

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0036 and 0579-0033. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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 kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 2143g; CFR, Subchapter A, Part 2).

OMB APPROVED
0579-0036
0579-0033

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

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

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS

4. PAGE

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

AIKEN COUNTY ANIMAL SHELTER
333 WIRE ROAD
AIKEN, SC 29803
803-642-1537

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

ST. HUBERT'S ANIMAL WELFARE CENTER
BECKY BURTON
575 WOODLAND AVENUE
MADISON, NEW JERSEY 07940
973-377-2295

USDA License/Registration Number (if applicable)

7. ANIMAL IDENTIFICATION

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	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) C 45251991	MIXED BREED	2+M	F	CHOCOLATE	TOO YOUNG			
(2) D 45251992	MIXED BREED	2+M	M	TAN	TOO YOUNG			
(3) E 45251993	MIXED BREED	2+M	F	BRINDLE/WHIT	TOO YOUNG			
(4) F 45251995	MIXED BREED	2+M	F	BRINDLE/CHOC	TOO YOUNG			
(5) G 45251998	MIXED BREED	2+M	F	TRICOLOR	TOO YOUNG			
(6) H 45251999	MIXED BREED	2+M	F	BRN/WHIT	TOO YOUNG			

8. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

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

☒ 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. LISA LEVY, DVM
333 WIRE ROAD
AIKEN, SC 29801
803-642-1537

LICENSE NUMBER AND STATE
SC 1898

Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
020522

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here

DATE

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

SIGNATURE OF ISSUING VETERINARIAN

DATE

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 0579-0038 and 0579-0333. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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OMB APPROVED
0579-0038
0579-0333

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

AIKEN COUNTY ANIMAL SHELTER
333 WIRE ROAD
AIKEN, SC 29803
803-642-1537

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

ST. HUBERT'S ANIMAL WELFARE CENTER
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575 WOODLAND AVENUE
MADISON, NEW JERSEY 07940
973-377-2295

7. ANIMAL IDENTIFICATION

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(1) 45252004	MIXED BREED	2+M	M	BRN/TAN	TOO YOUNG	
(2) J 45252006	MIXED BREED	2+M	F	RED/BRN	TOO YOUNG	
(3) K 45252008	MIXED BREED	2+M	F	TAN/WHT	TOO YOUNG	
(4) L 45252009	MIXED BREED	2+M	F	CHOC/WHT	TOO YOUNG	
(5) M 45252011	MIXED BREED	2+M	M	BLK/WHT	TOO YOUNG	
(6) N 45256676	MIXED BREED	2+M	F	TAN/WHT	TOO YOUNG	

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

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

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803-642-1537

LICENSE NUMBER AND STATE
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0579-0333

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803-642-1537

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USDA License/Registration Number (if applicable)

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(1) A 45251987	MIXED BREED	2+M	F	BRN/CHOC	TOO YOUNG			
(2) B 45251989	MIXED BREED	2+M	F	TAN/WHT	TOO YOUNG			
(3) CHARMING 45291804	RET MIX	1Y	M	TAN/WHT	08/17/20	NOBIVAC		
(4) KARMA 45285180	MIXED BREED	2Y	F	058395443	08/13/20	NOBIVAC		
(5)								
(6)								

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

1. A 45251987 SKIN SCRAPE POSITIVE FOR DEMODEX 8/17/20
RECEIVED NEXGARD 8/17/20

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

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AIKEN, SC 29801
803-642-1537

LICENSE NUMBER AND STATE
SC 1898

Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
020522

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here DATE

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SIGNATURE OF ISSUING VETERINARIAN

DATE
08/20/20

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(NOV 2010)

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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 **273012**

Origin Contact HIVTR/SarahLevans (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
17wks	M	Lays. Red Merle Heeler Mix	8/12/2020	990031

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

8/12/2020

SIGNATURE OF ACCREDITED VETERINARIAN

TELEPHONE

FEDERAL ACCRED. #

Jenna Blake, DVM

803-327-7387

028883

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COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
(REV 02/16)

☒ CANINE ☐ FELINE ☐ PET BIRD

No. A **273038**

Origin Contact HIVTR/SarahLevans (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
7mths	M	Cheetos Red Merle Heeler Mix	8/13/2020	990032

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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Jenna Blake, DVM

1125 N. Anderson Rd.
Rock Hill, SC 29730

8/13/2020

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TELEPHONE

FEDERAL ACCRED. #

Jenna Blake, DVM

803-327-7387

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SC FORM 149
(REV 02/16)

☒ CANINE ☐ FELINE ☐ PET BIRD

No. A **271395**

Origin Contact Mikala Steele

Destination Contact Monmouth SPCA 732-542-0040

Origin Address 3753 Pageland Hwy
Lancaster SC 29720

Destination Address 260 Wall Street Eatontown NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
4m	M	Tan Lab mix - Tommy	8/18/20	205682
4y	F	Gray Lab mix - Carissa	8/18/20	205681
4m	F	Blk Lab mix - Hannah2	8/18/20	205685
4m	F	Blk lab mix - Tammy	8/18/20	205684

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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ADDRESS OF ACCREDITED VETERINARIAN

DATE

Brent Glenn

739 Lancaster Bypass E.
Lancaster, SC 29720

8/18/20

SIGNATURE OF ACCREDITED VETERINARIAN

TELEPHONE

FEDERAL ACCRED. #

Brent Glenn

(803) 286-8131

005613

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COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
(REV 02/16)

☒ CANINE ☐ FELINE ☐ PET BIRD

No. A **273073**

Origin Contact HWTR/Sarah Evans (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
5yrs	MN	Henry Black/White Pomeranian	7/28/2020	90673
6yrs	FS	Bella White Pomeranian	7/29/2020	3597
6yrs	MN	Dougie - White/Grey Pomeranian	7/28/2020	934515
4yrs	FS	Shelby Black/White Pomeranian	7/28/2020	3600

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DATE

Jenna Blake, DVM

1125 N. Anderson Rd
Rock Hill, SC 29730

8/10/2020

SIGNATURE OF ACCREDITED VETERINARIAN

TELEPHONE

FEDERAL ACCRED. #

Jenna Blake, DVM

803-327-7387

028883

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COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

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

No. A 273070

Origin Contact PSP RESCUE/Chris Rizzo (973) 534-7726

Destination Contact Monmouth SPCA (732) 542-0040

Origin Address 1681 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
17 wks	F	Lab/Basset/Pitbull Mix Black/White	7/29/2020	200699

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NAME OF ACCREDITED VETERINARIAN (PRINT)

Jenna Blake, DVM

ADDRESS OF ACCREDITED VETERINARIAN

1125 N. Anderson Rd
Rock Hill, SC 29730

DATE

8/15/2020

SIGNATURE OF ACCREDITED VETERINARIAN

Jenna Blake, DVM

TELEPHONE

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COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

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

No. A 273046

Origin Contact PSP RESCUE/Chris Rizzo (973) 534-7726

Destination Contact Monmouth SPCA (732) 542-0040

Origin Address 1681 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
23 wks	F	Penny White/Brown Pointer	8/7/2020	930417

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NAME OF ACCREDITED VETERINARIAN (PRINT)

Jenna Blake, DVM

ADDRESS OF ACCREDITED VETERINARIAN

1125 N. Anderson Rd
Rock Hill, SC 29730

DATE

8/7/2020

SIGNATURE OF ACCREDITED VETERINARIAN

Jenna Blake, DVM

TELEPHONE

803-327-7387

FEDERAL ACCRED. #

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SC FORM 149
 (REV 02/16)

☐ CANINE ☐ FELINE ☐ PET BIRD

No. A **263453**Origin Contact U.C.I.A.C.Destination Contact Monmouth SPCAOrigin Address 1147 Danville Hwy Union SC 29379Destination Address 260 Wall St Eatontown NJ 07017

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
4m	m	Ben Brn/Wht mixed	8/21/20	1781
4m	m	Jerry Brn mixed	8/21/20	1782 -

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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ADDRESS OF ACCREDITED VETERINARIAN

DATE

Douglas P Seif

1312 Spinkney St
Union SC 29379

8/21/20

SIGNATURE OF ACCREDITED VETERINARIAN

TELEPHONE

FEDERAL ACCRED. #

[Signature]

803-427-3177

030307

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

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SC FORM 149
 (REV 02/16)

☒ CANINE ☐ FELINE ☐ PET BIRD

No. A **273075**Origin Contact HVTR/Sarah Evans (937) 657-4331Destination Contact Monmouth SPCA (732) 542-0040Origin Address 1105 Shetland Lane Rock Hill, SC 29730Destination Address 260 Wall Street Eatontown, NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
4 yrs	MN	DONOVAN White/Grey Pomeranian	7/28/2020	90672

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DATE

Jenna Blake, DVM

1145 N. Anderson Rd.
Rock Hill, SC 29730

8/13/2020

SIGNATURE OF ACCREDITED VETERINARIAN

TELEPHONE

FEDERAL ACCRED. #

[Signature]

803 327-7387

028383

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SC FORM 149
(REV 02/16)☒ CANINE ☐ FELINE ☐ PET BIRDNo. A **273068**

Origin Contact PSP Rescue/Chris Rizzo (973) 534-7726 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
4wks	M	Titan White/Tan American Pitbull mix	too young	N/A
4wks	M	Aries White w/Brown Tail Amer Pitbull mix	too young	N/A
4wks	M	Orion Tricolor American Pitbull mix	too young	N/A
4wks	M	Pollux White/Brown 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 8/19/2020
 SIGNATURE OF ACCREDITED VETERINARIAN Jenna Blake, DVM TELEPHONE 803 327 7337 FEDERAL ACCRED. # 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

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 BIRDNo. A **273069**

Origin Contact PSP Rescue/Chris Rizzo (973) 534-7726 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
4wks	M	Nix White/Brown American Pitbull mix	too young	N/A
4wks	F	Calista Tan/White American Pitbull mix	too young	N/A
4wks	M	Castor Tricolor (Dark Body) Amer. Pitbull mix	too young	N/A
4wks	F	Andromeda White/Tan 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 8/19/2020
 SIGNATURE OF ACCREDITED VETERINARIAN Jenna Blake, DVM TELEPHONE 803 327 7337 FEDERAL ACCRED. # 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

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 273062

Origin Contact PSP Rescue / Chris Rizzo (973) 521-7726

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
10 wks	F	Vega Tan w/Black Muzzle German Shep 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

8/19/2020

SIGNATURE OF ACCREDITED VETERINARIAN

Jenna Blake, DVM

TELEPHONE

803-327-7337

FEDERAL ACCRED. #

028383

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

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

DO NOT STAPLE

SUBMIT WITHIN 7 DAYS OF DATE ISSUED

STATE OF SOUTH CAROLINA

COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

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

No. A 218241

Origin Contact Halfway There Rescue

Destination Contact Monmouth SPCA

Origin Address 1605 Shetland Lane
Rock Hill, SC 29730Destination Address 260 Wall Street
Eatontown, NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
3 yrs	ML	Shepherd mix - BRN/BLK	8/14/2020	202364

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)

Karen L Stallings

ADDRESS OF ACCREDITED VETERINARIAN

1317 Old Springdale Rd
Rock Hill, SC 29730

DATE

8/14/2020

SIGNATURE OF ACCREDITED VETERINARIAN

Karen L Stallings

TELEPHONE

803-325-6200

FEDERAL ACCRED. #

SC 1193

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 0579-0033. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be allowed to be transported 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
0579-0033

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

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

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

Nelie Isabel ROSAS
C-9 #101
Carolina PR 00777

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

Mounouth County SPCA
260 W 4th St
Easton PA, PA 18042
(732) 542-0040

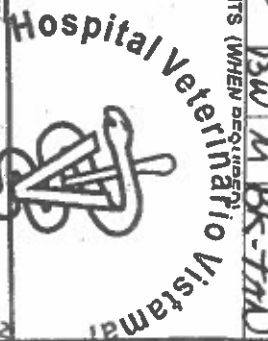
7. ANIMAL IDENTIFICATION

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1) Amara	Chihuahua	10W F	Tricolor	
(2) Amara	Chihuahua	10W F	Tan-Wh	
(3) Amara	Chihuahua	10W F	Tan-BK	
(4) Amara	Chihuahua	10W F	Tan-BK	
(5) Asher	Labrador	13W M	Wh-Tan	
(6) Orion	Labrador	13W M	BK-Tan	

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			
		08-27-20	Bordetella
			(1-4)
		08-27-20	Yours for vaccine
		08-27-20	Yours for vaccine
		08-27-20	Nobivac 1

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).



ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)
PRINTED NAME OF USDA VETERINARIAN

Dr. Jaime A. Vazquez

☒ 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.

Dr. Jaime A. Vazquez #331
Carr. Marginal 190 Km. 0.7, La Ceiañica
Carolina, Puerto Rico 00984
787-768-6800 / 787-768-2035

LICENSE NUMBER AND STATE
331, Puerto Rico

Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
058389

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here DATE

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

DATE

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

08-27-20

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 0579-0033. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

No dog, cat, nonhuman primate, or additional kinds or 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. 2143g; CFR, Subchapter A, Part 21).

OMB APPROVED
0579-0036
0579-0033

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

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

6. 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)

Magnmouth County SPCA
260 Wall St.
Edinowen, NJ 07724
Phone: (732) 542-0040

1. TYPE OF ANIMAL SHIPPED (select one only)

☒ Dog ☐ Cat ☐ Other ☐ Nonhuman Primate ☐ Ferret ☐ Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS

1

4. PAGE

1 of 1

USDA License/Registration Number (if applicable)

7. ANIMAL IDENTIFICATION

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1) TUTI	CHIHUAHUA MIX	7M	SF	YELLOW
(2)				
(3)				
(4)				
(5)				
(6)				

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION			OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS	Vaccination Date	Product	Date	Product Type and/or Results
	08-10-2020	ZOETIS	08-10-20	DHLPP+4L
		LOT#367269B	07-27-20	BORDETELLA
		EXP DATE 02/02/21	08-10-20	4DX TEST - NEGATIVE
			08-28-20	FECAL - NEGATIVE

8. 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)

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

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

LICENSE NUMBER AND STATE

248 PR

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

036188

SIGNATURE OF USDA VETERINARIAN

Apply USDA Seal or Stamp here

DATE

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

SIGNATURE OF ISSUING VETERINARIAN

DATE

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance



3744071

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No dog, cat, nonhuman primate, or additional birds or classes of animals designated by USDA regulation shall be detained to any immediate handler or car for for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 21.43g CFR, Subchapter A, Part 2).

OMB APPROVED
0579-0036
0579-0033

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

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

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

Nielia Isabel Rosas
C-9 #101
Carolina PR 00777

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

Marion County SPCA
2600 W. 1st St.
Bethesda, MD 07324
(732) 542-0040

USDA License/Registration Number (if applicable)

7. ANIMAL IDENTIFICATION

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

NAME AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION ☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS Vaccination Date	Product	Date	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS Product Type and/or Results
(1) Aurora	Chihuahua	10W	F	Tricolor	☒ 1 YEAR	FOR VACCINE	08-27-20	Bordetella (1-4)
(2) Aurora	Chihuahua	10W	F	Tan-Wh	☒ 1 YEAR	FOR VACCINE	08-27-20	Bordetella
(3) Aurora	Chihuahua	10W	F	Tan-BK	☒ 1 YEAR	FOR VACCINE	08-27-20	Bordetella
(4) Aurora	Chihuahua	10W	F	Tan-BK	☒ 1 YEAR	FOR VACCINE	08-27-20	Bordetella
(5) Asher	Chihuahua	13W	M	Wh-Tan	☒ 1 YEAR	FOR VACCINE	08-27-20	Bordetella
(6) Orion	Labrador	13W	M	BK-Tan	☒ 1 YEAR	FOR VACCINE	08-27-20	Bordetella

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

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

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

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

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

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

Dr. Jaime A. Vázquez #331
Carr. Marginal 180 Km. 0.7, La Cerdita
Carolina, Puerto Rico 00984
787-788-6800 / 787-788-2035

LICENSE NUMBER AND STATE
331, Puerto Rico

Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
068366

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

SIGNATURE OF ISSUING VETERINARIAN

DATE

DATE

Apply USDA Seal or Stamp here

SIGNATURE OF USDA VETERINARIAN

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

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

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No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 21.43.9; CFR, Subchapter A, Part 2).

OMB APPROVED
0579-0036
0579-0333

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

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

ANGELES DE CIALES / CARMEN OCASIO
HC 02 BOX 6862
CIALES PR 00638

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

Megmouth County SPCA
280 Wall St.
Elizabeth, NJ 07224
Phone: (732) 542-0040

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

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY
4. PAGE 1 of 1

7. ANIMAL IDENTIFICATION

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1) LAIA	LABRADOR MIX	3M	F	WHITE
(2) LEXIE	LABRADOR MIX	3M	F	TRICOLOR
(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	Product	Date	Product Type and/or Results
	Vaccination Date		
	08-20-2020	NOBIV LOT D064765A EXP 03/12/21	08-19--2020 DHLPP+4L; BORDETELLA
	08-20-2020	NOBIV LOT D064765A EXP 03/12/21	08-19-2020 DHLPP+4L; BORDETELLA
			08-20-20 FECAL TEST - 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

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

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

LICENSE NUMBER AND STATE
248 PR

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

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here

DATE

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

SIGNATURE OF ISSUING VETERINARIAN

DATE

Dr. Carlos Del Toro

8-28-20

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OMB APPROVED
0579-0036
0579-0033

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

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

Nelicia Isabel Rosas
C-9 #101
Carolina PR 00777

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

North County SRA
260 W 6th St.
Baton Rouge, MS 07724
(732) 542-0040

USDA License/Registration Number (if applicable)

7. ANIMAL IDENTIFICATION

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

NAME AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION ☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS	Product	Date	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS
(1) Amara	Chihuahua	10W	F	Tricolor			08-27-20	Bordetella
(2) Amara	Chihuahua	10W	F	Tan-Wk				
(3) Amara	Chihuahua	10W	F	Tan-Bk				
(4) Amara	Chihuahua	10W	F	Tan-Bk				
(5) Asher	Labrador	13W	M	Wk-Tan			08-27-20	1
(6) Priya	Labrador	13W	M	Bk-Tan			08-27-20	1

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

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

☒ 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.

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

Dr. Jaime A. Vazquez #331
Carr. Marginal 190 Km. 0.7, La Cernica
Carolina, Puerto Rico 00984
787-788-5800 / 787-788-2035

LICENSE NUMBER AND STATE
331, Puerto Rico

Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
068369

NOTE: This document is a form and may require certification by an accredited veterinarian.

SIGNATURE OF ISSUING VETERINARIAN

DATE

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

08-27-20

044B APPROVE
0679-0036
0579-0147

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY	0019-00000
4. PAGE	

in Lincoln County, SRA
260 W41 St.
Edmonton, NS 07724
(732) 542-0040

461183

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 certify that the author(s) described above and on confirmation 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, innocuous therein, which would endanger the

1. **Introduction**

For labels and literature not been exposed to moist.

LICENSE NUMBER AND STATE

331, Puerto Rico

Acc method	☒	Yes	☐	No
------------	-------------------------------------	-----	--------------------------	----

accept payment ☒ no ☐ no
 If yes, please complete below

NATIONAL ACCREDITATION
050240

800000

DATE _____

1

This certificate is valid for 30 days after issuance

DATE _____

DATE _____

1

1000

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

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any interstate handler or carrier for transportation in commerce, unless accompanied by a label in 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)

Nelida Isabel Rosas
C-9 #101
Carolina PR 00777

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

Marion North County SPCA
2600 W 64th St.
Ft. Worth, TX 76124
(732) 542-0040

7. ANIMAL IDENTIFICATION

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION ☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS
(1) Amara	Chihuahua	10W	F	Tricolor		200 young for vaccine 08-27-20 Bordetella (1-4)
(2) Amara	Chihuahua	10W	F	Tan-Wh		200 young for vaccine
(3) Amara	Chihuahua	10W	F	Tan-Bk		200 young for vaccine
(4) Amara	Chihuahua	10W	F	Tan-Bk		200 young for vaccine
(5) Asher	Chihuahua	13W	M	Wh-Tan		08-27-20 Nobivac 1
(6) Orion	Labrador	13W	M	Bk-Tan		08-27-20 Nobivac 1

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

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

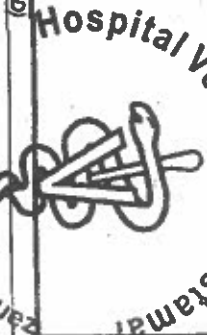
☒ I have verified the presence of the microchip, if a microchip is listed in box 7.

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

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

ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)
PRINTED NAME OF USDA VETERINARIAN

Dr. Jalme A. Vazquez



NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

Dr. Jalme A. Vazquez #331
Cerr. Marginal 190 Km. 0.7, La Cerdanica
Carolina, Puerto Rico 00984
787-788-8800 / 787-788-2035

LICENSE NUMBER AND STATE

331, Puerto Rico

Accredited ☒ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER

056368

SIGNATURE OF USDA VETERINARIAN

Apply USDA Seal or Stamp here

DATE

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

SIGNATURE OF ISSUING VETERINARIAN

DATE

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

08-27-20

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0036 and 0579-0033. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be detained by any intermediate handler or cat net for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 21.43g, CFR Subchapter A, Part 2).

OMB APPROVED
0579-0036
0579-0033

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

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

ALL SATO RESCUE
CIEMMANUELLI 212
URB. FLORAL ARK
SAN JUAN PR 00917
787-667-6328

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) NIKITA	Labrador Retriever Mix	14W	F	Black&White
(2)				
(3)				
(4)				
(5)				
(6)				

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

I HEREBY CERTIFY THAT THE ANIMALS MENTION ABOVE ARE TO THE BEST OF MY KNOWLEDGE ACCLIMATED TO AIR TEMPERATURE NOT BELOW 25 F AND NOT ABOVE 85 F.

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS			
Vaccination Date	Product	Date	Product Type and/or Results
8/29/2020	ZOETIS NOBIVAC 1	8/29/2020	FECAL. HOOK&ROUNDWORMS
		8/29/2020	PANACUR 4.1ML SID X 3 DAYS

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. GISELLE BONNET
Vets4Pets Animal Hospital
AVE. MAIN 31.43
URB. SANTA ROSA
BAYAMON, PR 00956
787-780-8888

Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
055535

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here

DATE

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

DATE

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance



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 0579-0033. 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 kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 21.43.9 CFR, Subchapter A, Part 2).

OMB APPROVED
0579-0036
0579-0033

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

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

ANGELES DE CIALES / CARMEN OCCASIO
HC 02 BOX 6962
CIALES PR 00638

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

Marmouth County SPCA
260 Wall St.
Fairport, NJ 07724
Phone: (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) LAIA	LABRADOR MIX	3M	F	WHITE
(2) LEXIE	LABRADOR MIX	3M	F	TRICOLOR
(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

ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)
PRINTED NAME OF USDA VETERINARIAN

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here DATE

Dr. Carlos del Toro

8-28-20

APHIS Form 7001 (NOV 2010)

This certificate is valid for 30 days after issuance

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

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS	Product	Date	Product Type and/or Results
Vaccination Date	Product	Date	Product Type and/or Results
08-20-2020	NOBIV LOT D054765A EXP 03/12/21	08-19-2020	DHLPP+4L: BORDETELLA
08-20-2020	NOBIV LOT D054765A EXP 03/12/21	08-19-2020	DHLPP+4L: BORDETELLA
		08-20-20	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).

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☒ I certify that the animal(s) described above and on continuation sheet(s), if applicable, have been inspected by me on this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animal or other animals or would endanger public health.
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OMB APPROVED
0579-0036
0579-0333

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

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

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

Nelie Isabel Rosas
C-9 #101
Cardina PR 00777

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

North County SPCA
2600 W 64th St
Fort Worth, TX 76124
(817) 542-0040

USDA License/Registration Number (if applicable)

7. ANIMAL IDENTIFICATION

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION ☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS Vaccination Date: _____ Product: _____	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS Product Type and/or Results
(1) Amara	Chihuahua	10W	F	Tricolor	700 young for vaccine	08-27-20 Bordetella
(2) Amara	Chihuahua	10W	F	Tan-Wh	700 young for vaccine	(1-4)
(3) Amara	Chihuahua	10W	F	Tan-Bk	700 young for vaccine	
(4) Amara	Chihuahua	10W	F	Tan-Bk	700 young for vaccine	
(5) Asher	Labrador	13W	M	Wh-Tan	08-27-20 Nobivac 1	
(6) Orion	Labrador	13W	M	Bk-Tan	08-27-20 Nobivac 1	

8. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

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

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

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

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

ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)

PRINTED NAME OF USDA VETERINARIAN

Dr. Jaime A. Vázquez #331
Carr. Marginal 180 Km. 0.7, La Cerdanica
Carolina, Puerto Rico 00984
787-768-5800 / 787-768-2035

LICENSE NUMBER AND STATE

331, Puerto Rico

Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
058389

SIGNATURE OF USDA VETERINARIAN

Apply USDA Seal or Stamp here

DATE

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

SIGNATURE OF ISSUING VETERINARIAN

DATE

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

08-27-20

DO NOT STAPLE

SUBMIT WITHIN 7 DAYS OF DATE ISSUED

STATE OF SOUTH CAROLINA

COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

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

No. A 275205

Origin Contact PSP Rescue/CNris Rizzo (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
19wks	F	Tommy- Black Lab mix	8/18/2020	205684
19wks	M	Tommy- Brown Lab mix	8/18/2020	205682

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 9/1/2020
SIGNATURE OF ACCREDITED VETERINARIAN Jenna Blake, DVM	TELEPHONE 803-327-7387	FEDERAL ACCRED. # 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

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 275206

Origin Contact PSP Rescue/CNris Rizzo (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
7wks	F	Abbey Red Tick Hound/ACDX	too young	N/A
7wks	M	Porter Red/White Hound/ACDX	too young	N/A
7wks	F	Shirley Red/White Hound/ACDX	too young	N/A
7wks	F	Betty Red/White Hound/ACDX	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 9/10/2020
SIGNATURE OF ACCREDITED VETERINARIAN Jenna Blake, DVM	TELEPHONE 803-327-7387	FEDERAL ACCRED. # 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

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 275207

Origin Contact P.P. Rescue/Chen 81226 (973) 534-7726

Destination Contact Monmouth SPCA (732) 542-0040

Origin Address 1681 Highway 274 # 311 Lake View, SC 29710

Destination Address 260 Wall Street Eatontown, NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
7wks	M	Sandy Red/White Hound/ACDX	too young	N/A
7wks	M	Bandh. Tricolor Hound/ACDX	too young	N/A
7wks	M	Duncan Black/Brown Hound/ACDX	too young	N/A
7wks	F	Cayce Black/Brown Hound/ACDX	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

9/10/2020

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

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 275227

Origin Contact Halfway There Rescue - Sarah Levenson

Destination Contact Monmouth SPCA (732) 542-0040

Origin Address 11605 Shetland Ln, Rock Hill, SC 29732

Destination Address 260 Wall Street, Eatontown, NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
12 wks	M	Lab/RT Bull Mix - Black	9/12/20	91479

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

Healthy Pets
1125 N. Anderson Rd Ste 101
Rock Hill, SC 29730

9/12/20

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

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 273086

Origin Contact PSPRescue/Chris Rizzo (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
16wks	F	Hart Tan Hound mix	8/27/2020	91335
16wks	F	Jelly Tan Hound mix	8/27/2020	91336

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

8/27/2020

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

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 275204

Origin Contact PSPRescue/Chris Rizzo (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
10wks	F	Roxie - Tricolor Tree Walker Coonhound	too young	N/A
10wks	M	Rosco - Tricolor Tree Walker Coonhound	too young	N/A
10wks	M	Buddy - Tricolor Tree Walker Coonhound	too young	N/A
10wks	M	Rufus - Tricolor Tree Walker Coonhound	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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ADDRESS OF ACCREDITED VETERINARIAN

DATE

Jenna Blake, DVM

1125 N. Anderson Rd
Rock Hill, SC 29730

9/10/2020

SIGNATURE OF ACCREDITED VETERINARIAN

TELEPHONE

FEDERAL ACCRED. #

Jenna Blake, DVM

803 327-7387

028883

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

Certificate #: 20-SC-0128-799AV
Issue Date: 09-04-2020
Entry Permit#:

Total # of Animals: 3
Inspection Date: 08-29-2020

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: 09-10-2020 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"	"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: Address: City: State: Zip: Lauren Cline, DVM 2445 EBENEZER ROAD ROCK HILL SC 29732 Date/Time: USDA Accreditation: License State / # Phone #: Email: 09-04-2020, 11:47 AM 079345 SC 3639 (803) 366-1950 drcline@ebenezer vets.com

Animal Details						
Animal Type: Small Animal		Species: Dogs	Movement Purpose: Companion Animal			
Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs
1	20-212 Avalanche	Male		Pitbull Mix		Vaccinations: Type: Other, Name: DA2PP, Date: 08-29-2020 Type: Other, Name: CIV 3wk, Date: 08-29-2020 Type: Other, Name: Bordetella, Date: 08-29-2020
2	20-213 Little Jobe	Male		Pitbull Mix		Vaccinations: Type: Other, Name: DA2PP, Date: 08-29-2020 Type: Other, Name: CIV 3wk, Date: 08-29-2020 Type: Other, Name: Bordetella, Date: 08-29-2020



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

CERTIFICATE OF VETERINARY INSPECTION

Certificate #: 20-SC-0128-799AV
Issue Date: 09-04-2020
Entry Permit#:

Total # of Animals: 3
Inspection Date: 08-29-2020

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
3	20-214 Little Boy	Male	.	Pitbull Mix			Vaccinations: Type: Other, Name: DA2PP Date: 08-29-2020 Type: Other, Name: CIV 3wk, Date: 08-29-2020 Type: Other, Name: Bordetella, Date: 08-29-2020



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

CERTIFICATE OF VETERINARY INSPECTION

Certificate #: 20-SC-0125-927AV
Issue Date: 08-26-2020
Entry Permit#:

Total # of Animals: 2
Inspection Date: 08-25-2020

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: 09-12-2020 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: Address: City: State: Zip: Scarlett Springle, DVM 2445 Ebenezer Rd Rock Hill SC 29732 Date/Time: USDA Accreditation: License State / # Phone #: Email: 08-26-2020, 12:15 PM 076141 SC 3491 (803) 366-1950 drspringle@ebenezer vets.com

Animal Details					
Animal Type: Small Animal	Species: Dogs	Movement Purpose: Companion Animal			
Row #	Name	Sex	Age/DOB	Breed	Official ID Type
1	20-209-Y Scooby	Male	05-09-2020	Beagle Mix	IMP
					Official IDs
					Tests / Vaccinations / Treatments



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

CERTIFICATE OF VETERINARY INSPECTION
Certificate #: 20-SC-0129-617AV
Issue Date: 09-08-2020
Entry Permit#:

Total # of Animals: 1
Inspection Date: 08-18-2020

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: 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: Signature:	"I certify, as an accredited veterinarian that the animal 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: Scarlett Springate, DVM Date/Time: 09-08-2020, 01:51 PM Address: 2445 Ebenezer Rd City: Rock Hill State: SC Zip: 29732 USDA Accreditation: License State / # Phone # SC 3491 (803) 366-1950 Email: dspringate@ebenezer vets.com

Animal Details					
Animal Type: Small Animal		Species: Dogs	Movement Purpose: Companion Animal		
Row #	Name	Sex	Age/DOB	Breed	Official ID Type
1	20-199-Y Stella	Female	1 years	Hound Mix	
					Official IDs
					Tests / Vaccinations / Treatments
					Vaccinations: Type: Rabies, Date: 08-18-2020, Vaccine Serial Number: 400985A, Expiration Timeframe: 1 Year Type: Other, Name: DHPP 1 year, Date: 08-18-2020 Type: Other, Name: Bordetella Intranasal, Date: 08-18-2020



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

487903

Date Issued 9-15-20
Expiration 30 days after issuance

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

Owner Monroe County Animal Shelter Consignee St. Aubert's Animal Welfare
Address 170 Kefauver Ln Address 575 Woodland Ave
City Madisonville City Madison
State TN 37354 State MI Zip Code 48440
Telephone No. 429-442-1015 Telephone No. 973-377-2295

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #
Cat	Velvet	Hand	F	5 1/2	Black		035094
K-9	Vivian	Hand	F	7 1/2	Black		
K-9	Vincent	Hand	M	5 1/2	Black		
K-9	Max	Hand	M	2	Red / Wh		055239
K-9	Kube	Hand	M	2 1/2	Brindle		055245
K-9	Buddy	Hand	M	1	Brown		055246
K-9	Avalon	Hand	M	1	Tan / Wh		055249
K-9	Carlos	Mix	M	1	Wh / Grey		055217
K-9	Star	Mix	F	3m	Brown / Bl		055244
K-9	Tater	Beagle	M	3	Brown / Wh		055248

Remarks _____

I certify that I am licensed and accredited in Tennessee and that I personally examined the 10 animal(s) described herein and found them to be free of evidence of infectious or communicable disease or exposure thereto. To the best of my knowledge, these animals meet the current import requirements of the State of Destination.

Vaccination Data				
Manufacturer	Serial #	Exp.	Type	Date
Zoetis	434108	7/21/21	Killed	8-15-20
Zoetis	395411	6/15/21	Killed	9-15-20

Distribution:

Interstate Shipments

White
* Canary
* Pink
Goldenrod

TN State Veterinarian
Accompany Shipment
TN State Veterinarian
Retain

Accredited Veterinarian

Vet Code

Angela Barry 023382
Type or Print

Signature Angela Barry

Address P.O. Box 89

City Coker Creek State TN zip 3734

Email Address als-barry@hotmail.com

Telephone: 423-464-8241

SPECIES	# OF ANIMALS	DESCRIPTION / BREED / MICROCHIP	AGE	SEX	RABIES VACC DATE	RABIES BOOSTER DUE	RABIES TAG NUMBER	RABIES SERIAL NUMBER	OTHER TESTS, VACCINATIONS/TREATMENT PLEASE LIST DATE & PRODUCT USED
Canine	1	LONDON/ LAB/ BLACK AND WHITE	7M	M	9/16/2020		623113	389795	DA2PPV-8/10/20 BORDETELLE-8/10/20 HW STATUS-9/10/20(-) HW PREVENTATIVE-IVERMECTIN 9/1/20 FLEA MED-ADVANTIX 9/20/20 DEWORMER-STRONGID 9/10/20 WEIGHT- 43 LBS SCAR TISSUE AND MISSING FUR ON HER BACK AND SIDE DA2PPV-9/1/20
Canine	1	GARRETT/ FIEST MIX/ WHITE AND TAN	18M	M	9/16/2020		623244	389795	BORDETELLE-9/1/20 HW STATUS-9/12/20 (-) HW PREVENTATIVE-IVERMECTIN 9/12/20 FLEA MED-ADVANTIX 9/20/20 DEWORMER-STRONGID 8/1/20 WEIGHT- 30 LBS DA2PPV-8/19/20
Canine	1	LADY BUG/ CORGIE MIX/ TAN	1Y	F	9/16/2020		624128	389795	BORDETELLE-8/19/20 HW STATUS-9/19/20(-) HW PREVENTATIVE-IVERMECTIN 9/19/20 FLEA MED-ADVANTIX 9/20/20 DEWORMER-STRONGID 8/19/20 WEIGHT- 27 LBS DA2PPV-8/24/20, 9/7/20
Canine	1	EEMAN/ LAB MIX/ BLACK	5M	F	8/5/2020		623834	389795	BORDETELLE-8/24/20 HW STATUS-N/A HW PREVENTATIVE-N/A FLEA MED-ADVANTIX 9/20/20 DEWORMER-STRONGID 8/24/20, 9/7/20 WEIGHT- 28 LBS SPAYED DA2PPV-8/24/20, 9/7/20
Canine	1	APOLLO/ LAB/ BLONDE	4M	M	9/16/2020		624196	389795	BORDETELLE-8/24/20 HW STATUS-N/A HW PREVENTATIVE-N/A FLEA MED-FLEA SPRAY 9/20/20 DEWORMER-STRONGID 8/24/20, 9/7/20 WEIGHT- 25 LBS DA2PPV-8/28/20
Canine	1	ROSA/ HEELER MIX/ WHITE AND LIVER	10Y	F	9/16/2020		623880	389795	BORDETELLE-8/28/20 HW STATUS-8/28/20 (-) HW PREVENTATIVE-IVERMECTIN 8/28/20 FLEA MED-FLEA SPRAY 9/20/20 DEWORMER-STRONGID 8/24/20, 9/7/20 WEIGHT- 20 LBS SMALL TUMOR ON SIDE, TEETH ARE ACCEPTABLE DA2PPV-8/14/20, 8/28/20, 9/11/20
Canine	1	POSEY/ LAB MIX/ BLACK AND WHITE	3M	M	9/16/2020		623544	389795	BORDETELLE-8/14/20 HW STATUS-N/A HW PREVENTATIVE-N/A FLEA MED-FLEA BATH 9/20/20 DEWORMER-STRONGID 8/14/20, 8/28/20, 9/11/20 WEIGHT- 20 LBS