: Bordetella, Date: 11-18-2020 Type: Other, Name: CIV 3 week, Date: 01-04-2021



Clemson Livestock Poultry Health
PO BOX 102406
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Phone: 803-788-2260

CERTIFICATE OF VETERINARY INSPECTION

Certificate #: 21-SC-0164-624AV
Issue Date: 01-06-2021
Entry Permit#:

Total # of Animals: 2
Inspection Date: 01-05-2021

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
2	21-002-Douglas	Neutered Male	1 years	Hound Mix			Tests & Accessions: Test Name: 1dx, Result: Negative, Test Date: 12-04-2020 Vaccinations: Type: Rabies, Date: 12-30-2020, Booster Date: 12-30-2021, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 12-18-2020 Type: Other, Name: Bordetella, Date: 11-18-2020 Type: Other, Name: CIV 3 week, Date: 01-04-2021



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CERTIFICATE OF VETERINARY INSPECTION

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Issue Date: 01-06-2021
Entry Permit#:

Total # of Animals: 2
Inspection Date: 01-05-2021

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
2	21-002-Douglas	Neutered Male	1 years	Hound Mix			Tests & Accessions: Test Name: 10x, Result: Negative, Test Date: 12-04-2020 Vaccinations: Type: Rabies, Date: 12-30-2020, Booster Date: 12-30-2021, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 12-18-2020 Type: Other, Name: Bordetella, Date: 11-18-2020 Type: Other, Name: CIV 3 week, Date: 01-04-2021



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

CERTIFICATE OF VETERINARY INSPECTION
Certificate #: 21-SC-0164-624AV
Issue Date: 01-06-2021
Entry Permit#:

Total # of Animals: 2
Inspection Date: 01-05-2021

Consignor	Location of Animals	Consignee	Destination of Shipment	Carrier (Transporter)
Julie Hollar/PSP Rescue 100 Leeward Lane Fort Mill, SC 29708 Phone: (704) 779-6662 County: York Premises ID:	Julie Hollar/PSP Rescue 100 Leeward Lane Fort Mill, SC 29708 Phone: (704) 779-6662 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: 01-10-2021 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: Maria Belu, DVM Date/Time: 01-06-2021, 01:11 PM Address: drbelu@ebenezerpets.com USDA Accreditation: 090401 City: drbelu@ebenezerpets.com State: SC Zip: 29732 License State / #: SC 4074 Phone #: (803) 366-1950 Email: drbelu@ebenezerpets.com

Animal Details					
Animal Type: Small Animal Species: Dogs Movement Purpose: Companion Animal					
Row #	Name	Sex	Age/DOB	Breed	Official ID Type
1	21-001 Juniper	Female	8 years	Hound Mix	
				Official IDs	Tests / Vaccinations / Treatments
					Tests & Accessions: Test Name: 1dx, Result: Negative, Test Date: 12-04-2020 Vaccinations: Type: Rabies, Date: 01-04-2021, Booster Date: 01-04-2022, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 12-18-2020 Type: Other, Name: Bord, Date: 11-18-2020 Type: Other, Name: CIV 3 week, Date: 01-04-2021



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Certificate #: 21-SC-0164-624AV
Issue Date: 01-06-2021
Entry Permit#:

Total # of Animals: 2
Inspection Date: 01-05-2021

CERTIFICATE OF VETERINARY INSPECTION

Consignor	Location of Animals	Consignee	Destination of Shipment	Carrier (Transporter)
Julie Hollar/PSP Rescue 100 Leeward Lane Fort Mill, SC 29708 Phone: (704) 779-6662 County: York Premises ID:	Julie Hollar/PSP Rescue 100 Leeward Lane Fort Mill, SC 29708 Phone: (704) 779-6662 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: 01-10-2021 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"	"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"
Date:	
Signature:	Digitally Signed By: Maria Belu, DVM Address: drbelu@ebenezer vets.com Date/Time: 01-06-2021, 01:11 PM USDA Accreditation: 090401 City: SC State: SC Zip: 29732 Email: drbelu@ebenezer vets.com License State / # : SC 4074 Phone #: (803) 366-1950

Animal Details						
Animal Type: Small Animal		Species: Dogs	Movement Purpose: Companion Animal			
Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs
1	21-001 Juniper	Female	8 years	Hound Mix		
		Tests / Vaccinations / Treatments				
		Tests & Accessions: Test Name: Idx, Result: Negative, Test Date: 12-04-2020 Vaccinations: Type: Rabies, Date: 01-04-2021, Booster Date: 01-04-2022, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 12-18-2020 Type: Other, Name: Bord, Date: 11-18-2020 Type: Other, Name: CIV 3 week, Date: 01-04-2021				



Clemson Livestock Poultry Health
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CERTIFICATE OF VETERINARY INSPECTION
Certificate #: 21-SC-0164-624AV
Issue Date: 01-06-2021
Entry Permit#:

Total # of Animals: 2
Inspection Date: 01-05-2021

Consignor	Location of Animals	Consignee	Destination of Shipment	Carrier (Transporter)
Julie Hollar/PSP Rescue 100 Leeward Lane Fort Mill, SC 29708 Phone: (704) 779-6662 County: York Premises ID:	Julie Hollar/PSP Rescue 100 Leeward Lane Fort Mill, SC 29708 Phone: (704) 779-6662 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: 01-10-2021 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: Maria Belu, DVM Date/Time: 01-06-2021, 01:11 PM Address: drbelu@ebenezerpets.com USDA Accreditation: 090401 City: drbelu@ebenezerpets.com State: SC Zip: 29732 License State / #: SC 4074 Phone #: (803) 366-1950 Email: drbelu@ebenezerpets.com

Animal Details					
Animal Type: Small Animal		Species: Dogs	Movement Purpose: Companion Animal		
Row #	Name	Sex	Age/DOB	Breed	Official ID Type
1	21-001 Juniper	Female	8 years	Hound Mix	
		Official IDs		Tests / Vaccinations / Treatments	
				Tests & Accessions: Test Name: 1dx, Result: Negative, Test Date: 12-04-2020 Vaccinations: Type: Rabies, Date: 01-04-2021, Booster Date: 01-04-2022, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 12-18-2020 Type: Other, Name: Bord, Date: 11-18-2020 Type: Other, Name: CIV 3 week, Date: 01-04-2021	



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PO BOX 102406
Columbia, SC 29224-2406
Phone: 803-788-2260

CERTIFICATE OF VETERINARY INSPECTION
Certificate #: 20-SC-0162-405AV
Issue Date: 12-28-2020
Entry Permit#:

Total # of Animals: 5
Inspection Date: 12-28-2020

Consignor	Location of Animals	Consignee	Destination of Shipment	Carrier (Transporter)
Julie Hollar/PSP Rescue 100 Leeward Lane Fort Mill, SC 29708 Phone: (704) 779-6662 County: York Premises ID:	Julie Hollar/PSP Rescue 100 Leeward Lane Fort Mill, SC 29708 Phone: (704) 779-6662 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: 01-09-2021 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"	"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"
Date:	
Signature:	Digitally Signed By: Jay Hreiz, DVM Address: 2445 Ebenezer Rd. Date/Time: 12-28-2020, 03:55 PM USDA Accreditation: 004989 City: Rock Hill State: SC Zip: 29732 License State / #: SC 2687 Phone #: (803) 366-1950 Email: dhreiz@ebenezerivets.com

Animal Details						
Animal Type: Small Animal	Species: Dogs	Movement Purpose: Other				
Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs
1	20-325 Thor	Male	10-14-2020	Labrador Retriever Mix		Vaccinations: Type: Other, Name: DA2PP 3 Week, Date: 12-28-2020 Type: Other, Name: Bordetella IN 1 Year, Date: 12-28-2020
2	20-326 Bucky	Male	10-14-2020	Labrador Retriever Mix		Vaccinations: Type: Other, Name: DA2PP 3 Week, Date: 12-28-2020 Type: Other, Name: Bordetella IN 1 Year, Date: 12-28-2020



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Columbia, SC 29224-2406
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CERTIFICATE OF VETERINARY INSPECTION

Certificate #: 20-SC-0162-405AV
Issue Date: 12-28-2020
Entry Permit#:

Total # of Animals: 5
Inspection Date: 12-28-2020

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
3	20-330 Grace	Female	10-14-2020	Labrador Retriever Mix			Vaccinations: Type: Other, Name: Bordetella IN 1 Y, Date: 12-10-2020 Type: Other, Name: DA2PP 3 W, Date: 12-28-2020
4	20-327 Natalie	Female	10-14-2020	Labrador Retriever Mix			Vaccinations: Type: Other, Name: DA2PP 3 W, Date: 12-28-2020 Type: Other, Name: Bordetella IN 1 Y, Date: 12-10-2020
5	20-329 Noel	Female	10-14-2020	Labrador Retriever Mix			Vaccinations: Type: Other, Name: Bordetella IN 1 Y, Date: 12-10-2020 Type: Other, Name: DA2PP 3 W, Date: 12-28-2020



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Columbia, SC 29224-2406
Phone: 803-788-2260

CERTIFICATE OF VETERINARY INSPECTION
Certificate #: 20-SC-0161-973AV
Issue Date: 12-23-2020
Entry Permit#:

Total # of Animals: 4
Inspection Date: 12-23-2020

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: 01-09-2021 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: Maria Bellu, DVM Date/Time: 12-23-2020, 03:08 PM Address: drbelu@ebenezerpets.com USDA Accreditation: 090401 City: SC State: SC Zip: 29732 License State / #: SC 4074 Phone #: (803) 366-1950 Email: drbelu@ebenezerpets.com

Animal Details					
Animal Type: Small Animal	Species: Dogs	Movement Purpose: Companion Animal			
Row #	Name	Sex	Age/DOB	Breed	Official ID Type
1	20-323-Aspen	Spayed Female	16 weeks	Australian Shepherd Mix	Official IDs
					Tests / Vaccinations / Treatments
					Tests & Accessions: Test Name: Fecal, Result: Negative, Test Date: 12-23-2020 Vaccinations: Type: Rabies, Date: 12-23-2020, Booster Date: 12-23-2021, Vaccine Serial Number: 419399, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 12-23-2020 Type: Other, Name: Canine Influenza, Date: 12-23-2020 Type: Other, Name: Bordetella, Date: 12-04-2020



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

CERTIFICATE OF VETERINARY INSPECTION

Certificate #: 20-SC-0161-973AV
Issue Date: 12-23-2020
Entry Permit#:

Total # of Animals: 4
Inspection Date: 12-23-2020

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
2	20-324- Fern	Spayed Female	16 weeks	Australian Shepherd			Tests & Accessions: Test Name: Fecal, Result: Negative, Test Date: 12-23-2020 Vaccinations: Type: Rabies, Date: 12-23-2020, Booster Date: 12-23-2021, Vaccine Serial Number: 419399, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 12-23-2020 Type: Other, Name: Canine Influenza, Date: 12-23-2020 Type: Other, Name: Bordetella, Date: 12-04-2020
3	20-474-Y- Jolene	Female	2 years	Boxer Mix			Tests & Accessions: Test Name: Heartworm Test, Result: Positive, Test Date: 12-16-2020 Test Name: Fecal, Result: Negative, Test Date: 12-16-2020 Vaccinations: Type: Rabies, Date: 12-16-2020, Booster Date: 12-16-2021, Tag Number: 332137, Vaccine Serial Number: 419399, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 12-16-2020 Type: Other, Name: Bordetella 1 year, Date: 12-16-2020
4	20-322 - Henry	Spayed Female	16 weeks	Australian Shepherd Mix			Tests & Accessions: Test Name: Fecal, Result: Negative, Test Date: 12-23-2020 Vaccinations: Type: Rabies, Date: 12-23-2020, Booster Date: 12-23-2021, Tag Number: 332172, Vaccine Serial Number: 419399, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 12-23-2020 Type: Other, Name: Canine Influenza, Date: 12-23-2020 Type: Other, Name: Bord, Date: 12-04-2020



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

CERTIFICATE OF VETERINARY INSPECTION
Certificate #: 21-SC-0164-326AV
Issue Date: 01-05-2021
Entry Permit#:

Total # of Animals: 3
Inspection Date: 01-05-2021

Consignor	Location of Animals	Consignee	Destination of Shipment	Carrier (Transporter)
Julie Hollar/PSP Rescue 100 Leeward Lane Fort Mill, SC 29708 Phone: (704) 779-6662 County: York Premises ID:	Julie Hollar/PSP Rescue 100 Leeward Lane Fort Mill, SC 29708 Phone: (704) 779-6662 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: 01-09-2021 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: 01-05-2021, 02:02 PM Address: 2445 Ebenezer Rd. City: Rock Hill State: SC Zip: 29732 USDA Accreditation: 004989 License State / #: SC 2687 Phone #: (803) 366-1950 Email: dhreiz@ebenezerpets.com

Animal Details					
Animal Type: Small Animal	Species: Dogs	Movement Purpose: Other			
Row #	Name	Sex	Age/DOB	Breed	Official ID Type
1	20-4/5-Y Dolly	Female	10-16-2020	Boxer Mix	Official IDs
					Tests / Vaccinations / Treatments
2	20-4/6-Y Miley	Female	10-16-2020	Boxer Mix	Vaccinations: Type: Other, Name DA2PP 3 Week, Date: 01-05-2021 Type: Other, Name Bordetella IN 1 Year, Date: 12-16-2020 Vaccinations: Type: Other, Name DA2PP 3 Week, Date: 01-05-2021 Type: Other, Name Bordetella IN 1 Year, Date: 12-16-2020



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

CERTIFICATE OF VETERINARY INSPECTION

Certificate #: 21-SC-0164-326AV
Issue Date: 01-05-2021
Entry Permit#:

Total # of Animals: 3
Inspection Date: 01-05-2021

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
3	20-47-Y Stevie	Female	10-16-2020	Boxer Mix			Vaccinations: Type: Other, Name: DA2PP3 Week, Date: 01-05-2021 Type: Other, Name: Bordetella IN 1 Year, Date: 12-16-2020



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

Owner HSTV
Address 10717 Kingston PK
City Knoxville
State TN
Telephone No. 805-513-9100

Consignee St. Hubert IS
Address 575 Woodland Ave
City Madison
State WV Zip Code 27140
Telephone No. 973-377-2295

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #
K9	Will F	Hound	M	3m	Black	981020039281314	112031
K9	Wendy	Hound	M	2m	Black		33909
K9	Anna	Hound	M	2m	Black/Tan		83291
K9	Anna	Hound	F	1m	Black/White		833904
K9	Tasha	Hound	F	2m	White/Red		833902
K9	Huckle	Hound	M	3m	Black		833915
K9	Ricky	Hound	M	3m	Black/White		833912
K9	Wendy	Hound	M	1m	Tan/White		833907
K9	Wendy	Hound	F	1m	Tan/White		833906
K9	Freddie	Hound	F	3m	Red merle		833905
K9	Wendy	Hound	F	1m			

Remarks _____

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

Vaccination Data				
Manufacturer	Serial #	Exp.	Type	Date
Zetis	4833	1/15/21	K	1/15/21
Nobivac	407	12/22/21	K	12/22/21
Nobivac	407	12/22/21	K	12/22/21

Distribution:

Interstate Shipments

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

Accredited Veterinarian

Vet Code

Patrick Hackett 0591029

Type or Print

Signature

Address

City

State

zip

Email Address

Telephone:



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

492015

Date Issued 1/9/2021
Expiration 30 days after issuance

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

Owner Humane Society, TN Valley Consignee St. Hubert's
Address 1717 Kingston Pike Address 570 Woodland Ave
City Knoxville City Madison
State TN State NJ Zip Code 07940
Telephone No. 37919 Telephone No. 973-377-2295

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #
① <u>KG</u>	<u>Evan</u>	<u>Boxer</u>	<u>M</u>	<u>5m</u>	<u>Brown/blk/wht</u>		<u>834-009</u>
② <u>KG</u>	<u>Cookie</u>	<u>Aussie</u>	<u>F</u>	<u>1y</u>	<u>Black/brn/wht</u>		<u>834-004</u>
② <u>KG</u>	<u>Sissy</u>	<u>Sharpei</u>	<u>F</u>	<u>6m</u>	<u>Light brown</u>		<u>834-005</u>

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
<u>Nobivac</u>	<u>407670</u>	<u>07/27</u> <u>2021</u>	<u>K</u>	<u>11/7/</u> <u>2021</u>
	<u>A</u>			
<u>Nobivac</u>	<u>407670</u>	<u>07/27</u> <u>2021</u>	<u>K</u>	<u>1/6/</u> <u>2021</u>
	<u>A</u>			

Accredited Veterinarian

Vet Code 0874

Monique Hanrath
Type or Print DVM

Signature _____

Address 425 East Hillvale Turn

City Knoxville State TN zip 37910

Email Address mhanrath@icloud.com

Telephone: 865-389-5640

Distribution: Interstate Shipments
White TN State Veterinarian
Canary Accompany Shipment
Pink TN State Veterinarian
Gold/rod Retain



Tennessee Dept.
Consumer & Industry Services -
Box 40627, Melrose Station
Nashville
Nashville, TN 37204
615 837-5120

492017

Date Issued 9/12/21
Expiration 30 days after issuance

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

Owner HISTV
Address 6717 Kingston PK
City Knoxville
State TN
Telephone No. 865-573-9075

Consignee SI Huber IS
Address 575 Woodland
City Madison
State MD Zip Code 07940
Telephone No. 973-377-2295

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #
K9	Darcy	Terrier	F	9m	black		833903
K9	MISSY	retriever	SF	11m	Merle	85113005011247	814407
K9	Arlo	hound	M		black/tan		833901
K9	Tanae	curly	F		tan/red		833902
K9	Sammy	lab	F		black/tan		833904
K9	Freckles	weeler	F		red/merle		833905
K9	Luna	chica	F		tan/white		833906
K9	Sunny	chica	M		tan		833907
K9	Archie	hound	M		tri		833908
K9	Sammy	weeler	M		black		833909
K9	Sammy	weeler	F	3m	black/tan		833900

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
Nubivac	3011	1/30	K	1/9/21

Distribution:

Interstate Shipments

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

Accredited Veterinarian

Vet Code

Patrick Hackett 0591029

Type or Print

Signature

Address

City

State

zip

Email Address

Telephone



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

CERTIFICATE OF VETERINARY INSPECTION

Certificate #: 21-TX-0167-428AV
Issue Date:
Entry Permit#:

Total # of Animals: 31
Inspection Date: 01-14-2021

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
16	A46382378 Waylon	Neutered Male	1 years	Great Pyrenees Mix	IMP	9821260561769 27	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen, Result: Negative, Test Date: 01-07-2021 Vaccinations: Type: Rabies, Date: 01-07-2021, Booster Date: 01-07-2022, Tag Number: 36087, Vaccine Serial Number: 419390, Expiration Timeframe: 1 Year Type: Other, Name: DAPPv, Date: 01-07-2021 Type: Other, Name: DAPPv, Date: 11-25-2020 Type: Other, Name: DAPPv, Date: 11-11-2020 Type: Other, Name: Bordetella Intranasal, Trac-3, Date: 11-11-2020
17	A46314606 Tucker	Male	1 years	Husky/ Retriever Mix	IMP	9560000118826 30	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen, Result: Negative, Test Date: 12-22-2020 Vaccinations: Type: Rabies, Date: 12-23-2020, Booster Date: 12-23-2021, Tag Number: 16746, Vaccine Serial Number: 419390, Expiration Timeframe: 1 Year Type: Other, Name: DAPPv, Date: 12-22-2020 Type: Other, Name: Bordetella Intranasal, Trac-3, Date: 12-22-2020 Type: Other, Name: DAPPv, Date: 01-08-2021
18	A46315597 Bear	Male	8 years	Retriever Mix	IMP	9820003630193 23	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen, Result: Negative, Test Date: 12-23-2020 Vaccinations: Type: Rabies, Date: 12-23-2020, Booster Date: 12-23-2021, Tag Number: 16741, Vaccine Serial Number: 419390, Expiration Timeframe: 1 Year Type: Other, Name: DAPPv, Date: 12-15-2020 Type: Other, Name: Bordetella Intranasal, Trac-3, Date: 12-15-2020 Type: Other, Name: DAPPv, Date: 01-08-2021

Bear



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

CERTIFICATE OF VETERINARY INSPECTION

Certificate #: 21-TX-0167-428AV
Issue Date:
Entry Permit#:

Total # of Animals: 31
Inspection Date: 01-14-2021

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
25	A45529545 Mister Fantastic	Neutered Male	1 years	Shepherd Mix	IMP	9821260583925 09	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen, Result: Negative, Test Date: 09-03-2020 Vaccinations: Type: Rabies, Date: 09-15-2020, Booster Date: 09-15-2021, Tag Number: 3433, Vaccine Serial Number: 402242, Expiration Timeframe: 1 Year Type: Other, Name: DAPPV, Date: 09-02-2020 Type: Other, Name: Bordetella Intranasal, Trac-3, Date: 09-02-2020
26	A46400934 Mickey	Neutered Male	5 years	Chihuahua Mix	IMP	9821260523561 22	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen, Result: Negative, Test Date: 01-06-2021 Vaccinations: Type: Rabies, Date: 01-11-2021, Booster Date: 01-11-2022, Tag Number: 36023, Vaccine Serial Number: 429362, Expiration Timeframe: 1 Year Type: Other, Name: DAPPV, Date: 01-06-2021 Type: Other, Name: Bordetella Intranasal, Trac 3, Date: 01-06-2021
27	A46415251 Lucky	Neutered Male	1 years	Retriever Mix	IMP	9821260561970 53	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen, Result: Negative, Test Date: 01-09-2021 Vaccinations: Type: Rabies, Date: 01-13-2021, Booster Date: 01-13-2022, Tag Number: 36027, Vaccine Serial Number: 428362, Expiration Timeframe: 1 Year Type: Other, Name: DAPPV, Date: 01-09-2021 Type: Other, Name: Bordetella Intranasal, Trac 3, Date: 01-09-2021



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

CERTIFICATE OF VETERINARY INSPECTION

Certificate #: 21-TX-0167-428AV
Issue Date:
Entry Permit#:

Total # of Animals: 31
Inspection Date: 01-14-2021

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
19	A46382350 Claire	Female	7 months	Terrier Mix	IMP	982091062712202	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen, Result: Negative, Test Date: 01-06-2021 Vaccinations: Type: Rabies, Date: 01-07-2021, Booster Date: 01-07-2022, Tag Number: 36078, Vaccine Serial Number: 419390, Expiration Timeframe: 1 Year Type: Other, Name: DAPPV, Date: 01-05-2021 Type: Other, Name: Bordetella Intranasal Trac-3, Date: 01-05-2021
20	A46382322 Hope	Female	/ months	Terrier Mix	IMP	982091062713578	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen, Result: Negative, Test Date: 01-06-2021 Vaccinations: Type: Rabies, Date: 01-07-2021, Booster Date: 01-07-2022, Tag Number: 36062, Vaccine Serial Number: 419390, Expiration Timeframe: 1 Year Type: Other, Name: DAPPV, Date: 01-05-2021 Type: Other, Name: Bordetella Intranasal Trac-3, Date: 01-05-2021
21	A46414543 Tessy	Female	2 years	Retriever Mix	IMP	982091063873717	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen, Result: Negative, Test Date: 01-13-2021 Vaccinations: Type: Rabies, Date: 01-13-2021, Booster Date: 01-13-2022, Tag Number: 36309, Vaccine Serial Number: 428363, Expiration Timeframe: 1 Year Type: Other, Name: DAPPV, Date: 01-09-2021 Type: Other, Name: Bordetella Intranasal Trac-3, Date: 01-09-2021

HOPE



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

CERTIFICATE OF VETERINARY INSPECTION

Certificate #: 21-TX-0167-428AV
Issue Date:
Entry Permit#:

Total # of Animals: 31
Inspection Date: 01-14-2021

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
28	A46415417 Spungebob	Neutered Male	6 years	Shepherd Mix	IMP	9820004076078 36	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen, Result: Negative, Test Date: 01-04-2021 Vaccinations: Type: Rabies, Date: 01-13-2021, Booster Date: 01-13-2022, Tag Number: 36305, Vaccine Serial Number: 419390, Expiration Timeframe: 1 Year Type: Other, Name: DAPPV, Date: 01-04-2020 Type: Other, Name: Bordetella Intranasal Trac-3, Date: 01-04-2021
29	A46415241 Labea	Spayed Female	11 months	Retriever Mix	IMP	9851130040101 48	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen, Result: Negative, Test Date: 01-09-2021 Vaccinations: Type: Rabies, Date: 01-13-2021, Booster Date: 01-13-2022, Tag Number: 36024, Vaccine Serial Number: 428362, Expiration Timeframe: 1 Year Type: Other, Name: DAPPV, Date: 01-09-2021 Type: Other, Name: Bordetella Intranasal Trac-3, Date: 01-09-2021
30	A46417324 Cecil	Male	10 months	Border Collie Mix	IMP	9820910627155 83	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen, Result: Negative, Test Date: 01-13-2021 Vaccinations: Type: Rabies, Date: 01-13-2021, Booster Date: 01-13-2022, Tag Number: 36046, Vaccine Serial Number: 419390, Expiration Timeframe: 1 Year Type: Other, Name: DAPPV, Date: 01-13-2021 Type: Other, Name: Bordetella Intranasal Trac-3, Date: 01-13-2021



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

CERTIFICATE OF VETERINARY INSPECTION

Certificate #: 21-TX-0167-428AV
Issue Date:
Entry Permit#:

Total # of Animals: 31
Inspection Date: 01-14-2021

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
4	A46415240 Columbo	Neutered Male	6 months	Husky Mix	IMP	9820004001248 96	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen, Result: Negative, Test Date: 12-26-2020 Vaccinations: Type: Rabies, Date: 01-13-2021, Booster Date: 01-13-2022, Tag Number: 36073, Vaccine Serial Number: 428362, Expiration Timeframe: 1 Year Type: Other, Name: DAPPy, Date: 01-03-2021 Type: Other, Name: DAPPy, Date: 12-20-2020 Type: Other, Name: Bordetella Intranasal, Trac-3, Date: 12-20-2020
5	A46415237 Peter	Neutered Male	6 months	Husky Mix	IMP	9820004001253 85	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen, Result: Negative, Test Date: 12-26-2020 Vaccinations: Type: Rabies, Date: 01-13-2021, Booster Date: 01-13-2022, Tag Number: 36057, Vaccine Serial Number: 428362, Expiration Timeframe: 1 Year Type: Other, Name: DAPPy, Date: 01-03-2021 Type: Other, Name: DAPPy, Date: 12-20-2020 Type: Other, Name: Bordetella Intranasal, Trac-3, Date: 12-20-2020
6	A46415245 Silva Silva	Female	2 years	Greal Pyrenees Mix	IMP	9820004001253 33	Tests & Accessions: Test Name: SNAP Canine Heartworm Test, Result: Negative, Test Date: 01-08-2021 Vaccinations: Type: Rabies, Date: 01-13-2021, Booster Date: 01-13-2022, Tag Number: 36042, Vaccine Serial Number: 428362, Expiration Timeframe: 1 Year Type: Other, Name: DAPPy, Date: 01-03-2021 Type: Other, Name: Bordetella Intranasal, Trac-3, Date: 01-03-2021



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

CERTIFICATE OF VETERINARY INSPECTION

Certificate #: 21-TX-0167-428AV
Issue Date:
Entry Permit#:

Total # of Animals: 31
Inspection Date: 01-14-2021

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
19	A46382350 Claire	Female	7 months	Terrier Mix	IMP	9820910627122 02	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen, Result: Negative, Test Date: 01-06-2021 Vaccinations: Type: Rabies, Date: 01-07-2021, Booster Date: 01-07-2022, Tag Number: 36078, Vaccine Serial Number: 419390, Expiration Timeframe: 1 Year Type: Other, Name: DAPPV, Date: 01-05-2021 Type: Other, Name: Bordetella Intranasal, Trac-3, Date: 01-05-2021
20	A46382322 Hope	Female	7 months	Terrier Mix	IMP	9820910627135 78	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen, Result: Negative, Test Date: 01-06-2021 Vaccinations: Type: Rabies, Date: 01-07-2021, Booster Date: 01-07-2022, Tag Number: 36062, Vaccine Serial Number: 419390, Expiration Timeframe: 1 Year Type: Other, Name: DAPPV, Date: 01-05-2021 Type: Other, Name: Bordetella Intranasal, Trac-3, Date: 01-05-2021
21	A46414543 Tessy	Female	2 years	Retriever Mix	IMP	9820910638737 17	Tests & Accessions: Test Name: SNAP Canine Heartworm Antigen, Result: Negative, Test Date: 01-13-2021 Vaccinations: Type: Rabies, Date: 01-13-2021, Booster Date: 01-13-2022, Tag Number: 36309, Vaccine Serial Number: 428363, Expiration Timeframe: 1 Year Type: Other, Name: DAPPV, Date: 01-09-2021 Type: Other, Name: Bordetella Intranasal, Trac-3, Date: 01-09-2021

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 number for this information collection is 0578-0036 and 0578-0033. 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.

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).

NO dog, cat, nonhuman primate, or additional kind 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. 2143b, CFR, Subchapter A, Part 2).

OMB APPROVED
0578-0036
0578-0033

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

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

MARTA DELGADO
PO BOX 141507
ARECIBO PR 00614
(787)617-1550

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

McMouth County 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) WILLY	LABRADOR MIX	8W	M	BROWN
(2) WENDY	LABRADOR MIX	8W	F	BLACK/BROWN
(3) WINNY	LABRADOR MIX	8W	F	TAN
(4)				
(5)				
(6)				
(7)				

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 YEAR ☐ 2 YEARS ☐ 3 YEARS				
	TOO YOUNG TO VACCINE	01-17-21	DHLPP+4L; BORDETTELLA (1-3)	
	TOO YOUNG TO VACCINE	01-21-21	FECAL TEST - NEGATIVE (1-3)	
	TOO YOUNG TO VACCINE			

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

I HEREBY CERTIFY THAT THE ANIMALS INCLUDED IN THIS SHIPMENT ARE TO THE BEST OF MY KNOWLEDGE ACCUMATED TO AIR TEMPERATURES BETWEEN 20F AND 85F

ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)

PRINTED NAME OF USDA VETERINARIAN

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

DR CARLOS DEL TORO
PO BOX 332
MANATI PR 00674
787 691-4033

LICENSE NUMBER AND STATE
248 PR

NATIONAL ACCREDITATION NUMBER
036188

DATE
1-21-21

According to the Paperwork Reduction Act of 1980, 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 number for this information collection is 0579-0033. The time required to complete this information collection is estimated to average 25 minutes 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, Paperwork Project (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

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)
Man, A Elder, II (387) 241
Box 1096 3332
Salinas P.R. 00751

7. ANIMAL IDENTIFICATION
USDA License/Registration Number (if applicable)
NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)
Newmouth Co. Socia (732)
260 Wall St 542040
Eatontown, N.J. 07724

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	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS Product Type and/or Results
(1) Geoffria	1 lb mix	3 mo F		white	1/20/21 Novovac 1	12/31/20, 11/14/21 DTAP, BCG: 12/31
(2) Willie	1 lb mix	3 mo M		white	1/20/21 Novovac 1	12/31/20, 11/14/21 DTAP, BCG: 12/31/20
(3) CUVHS	1 lb mix	3 mo M		white	1/20/21 Novovac 1	12/31/20, 11/14/21 DTAP, BCG: 12/31/20
(4) Lebra	1 lb mix	3 mo M		black	1/21/21 Novovac 1	12/31/20, 11/14/21 DTAP, BCG: 12/31/20
(5)						

8. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

VETERINARY CERTIFICATION: I certify that the animal 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 (if 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 certification attached, 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 certification attached, if applicable, originated from an area not quarantined for rabies and 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
Hector Martinez M.D. V.M.
Box 336 (387) 824-
Abuville, P.R. 8386
00704
NOTE: International shipments may require certification by an accredited veterinarian.
SIGNATURE OF ISSUING VETERINARIAN
DATE 1/20/21

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp Here DATE
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 number for this information collection is 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; 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).

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

MYRNA VELEZ CACHO
URB MONTE VERDE
3276
MANATI PR
787 374 4475

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) GONZALO	LABRADOR MIX	3M	M	WHITE/BEIGE
(2)				
(3)				
(4)				
(5)				
(6)				

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

I HEREBY CERTIFY THAT THE ANIMALS INCLUDED IN THIS SHIPMENT ARE TO THE BEST OF MY KNOWLEDGE ACCLIMATED TO AIR TEMPERATURES BETWEEN 20F AND 85F

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 YEAR ☐ 2 YEARS ☐ 3 YEARS				
01-16-21	IMRAB	01-19-21	DHLPP+4L	
		01-05-21	BORDETELLA	
		01-16-21	FECAL TEST- NEGATIVE	

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

DR HECTOR J GARCIA MARRERO
PO BOX 332
MANATI PR 00674
787 691-4033

LICENSE NUMBER AND STATE
199 PR

Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
054221

SIGNATURE OF USDA VETERINARIAN

Apply USDA Seal or Stamp here

DATE

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

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

DO NOT STAPLE

STATE OF SOUTH CAROLINA
 SUBMIT WITHIN 7 DAYS OF DATE ISSUED
 COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
 (REV 02/16)

☒ CANINE ☐ FELINE ☐ PET BIRD

No. A **278761**

Origin Contact The Humane Society of Greenville

Destination Contact J. H. HUBERTS

Origin Address 2020 Highway 101 Greenville, SC 29615

Destination Address 575 Woodland Ave Madison, SC 29103

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
1m	F	Gaby 4632921 x Brown	1/5/21	21-0022
2y	M	Tiger 46110344 x BK/WHT	12/9/20	11505
3y	M	Woody 46277600 x Mink	1/20/21	64
1y	F	Amber 46404542 x Bk/Wht x Tr	1/20/21	65

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) Lithy Reese ADDRESS OF ACCREDITED VETERINARIAN 1030 Highway 101 Greenville SC 29615 DATE 1-26-21

SIGNATURE OF ACCREDITED VETERINARIAN [Signature] TELEPHONE 864-283-6009 FEDERAL ACCRED. #

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

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 diseases 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. 21.43.8; 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).

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

MARIELLE AMENGUAL
EST DE MANATI
CALLE MANATI C10
MANATI PR 00674
787 306-2816

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

Momouth County SPCA
260 Wall St.
Eatontown, NJ 07724
(732) 542-0040

7. ANIMAL IDENTIFICATION

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1) AZULA	LABRADOR MIX	4M	F	BROWN/BEIGE
(2) NENA LUANA	LABRADOR MIX	2Y	F	BEIGE
(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
01-19-2021	IMRAB LOT 42068 EXP 05-10-21	01-08-21	01-22-2021	DHLPP+4L; BORDETELLA
01-22-2021	IMRAB LOT 42068 EXP 05-10-21	01-22-21	02-03-21	DHLPP+4L; BORDETELLA
				FECAL TEST (1-2) NEGATIVE

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

I HEREBY CERTIFY THAT THE ANIMALS INCLUDED IN THIS SHIPMENT ARE TO THE BEST OF MY KNOWLEDGE ACCLIMATED TO AIR TEMPERATURES BETWEEN 20F AND 85F

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

DR HECTOR J GARCIA
PO BOX 332
MANATI PR 00674
787 691-4033

LICENSE NUMBER AND STATE
199 PR

Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
054221

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here

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

SIGNATURE OF ISSUING VETERINARIAN

DATE



3057001

CERTIFICATE OF VETERINARY INSPECTION

Puerto Rico Department of Agriculture
PO Box 10163
San Juan, PR 00908-1163
Phone: 787-721-2120

Certificate #: 21-PR-0172-507AV
Issue Date: 02-04-2021
Entry Permit#:

Total # of Animals: 7
Inspection Date: 02-04-2021

Consignor	Location of Animals	Consignee	Destination of Shipment	Carrier (Transporter)
All Sato Rescue 212 Emmanuelli Norte St. San Juan, PR 00917 Phone: (787) 667-6328 County: Premises ID:	All Sato Rescue 212 Emmanuelli Norte St. San Juan, PR 00917 Phone: (787) 667-6328 County: Premises ID:	Monmouth County SPCA 260 Wall Street Eatontown, NJ 07724 Phone: County: Premises ID:	Monmouth County SPCA 260 Wall Street Eatontown, NJ 07724 Phone: County: Premises ID:	Shipment Date: Carrier: Phone: Transport Method: Moving:

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: 02/05/21 Signature: Maurela Cruz	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: Andres Socarras, DVM Address: Carr 116 Km 0.3 City: Lajas State: PR Zip: 00667 Date/Time: 02-04-2021, 06:07 PM USDA Accreditation: 016821 License State / # : PR 373 Phone #: (787) 899-1531 Email: socarrasdvm@gmail.com

Animal Details					
Animal Type: Small Animal		Species: Dogs		Movement Purpose: Other	
Row #	Name	Sex	Age/DOB	Breed	Official ID Type
1	Mocha	Female	9 weeks	Labrador Retriever Mix	Official IDs
2	Luna	Female	9 weeks	Labrador Retriever Mix	Tests & Accessions: Test Name: Fecal, Result: Negative, Test Date: 02-04-2021
3	Cookie	Female	9 weeks	Labrador Retriever Mix	Tests & Accessions: Test Name: Fecal, Result: Negative, Test Date: 02-04-2021

CERTIFICATE OF VETERINARY INSPECTION

Puerto Rico Department of Agriculture

PO Box 10163

San Juan, PR 00908-1163

Phone: 787-721-2120

Certificate #: 21-PR-0172-507AV

Issue Date: 02-04-2021

Entry Permit#:

Total # of Animals: 7

Inspection Date: 02-04-2021

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
4	Mavi	Male	9 weeks	Labrador Retriever Mix			Tests & Accessions: Test Name: Fecal, Result: Negative, Test Date: 02-04-2021
5	Choco	Male	9 weeks	Labrador Retriever Mix			Tests & Accessions: Test Name: Fecal, Result: Negative, Test Date: 02-04-2021
6	Snow	Male	9 weeks	Labrador Retriever Mix			Tests & Accessions: Test Name: Fecal, Result: Negative, Test Date: 02-04-2021
7	Creeme	Male	9 weeks	Labrador Retriever Mix			Tests & Accessions: Test Name: Fecal, Result: Negative, Test Date: 02-04-2021