

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 275247

Origin Contact SP Rescile/Chris K 220 (973) 534-7726 Destination Contact Monmouth SPCA (732) 542-0040

Origin Address 160 Highway 274 #311 Lake Myrie, SC 29730 Destination Address 260 Wall Street Eatontown, NJ 07728

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
16 wks	M	Jules Black/white Husky	10/7/2020	91669

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

10/7/2020

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

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

No. A 275248

Origin Contact SP Rescile/Chris K 220 (973) 534-7726 Destination Contact Monmouth SPCA (732) 542-0040

Origin Address 160 Highway 274 #311 Lake Myrie, SC 29730 Destination Address 260 Wall Street Eatontown, NJ 07728

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
11 wks	F	Blanch - Black/white Labrador Retriever	Too young	N/A
11 wks	F	Dorothy - Brown Labrador Retriever	Too young	N/A

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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

10/8/2020

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 **275249**

Origin Contact SPS Rescue/Chris Rizzo (973) 534-7726 Destination Contact Monmouth SPCA (732) 542-0040
 Origin Address 160 Highway 274 #311 Lake Wylie, SC 29710 Destination Address 260 Wall Street Eatontown, NJ 07770

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
20 WKS	F	MIXED - BLACK/WHITE HEELER	9/23/2020	200908

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 10/9/2020
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 **275240**

Origin Contact SPS Rescue/Chris Rizzo (973) 534-7726 Destination Contact Monmouth SPCA (732) 542-0040
 Origin Address 160 Highway 274 #311 Lake Wylie, SC 29710 Destination Address 260 Wall Street Eatontown, NJ 07770

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
17 WKS	M	AUGIE - BLACK/WHITE HUSKY	9/30/2020	91648

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 9/30/2020
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



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

CERTIFICATE OF VETERINARY INSPECTION
Certificate #: 20-SC-0137-252AV
Issue Date: 10-02-2020
Entry Permit#:

Total # of Animals: 1
Inspection Date: 10-02-2020

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: Consignor 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 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: April Stephens, DVM 2445 Ebenezer Rd Rock Hill SC 29732 Date/Time: USDA Accreditation License State / # Phone #: Email: 10-02-2020, 05:59 PM 059057 SC 2924 (803) 366-1950 drstephens@ebenezerpets.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	20-241-Y Bubs	Male	2 years	Terrier Mix		
Tests & Accessions: Test Name: HEARTWORM TEST, Result: NEGATIVE, Test Date: 09-23-2020 Test Name: FECAL, Result: NOS, Test Date: 09-23-2020 Vaccinations: Type: Rabies, Date: 09-23-2020, Booster Date: 09-23-2021, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP, Date: 09-23-2020 Type: Other, Name: BORDETTELLA, Date: 09-23-2020						



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

CERTIFICATE OF VETERINARY INSPECTION
Certificate #: 20-SC-0138-939AV
Issue Date: 10-08-2020
Entry Permit#:

Total # of Animals: 2
Inspection Date: 10-08-2020

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: 10-11-2020 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: Maria Belu, DVM Date/Time: 10-08-2020, 12:57 PM Address: 2445 Ebenezer Rd City: Rock Hill State: SC Zip: 29732 USDA Accreditation: License State / # Phone #: (803) 366-1950 Email: drbelu@ebenezerpets.com

Animal Details						
Animal Type: Small Animal		Species: Dogs		Movement Purpose: Competition		
Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs
1	20-271-Y-Sherlock	Male	3 years	Havanese Mix		
						Tests & Accessions: Test Name: Heartworm Test, Result: Negative, Test Date: 10-08-2020 Test Name: Fecal, Result: Whipworms and Hookworms, Test Date: 10-08-2020 Vaccinations: Type: Rabies, Date: 10-02-2020, Tag Number: 1076-20, Vaccine Serial Number: 390138A, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 10-08-2020 Type: Other, Name: Bord, Date: 10-08-2020



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

CERTIFICATE OF VETERINARY INSPECTION

Certificate #: 20-SC-0139-542AV
Issue Date: 10-10-2020
Entry Permit#:

Total # of Animals: 1
Inspection Date: 09-22-2020

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:	Mommouth County SPCA 260 Wall Street Eatontown, NJ 07724 Phone: (732) 818-8879 County: Premises ID:	Mommouth County SPCA 260 Wall Street Eatontown, NJ 07724 Phone: (732) 818-8879 County: Premises ID:	Shipment Date: 10-10-2020 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" 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: 10-10-2020, 12:09 PM Address: 2445 Ebenezer Rd USDA Accreditation: 090401 City: Rock Hill State: SC Zip: 29732 License State / #: SC 4074 Phone #: (803) 366-1950 Email: dibelu@ebenezerpets.com

Animal Details					
Animal Type: Small Animal	Species: Dogs	Movement Purpose: Companion Animal			
Row #	Name	Sex	Age/DOB	Breed	Official ID Type
1	20-238-Anna	Female	4 years	Husky	
					Official IDs
					Tests / Vaccinations / Treatments
					Tests & Accessions: Test Name: Heartworm Test, Result: Weak positive, Test Date: 09-22-2020 Test Name: Fecal, Result: Hookworm positive, Test Date: 09-22-2020 Vaccinations: Type: Rabies, Date: 09-22-2020, Tag Number: 200914, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 09-22-2020 Type: Other, Name: Bordetella, Date: 09-22-2020



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

CERTIFICATE OF VETERINARY INSPECTION

Certificate #: 20-SC-0138-939AV
Issue Date: 10-08-2020
Entry Permit#:

Total # of Animals: 2
Inspection Date: 10-08-2020

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
2	20-272-Y Watson	Male	3 years	Havanese Mix			Tests & Accessions: Test Name: Heartworm Test, Result: Negative, Test Date: 10-08-2020 Test Name: Fecal, Result: Hookworms and Whipworms, Test Date: 10-08-2020 Vaccinations: Type: Rabies, Date: 10-02-2020, Tag Number: 1077-20, Vaccine Serial Number: 390138A, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP 1 year, Date: 10-08-2020 Type: Other, Name: Bord, Date: 10-08-2020



...Livestock Poultry Health

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

CERTIFICATE OF VETERINARY INSPECTION

Certificate #: 20-SC-0138-936AV
Issue Date: 10-08-2020
Entry Permit#:

Total # of Animals: 2
Inspection Date: 10-08-2020

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: 10-11-2020 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: Maria Belu, DVM Date/Time: 10-08-2020, 12:47 PM Address: 2445 Ebenezer Rd City: Rock Hill State: SC Zip: 29732 USDA Accreditation: License State / # Phone #: (803) 366-1950 Email: drbelu@ebenezer vets.com

Animal Details						
Animal Type	Species	Dogs	Movement Purpose	Companion Animal		
Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs
1	20-243-Renesme-Y <i>ROSE</i>	Female	11 weeks	Labrador		Vaccinations: Type: Other, Name: DA2PP, Date: 10-08-2020 Type: Other, Name: Bordetella, Date: 09-22-2020 Type: Other, Name: Canine Influenza, Date: 10-08-2020
2	20-245-Jasper <i>Jasper</i>	Male	11 weeks	Labrador		Vaccinations: Type: Other, Name: DA2PP, Date: 10-08-2020 Type: Other, Name: Bordetella, Date: 09-22-2020 Type: Other, Name: Canine Influenza, Date: 10-08-2020



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

CERTIFICATE OF VETERINARY INSPECTION

Certificate #: 20-SC-0139-216AV
Issue Date: 10-09-2020
Entry Permit#:

Total # of Animals: 1
Inspection Date: 10-09-2020

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: 10-10-2020 Carrier: Consignor Phone: Transport Method: Car Moving: Interstate

Disease Certification Statements	Flock/Herd Accredited Free For	Current State / Area Status
		N/A

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Date: Signature:	Digitally Signed By: Maria Belu, DVM Date/Time: 10-09-2020, 11:47 AM Address: 2445 Ebenezer Rd City: Rock Hill State: SC Zip: 29732 USDA Accreditation: 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 #	Sex	Age/DOB	Breed	Official ID Type
1	Male	4 months	20-239-Y "Mytus"	
			Official IDs	Tests / Vaccinations / Treatments
				Tests & Accessions: Test Name: Fecal, Result: Negative, Test Date: 09-23-2020 Vaccinations: Type: Rabies, Date: 09-23-2020, Vaccine Serial Number: 380200A, Expiration Time/Frame: 1 Year Type: Other, Name: DA2PP, Date: 09-23-2020 Type: Other, Name: Bordetella, Date: 09-23-2020 Additional Notes: Blue Heeler Mix, Black/White/Tan



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

CERTIFICATE OF VETERINARY INSPECTION

Certificate #: 20-SC-0139-390AV
Issue Date: 10-09-2020
Entry Permit#:

Total # of Animals: 5
Inspection Date: 10-09-2020

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
2	20-274-Y Sarah	Female	13 weeks	Pitbull Mix			Tests & Accessions: Test Name: Fecal Flotation, Result: negative, Test Date: 10-09-2020 Vaccinations: Type: Other, Name: DHPP 3 week, Date: 10-09-2020 Type: Other, Name: CIV 3 week, Date: 10-09-2020 Type: Other, Name: Bordetella intranasal, Date: 10-09-2020
3	20-275-Y Fawn	Female	13 weeks	Pitbull Mix			Tests & Accessions: Test Name: Fecal Flotation, Result: negative, Test Date: 10-09-2020 Vaccinations: Type: Other, Name: DHPP 3 week, Date: 10-09-2020 Type: Other, Name: CIV 3 week, Date: 10-09-2020 Type: Other, Name: Bordetella intranasal, Date: 10-09-2020
4	20-276-Y Sally	Female	13 weeks	Pitbull Mix			Tests & Accessions: Test Name: Fecal Flotation, Result: negative, Test Date: 10-09-2020 Vaccinations: Type: Other, Name: DHPP 3 week, Date: 10-09-2020 Type: Other, Name: CIV 3 week, Date: 10-09-2020 Type: Other, Name: Bordetella intranasal, Date: 10-09-2020
5	20-277-Y Goldie	Female	13 weeks	Pitbull Mix			Tests & Accessions: Test Name: Fecal Flotation, Result: negative, Test Date: 10-09-2020 Vaccinations: Type: Other, Name: DHPP 3 week, Date: 10-09-2020 Type: Other, Name: CIV 3 week, Date: 10-09-2020 Type: Other, Name: Bordetella intranasal, Date: 10-09-2020



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

CERTIFICATE OF VETERINARY INSPECTION
Certificate #: 20-SC-0139-390AV
Issue Date: 10-09-2020
Entry Permit#:

Total # of Animals: 5
Inspection Date: 10-09-2020

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: 10-10-2020 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
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Animal Details					
Animal Type: Small Animal	Species: Dogs	Movement Purpose: Companion Animal			
Row #	Name	Sex	Age/DOB	Breed	Official ID Type
1	20-273-Y Sam	Male	13 weeks	Pitbull Mix	
		Official ID Type	Official ID#	Tests / Vaccinations / Treatments	
				Tests & Accessions: Test Name: Fecal Flotation, Result: negative, Test Date: 10-09-2020 Vaccinations: Type: Other, Name: DHPP 3 week, Date: 10-09-2020 Type: Other, Name: CIV 3 week, Date: 10-09-2020 Type: Other, Name: Bordetella intranasal, Date: 10-09-2020	

TENNESSEE CERTIFICATE OF VETERINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate Validity

FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM

OFFICIAL USE ONLY: The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.

Certificate Number
6350181602798291

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	LIL SPOT/ HOUND MIX/ WHITE WITH BLACK SPOTS	3M	M	10/14/2020		624387	389795	WEIGHT-15 LBS DA2PPV-10/5/20, 10/18/20 BORDETELLEA-10/5/20 HW STATUS - N/A WEIGHT-15 LBS DA2PPV-10/5/20 BORDETELLEA-10/5/20 HW STATUS (-)10/5/20 NEUTERED
Canine	1	CHEWY/ CHIHUAHUA MIX/ BLACK & BROWN	10Y	M	10/14/2020		623661	389795	WEIGHT-11 LBS DA2PPV-9/22/20 BORDETELLEA-9/22/20 HW STATUS (-)9/22/20 SPAYED WEIGHT-10 LBS DA2PPV-9/17/20 BORDETELLEA-9/17/20 HW STATUS (-)9/17/20 NEUTERED TREATING EYES WITH TERRAMYCIN, HAD A DENTAL CLEANING WITH EXTRACTIONS ON 10/1/20
Canine	1	PEANUT/ CHIWENIE/ BROWN & BLACK	10M	F	10/1/2020		623702	389795	WEIGHT-8 LBS DA2PPV-10/2/20 BORDETELLEA-10/2/20 HW STATUS (-)10/2/20 WEIGHT-8 LBS DA2PPV-10/3/20, 10/16/20 BORDETELLEA-10/3/20 HW STATUS - N/A FECAL EXAM- SPIROCHETES PALE MUCUS MEMBRANES TREATED WITH COMPOUNDED DRONTAL CHEWS, LIQUITINIC, PRO-PECTALIN, AND METRONIDAZOLE
Canine	1	RAY CHARLES/ MINI SCHNAUZER/ WHITE	10Y	M	10/1/2020		623844	389795	WEIGHT-10 LBS DA2PPV-9/17/20 BORDETELLEA-9/17/20 HW STATUS (-)9/17/20 NEUTERED TREATING EYES WITH TERRAMYCIN, HAD A DENTAL CLEANING WITH EXTRACTIONS ON 10/1/20
Canine	1	RANDY/ CHIHUAHUA/ BLACK & WHITE	2Y	M	10/14/2020		624330	389795	WEIGHT-8 LBS DA2PPV-10/3/20, 10/16/20 BORDETELLEA-10/3/20 HW STATUS - N/A FECAL EXAM- SPIROCHETES PALE MUCUS MEMBRANES TREATED WITH COMPOUNDED DRONTAL CHEWS, LIQUITINIC, PRO-PECTALIN, AND METRONIDAZOLE
Canine	1	SHADOW/ BORDER COLLIE/ BLACK, WHITE & BROWN	8W	M					WEIGHT-8 LBS DA2PPV-10/3/20, 10/16/20 BORDETELLEA-10/3/20 HW STATUS - N/A FECAL EXAM- SPIROCHETES PALE MUCUS MEMBRANES TREATED WITH COMPOUNDED DRONTAL CHEWS, LIQUITINIC, PRO-PECTALIN, AND METRONIDAZOLE
Canine	1	OREO/ BORDER COLLIE/ BLACK, WHITE & BROWN	8W	M					WEIGHT-8 LBS DA2PPV-10/3/20, 10/16/20 BORDETELLEA-10/3/20 HW STATUS - N/A FECAL EXAM- SPIROCHETES PALE MUCUS MEMBRANES TREATED WITH COMPOUNDED DRONTAL CHEWS, LIQUITINIC, PRO-PECTALIN, AND METRONIDAZOLE
Canine	1	WAFLE/ BORDER COLLIE/ BLACK, WHITE & BROWN	8W	F					WEIGHT-8 LBS DA2PPV-10/3/20, 10/16/20 BORDETELLEA-10/3/20 HW STATUS - N/A FECAL EXAM- SPIROCHETES PALE MUCUS MEMBRANES TREATED WITH COMPOUNDED DRONTAL CHEWS, LIQUITINIC, PRO-PECTALIN, AND METRONIDAZOLE

TENNESSEE CERTIFICATE OF VETERINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM

Certificate Number
6350181602798291

OFFICIAL USE ONLY: The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.

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	SQUEALER/ BOXER MIX/ RED & WHITE	5M	M	10/14/2020		623163	389795	WEIGHT-23 LBS DA2PPV-9/25/20, 10/8/20 BORDETELLA-9/25/20 HW STATUS - N/A WEIGHT-23 LBS	
Canine	1	MAX/ BOXER MIX/ WHITE & BROWN	5M	M	10/1/2020		623725	389795	DA2PPV-8/24/20, 9/23/20 BORDETELLA-8/24/20 HW STATUS - N/A NEUTERED	
Canine	1	TRACY/ TERRIER MIX/ BROWN BLACK & BRINDLE	4M	F	10/14/2020		624254	389795	WEIGHT-18 LBS DA2PPV-10/2/20, 10/16/20 BORDETELLA-10/2/20 HW STATUS - N/A WEIGHT-18 LBS	
Canine	1	FLASH/ WIRE HAired TERRIER/ BLACK & TAN	6M	M	10/14/2020		623069	389795	DA2PPV-10/12/20 BORDETELLA-10/12/20 HW STATUS (-)10/12/20 WEIGHT-15 LBS	
Canine	1	BATMAN/ WIRE HAired TERRIER/ BLACK & TAN	6M	M	10/14/2020		624120	389795	DA2PPV-10/12/20 BORDETELLA-10/12/20 HW STATUS (-)10/12/20 WEIGHT-18 LBS	
Canine	1	BAILEY/ DACSHUND FLEST MIX/ BLACK	6Y	F	10/14/2020		624342	389795	DA2PPV-8/28/20 BORDETELLA-9/28/20 HW STATUS (-)9/28/20 MUCUS MEMBRANES PALE FECAL EXAM- NO PARASITES SEEN MAY BE OLDER THAN 5 YEARS WEIGHT-18 LBS	
Canine	1	SUGAR/ WIRE HAired TERRIER/ WHITE	4Y	F	10/1/2020		623954	389795	DA2PPV-9/28/20 BORDETELLA-9/28/20 HW STATUS (-)9/28/20 SPAYED	
Canine	1	CILANTRO/ CHIHUAHUA & TERRIER MIX/ TAN & WHITE	4M	F	10/14/2020		624064	389795	DA2PPV-9/28/20, 10/12/20 BORDETELLA-9/28/20 HW STATUS - N/A WEIGHT-8 LBS	
Canine	1	CURRY/ CHIHUAHUA & TERRIER MIX/ BLACK & BROWN	4M	F	10/14/2020		623509	389795	DA2PPV-9/28/20, 10/12/20 BORDETELLA-9/28/20 HW STATUS - N/A WEIGHT-8 LBS	
Canine	1	CHIVE/ CHIHUAHUA & TERRIER MIX/ WHITE & TAN	4M	F	10/14/2020		624274	389795	DA2PPV-9/28/20, 10/1/20 BORDETELLA-9/28/20 HW STATUS - N/A WEIGHT-7 LBS	
Canine	1	FENNEL/ CHIHUAHUA & TERRIER MIX/ TAN & WHITE	4M	M	10/14/2020		623316	389795	DA2PPV-9/28/20, 10/12/20 BORDETELLA-9/28/20 HW STATUS - N/A WEIGHT-7 LBS	
Canine	1	CAUN/ CHIHUAHUA & TERRIER MIX/ BROWN	4M	M	10/14/2020		623986	389795	DA2PPV-9/28/20, 10/12/20 BORDETELLA-9/28/20 HW STATUS - N/A WEIGHT-15 LBS	
Canine	1	REX/ HOUND MIX/ BLACK & WHITE	3M	M	10/14/2020		624185	389795	DA2PPV-10/5/20, 10/18/20 BORDETELLA-10/5/20 HW STATUS - N/A	

TENNESSEE CERTIFICATE OF VETERINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate Validity

FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM

OFFICIAL USE ONLY: The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.

Certificate Number
6350181602798291

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	SQUEALER/ BOXER MIX/ RED & WHITE	6M	M	10/14/2020		623163	399796	WEIGHT-23 LBS DA2PPV-9/25/20, 10/8/20 BORDETELLA-9/25/20 HW STATUS - N/A WEIGHT-23 LBS
Canine	1	MAX/ BOXER MIX/ WHITE & BROWN	5M	M	10/1/2020		623725	399795	DA2PPV-8/24/20, 9/23/20 BORDETELLA-8/24/20 HW STATUS - N/A NEUTERED
Canine	1	TRACY/ TERRIER MIX/ BROWN BLACK & BRINDLE	4M	F	10/14/2020		624254	399795	WEIGHT-18 LBS DA2PPV-10/2/20, 10/16/20 BORDETELLA-10/2/20 HW STATUS - N/A WEIGHT-18 LBS
Canine	1	FLASH/ WIRE HAired TERRIER/ BLACK & TAN	6M	M	10/14/2020		623069	399795	DA2PPV-10/12/20 BORDETELLA-10/12/20 HW STATUS ()10/12/20 WEIGHT-15 LBS
Canine	1	BATMAN/ WIRE HAired TERRIER/ BLACK & TAN	6M	M	10/14/2020		624120	399795	DA2PPV-10/12/20 BORDETELLA-10/12/20 HW STATUS ()10/12/20 WEIGHT-18 LBS
Canine	1	BAILEY/ DACHSHUND FIST MIX/ BLACK	5Y	F	10/14/2020		624342	399795	DA2PPV-9/28/20 BORDETELLA-9/28/20 HW STATUS ()9/28/20 MUCUS MEMBRANES PALE FECAL EXAM- NO PARASITES SEEN MAY BE OLDER THAN 5 YEARS
Canine	1	SUGAR/ WIRE HAired TERRIER/ WHITE	4Y	F	10/1/2020		623954	399795	WEIGHT-16 LBS DA2PPV-9/28/20 BORDETELLA-9/28/20 HW STATUS ()9/28/20 SPAYED
Canine	1	CILANTRO/ CHIHUAHUA & TERRIER MIX/ TAN & WHITE	4M	F	10/14/2020		624054	399795	WEIGHT-8 LBS DA2PPV-9/28/20, 10/12/20 BORDETELLA-9/28/20 HW STATUS - N/A
Canine	1	CURRY/ CHIHUAHUA & TERRIER MIX/ BLACK & BROWN	4M	F	10/14/2020		623509	399795	WEIGHT-8 LBS DA2PPV-9/28/20, 10/12/20 BORDETELLA-9/28/20 HW STATUS - N/A WEIGHT-8 LBS
Canine	1	CHIVE/ CHIHUAHUA & TERRIER MIX/ WHITE & TAN	4M	F	10/14/2020		624274	399795	DA2PPV-9/28/20, 10/1/20 BORDETELLA-9/28/20 HW STATUS - N/A WEIGHT-7 LBS
Canine	1	FENNEL/ CHIHUAHUA & TERRIER MIX/ TAN & WHITE	4M	M	10/14/2020		623316	399795	DA2PPV-9/28/20, 10/12/20 BORDETELLA-9/28/20 HW STATUS - N/A WEIGHT-7 LBS
Canine	1	CAUN/ CHIHUAHUA & TERRIER MIX/ BROWN	4M	M	10/14/2020		623996	399795	DA2PPV-9/28/20, 10/12/20 BORDETELLA-9/28/20 HW STATUS - N/A WEIGHT-15 LBS
Canine	1	REX/ HOUND MIX/ BLACK & WHITE	3M	M	10/14/2020		624185	399795	DA2PPV-10/5/20, 10/18/20 BORDETELLA-10/5/20 HW STATUS - N/A

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	HONEY/ BORDER COLLIE/ WHITE FACE, BLACK & BROWN	8W	F					WEIGHT - 8 LBS DA2PPV-10/3/20, 10/16/20 BORDETELLA-10/3/20 HW STATUS - N/A FECAL EXAM- SPIROCHETES PALE MUCUS MEMBRANES TREATED WITH COMPOUNDED DRONTAL CHEWS, LIQUITINIC, PRO-RECTALIN, AND METRONIDAZOLE WEIGHT - 11 LBS
Canine	1	SUZIE/ CHIHUAHUA MIX/ BROWN & WHITE	9W	F					DA2PPV-9/11/20, 9/25/20, 10/9/20 BORDETELLA-9/11/20 HW STATUS - N/A SKIN SCRAPE- NEGATIVE NO EAR MITES PRESENT WEIGHT - 8 LBS
Canine	1	SAMM/ CHIHUAHUA MIX/ WHITE	9W	M					DA2PPV-9/11/20, 9/25/20, 10/9/20 BORDETELLA-9/11/20 HW STATUS - N/A SKIN SCRAPE- NEGATIVE NO EAR MITES PRESENT WEIGHT - 5 LBS
Canine	1	SASSY/ CHIHUAHUA MIX/ WHITE	9W	F					DA2PPV-9/11/20, 9/25/20, 10/9/20 BORDETELLA-9/11/20 HW STATUS - N/A SKIN SCRAPE- NEGATIVE NO EAR MITES PRESENT
TOTAL	32								

OWNER/AGENT STATEMENT
"The animals in this shipment are those certified to and listed on this certificate."

VETERINARY CERTIFICATION - I certify, as an accredited veterinarian that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No further warranty is made or implied.

DATE 10/19/20	Printed Name MARTHA KILLEN	City CAMDEN	State TN	Zip 38320
SIGNATURE 	USDA Accreditation # 012054	License # 0005018	State of License TN	
Address 310 HIGHWAY 641 NORTH		Phone (731) 213-2555	Email vetwork310@gmail.com	
Signature Martha Killen, DVM		Digitally signed by Martha Killen, DVM Date: 2020.10.15 16:44:49 -05'00'		

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	SQUEALER/ BOXER MIX/ RED & WHITE	5M	M	10/14/2020		623163	389795	WEIGHT-23 LBS DA2PPV-9/25/20, 10/9/20 BORDETELLA-9/25/20 HW STATUS - N/A WEIGHT-23 LBS
Canine	1	MAX/ BOXER MIX/ WHITE & BROWN	5M	M	10/1/2020		623725	389795	DA2PPV-8/24/20, 9/23/20 BORDETELLA-8/24/20 HW STATUS - N/A NEUTERED WEIGHT-18 LBS
Canine	1	TRACY/ TERRIER MIX/ BROWN BLACK & BRINDLE	4M	F	10/14/2020		624254	389795	DA2PPV-10/2/20, 10/16/20 BORDETELLA-10/2/20 HW STATUS - N/A WEIGHT-18 LBS
Canine	1	FLASH/ WIRE HAired TERRIER/ BLACK & TAN	6M	M	10/14/2020		623069	389795	DA2PPV-10/1/2/20 BORDETELLA-10/1/2/20 HW STATUS (-)10/12/20 WEIGHT- 15 LBS
Canine	1	BATMAN/ WIRE HAired TERRIER/ BLACK & TAN	6M	M	10/14/2020		624120	389795	DA2PPV-10/1/2/20 BORDETELLA-10/1/2/20 HW STATUS (-)10/12/20 WEIGHT-18 LBS
Canine	1	BAILEY/ DACHSHUND FIEST MIX/ BLACK	5Y	F	10/14/2020		624342	389795	DA2PPV-9/28/20 BORDETELLA-9/28/20 HW STATUS (-)9/28/20 MUCUS MEMBRANES PALE FECAL EXAM- NO PARASITES SEEN MAY BE OLDER THAN 5 YEARS WEIGHT-16 LBS
Canine	1	SUGAR/ WIRE HAired TERRIER/ WHITE	4Y	F	10/1/2020		623954	389795	DA2PPV-9/28/20 BORDETELLA-9/28/20 HW STATUS (-)9/28/20 SPAYED WEIGHT-8 LBS
Canine	1	CILANTRO/ CHIHUAHUA & TERRIER MIX/ TAN & WHITE	4M	F	10/14/2020		624064	389795	DA2PPV-9/28/20, 10/1/2/20 BORDETELLA-9/28/20 HW STATUS -N/A WEIGHT-8 LBS
Canine	1	CURRY/ CHIHUAHUA & TERRIER MIX/ BLACK & BROWN	4M	F	10/14/2020		623508	389795	DA2PPV-9/28/20, 10/1/2/20 BORDETELLA-9/28/20 HW STATUS - N/A WEIGHT-8 LBS
Canine	1	CHIVE/ CHIHUAHUA & TERRIER MIX/ WHITE & TAN	4M	F	10/14/2020		624274	389795	DA2PPV-9/28/20, 10/1/20 BORDETELLA-9/28/20 HW STATUS - N/A WEIGHT-7 LBS
Canine	1	FENNEL/ CHIHUAHUA & TERRIER MIX/ TAN & WHITE	4M	M	10/14/2020		623316	389795	DA2PPV-9/28/20, 10/1/2/20 BORDETELLA-9/28/20 HW STATUS - N/A WEIGHT-7 LBS
Canine	1	CAUN/ CHIHUAHUA & TERRIER MIX/ BROWN	4M	M	10/14/2020		623986	389795	DA2PPV-9/28/20, 10/1/2/20 BORDETELLA-9/28/20 HW STATUS - N/A WEIGHT-15 LBS
Canine	1	REX/ HOUND MIX/ BLACK & WHITE	3M	M	10/14/2020		624185	389795	DA2PPV-10/5/20, 10/16/20 BORDETELLA-10/5/20 HW STATUS - N/A

ENTRY PERMIT #:

INSPECTION DATE: 10/14/2020

SHIPMENT DATE: 10/19/2020

☐ Large Animal ☒ Small Animal

CONSIGNOR - Contact Person at Origin

CONSIGNEE - Contact Person at Destination

CARRIER (Transporter)

First Name Last Name AND/OR

First Name Last Name AND/OR

Business Name
HUMPHREY'S COUNTY HUMANE SOCIETY

Business Name
HUMPHREY'S COUNTY HUMANE SOCIETY

Business Name
ST HUBERTS ANIMAL WELFARE

Physical Address
112 YOUNG ROAD

Physical Address of Animals
112 YOUNG ROAD

Physical Address of Animals
575 WOODLAND AVE

City State Zip Code County
WAVERLY TN 37185 HUMPHREYS

City State Zip Code County
MADISON NJ 07940

City State Zip Code Phone Number
WAVERLY TN 37185 (931) 296-7319

Phone Number
(931) 296-7319

Location ID#

Phone Number
(973) 377-2295

Location ID#

Consignor's Address (if different)

Consignee's Address (if different)

☐ Print
☐ Reconsigned

Weather Acclimation Statement

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	AKELA/ SHEPHERD/ BROWN & BLACK	3Y	F	10/15/2020		623571	369795	WEIGHT-71 LBS DA2PPV-10/8/20 BORDETELLA-10/8/20 HW STATUS (-)10/8/20
Canine	1	GRACIE/ HOUND MIX/ WHITE & BLACK	2Y	F	9/28/2020				WEIGHT-64 LBS DA2PPV-8/28/20 BORDETELLA-8/28/20 HW STATUS (-)8/28/20 SPAYED
Canine	1	GHOST/ HUSKY/ WHITE & BLACK	2Y	M	10/14/2020		623732	369795	WEIGHT-60 LBS DA2PPV-10/3/20 BORDETELLA-10/3/20 HW STATUS (-)10/3/20
Canine	1	ASPEN/ GOLDEN RETRIEVER/ YELLOW	1Y	M	10/12/2020		623697	369795	WEIGHT-58 LBS DA2PPV-8/23/20 BORDETELLA-8/23/20 HW STATUS (-)8/23/20 NEUTERED
Canine	1	SPOT/ LAB MIX/ WHITE & BLACK	6Y	M	10/14/2020		623741	369795	WEIGHT-53 LBS DA2PPV-10/5/20 BORDETELLA-10/5/20 HW STATUS (-)10/5/20 SORE ON NOSE FROM DOG FIGHT LAST WEEK
Canine	1	GRETA/ LAB MIX/ TAN & WHITE	4Y	F	10/14/2020		623638	369795	WEIGHT-50 LBS DA2PPV-8/21/20 BORDETELLA-8/21/20 HW STATUS (-)8/21/20
Canine	1	TIGER/ HOUND MIX/ BRINDLE	1Y	F	10/14/2020		623302	369795	WEIGHT-38 LBS DA2PPV-10/8/20 BORDETELLA-10/8/20 HW STATUS (-)10/8/20



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

Date issued 10-13-20
Expiration 30 days after issuance

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

Owner Monroe County Animal Shelter Consignee St. Hubert's Animal Health

Address 120 Kofman Ln Address 575 Woodland Dr

City Madisonville City Madison

State TN 37354 State MS

Telephone No. 423-443-1415 Telephone No. 662-337-2295

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #
K-9	Holly	hound	M	1y	Black		055312
K-9	Dee	Border	F	2y	Tan/wh		033691
K-9	Max	Border	M	10m	Bl/wh		033691 055270
K-9	Miselle	Border	F	2	Bl/wh		055269
K-9	Willow	Border	F	3	Bl/wh		055317
K-9	Bingo	hound	M	6m	Brindle		055313
K-9	Eva	hound	F	3m	Br/Black		055295
K-9	Elise	hound	F	3m	Bl/Brwn		055294
K-9	Ellie	hound	F	3m	Bl/Black		055293
K-9	Bea Bear	dog	M	3m	Bl/Black		055330
2	2	2	2	2	2		

Remarks

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

Vaccination Data				
Manufacturer	Serial #	Exp.	Type	Date
2000	360861	1/10/11	cored	5/20/10
2000	395411	4/12/11	L-1-D	9/12/10
				10/13/10

Distribution:

Interstate Shipments
White
Canary
Goldenrod
TN State Veterinarian
Accompany Shipment
TN State Veterinarian
Retain

Accredited Veterinarian Angela Barry Vet Code 053382
Signature Angela Barry
Address P.O. Box 59
City Coker Creek State TN zip 37314
Email Address ang-barry@hotmail.com
Telephone: 423-443-8291

DO NOT STAPLE

STATE OF SOUTH CAROLINA
COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
(REV 02/16)

☒ CANINE ☐ FELINE ☐ PET BIRD

No. A 252586

Origin Contact Humane Society of Greenville Destination Contact J. F. Hubberts

Origin Address 2830 Airport Rd Greenville 29619 Destination Address 575 Woodland Ave Madison MS 39046

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
1Y	F	Bunny 45580244 white	10/14/20	20-0704
1Y	F	Jodie 45891448 Grey x Brown/Black	10/23/20	204135
1Y	M	Cole 45912522 Doberman x Brown	10/23/20	204134
1Y	F	Annabel 45924343 Poodle x Bide/Wnt	10/23/20	204136

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
Tiffany Freese	1630 Hwy 281 S.E. 1 Clemson SC 29634	10-27-20	
SIGNATURE OF ACCREDITED VETERINARIAN <i>Tiffany Freese</i>	TELEPHONE 864-223-6207	FEDERAL ACCRED. #	

STATE OF SOUTH CAROLINA
COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

SC FORM 149
(REV 02/16)

☒ CANINE ☐ FELINE ☐ PET BIRD

No. A 252585

Origin Contact: Humane Society of Greenville

Destination Contact: St. Hubert's

Origin Address: 2820 Arroyo Rd Greenville 29649

Destination Address: 575 Woodland Ave Madison MS 39140

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
5y	M	Harry 45519971 Sheep X Black	10/28/20	204101
2y	M	Zander 45848128 Terrier X wnt/tan	10/14/20	20-0707
4y	F	Iris 45890578 Lab Ret Black	10/28/20	204122
1y	M	Spook 45939960 Lab X Black	10/28/20	204125
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) <u>Tiffany Freese</u>			ADDRESS OF ACCREDITED VETERINARIAN <u>1030 Hwy 2121 E Greenville SC 29104</u>	DATE <u>10-27-20</u>
SIGNATURE OF ACCREDITED VETERINARIAN <u>Tiffany Freese</u>			TELEPHONE <u>864-223-6207</u>	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

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 252587

Origin Contact Humane Society of Greenwood Destination Contact J. Huberts

Origin Address 2810 River Rd Greenwood SC 29649 Destination Address 575 woodland Ave Madison MS 39140

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
2y	F	body B 45911872 Chi X B/W/Brown	10/28/20	304142
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) <u>Tiffany Irene</u>		ADDRESS OF ACCREDITED VETERINARIAN <u>1030 Hwy 72 E. Greenwood SC 29640</u>	DATE <u>10-27-20</u>	STATE VET USE ONLY
SIGNATURE OF ACCREDITED VETERINARIAN <u>Tiffany Irene</u>		TELEPHONE <u>804-223-6207</u>	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

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 275266

Origin Contact HWTR/Sarah Levans (937)657-4331 Destination Contact Monmouth SPCA (732)542-0040

Origin Address 11605 Shetland Lane Rock Hill, SC 29730 Destination Address 260 Wall Street Eatontown, NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
1yr (cont)	F	Poppy Black/White American Pitbull	10/2/2020	2234

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

STATE VET USE ONLY

NAME OF ACCREDITED VETERINARIAN (PRINT)

ADDRESS OF ACCREDITED VETERINARIAN

DATE

Jenna Blake, DVM

1125 N. Anderson Rd.
Rock Hill, SC 29730

11/4/2020

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 275282

Origin Contact HWTR/Sarah Levans (937)657-4331 Destination Contact Monmouth SPCA (732)542-0040

Origin Address 11605 Shetland Lane Rock Hill, SC 29730 Destination Address 260 Wall Street Eatontown, NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
7wks	F	Hazel-Brindle American Pitbull Mix	too young	N/A
7wks	F	Sassafras-Tricolor American Pitbull Mix	too young	N/A
7wks	F	Olive-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)

ADDRESS OF ACCREDITED VETERINARIAN

DATE

Jenna Blake, DVM

1125 N. Anderson Rd.
Rock Hill, SC 29730

11/6/2020

SIGNATURE OF ACCREDITED VETERINARIAN

TELEPHONE

FEDERAL ACCRED. #

Jenna Blake, DVM

803-327-7387

028883

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

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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 275257

Origin Contact PSP Rescue/Chris Rizzo (973) 534-7720 Destination Contact Monmouth SPCA (732) 542-0040
 Origin Address 1681 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 mths	F	Blue Belle - Blue Tick Catahoula/Lab Mix	5/22/2020	203151

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 10/27/2020
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 275258

Origin Contact PSP Rescue/Chris Rizzo (973) 534-7720 Destination Contact Monmouth SPCA (732) 542-0040
 Origin Address 1681 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
9 wks	M	Manning- Chocolate and White	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 10/29/2020
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

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 275268

Origin Contact PSP Rescue/Chris Rizzo (1973) 534 7726 Destination Contact Monmouth SPCH (1732) 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
7mths	F	Raven-Black Lab mix	10/16/2020	999571

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) Jenna Blake, DVM	ADDRESS OF ACCREDITED VETERINARIAN 1125 N. Anderson Rd. Rock Hill, SC 29730	DATE 11/5/2020
SIGNATURE OF ACCREDITED VETERINARIAN Jenna Blake, DVM	TELEPHONE 803-327-7387	FEDERAL ACCRED. # 028883

STATE VET USE ONLY

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

DO NOT STAPLE

SUBMIT WITHIN 7 DAYS OF DATE ISSUED

STATE OF SOUTH CAROLINA

COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

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

No. A 275280

Origin Contact PSP Rescue/Chris Rizzo (1973) 534 7726 Destination Contact Monmouth SPCH (1732) 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
20wks	F	Millie-Black Retriever mix	11/6/2020	90965

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) Jenna Blake, DVM	ADDRESS OF ACCREDITED VETERINARIAN 1125 N. Anderson Rd. Rock Hill, SC 29730	DATE 11/6/2020
SIGNATURE OF ACCREDITED VETERINARIAN Jenna Blake, DVM	TELEPHONE 803 327-7387	FEDERAL ACCRED. # 028883

STATE VET USE ONLY

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

DO NOT STAPLE

SUBMIT WITHIN 7 DAYS OF DATE ISSUED

STATE OF SOUTH CAROLINA

COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

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

No. A 275267

Origin Contact PSP Rescue/Chris Rizzo (973) 534-7726 Destination Contact Monmouth SPCA (732) 542-0040

Origin Address 168 Highway 281 #311 Lakeview, SC 29710 Destination Address 260 Wall Street Eatontown, NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
4 wks	F	Ginny - Blonde American Pitbull mix	too young	N/A
4 wks	F	Penny - Blonde American Pitbull mix	too young	N/A
4 wks	F	Minnie - Black American Pitbull mix	too young	N/A
3 yrs	F	Girly - Tan American Pitbull mix	9/22/2020	200720

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

STATE VET USE ONLY

NAME OF ACCREDITED VETERINARIAN (PRINT)

ADDRESS OF ACCREDITED VETERINARIAN

DATE

Jenna Blake, DVM

1125 N. Anderson Rd.
Rock Hill, SC 29730

11/5/2020

SIGNATURE OF ACCREDITED VETERINARIAN

TELEPHONE

FEDERAL ACCRED. #

Jenna Blake, DVM

803-327-7337

028833

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 275264

Origin Contact HWTR/Sarah Levans (937) 657-4331 Destination Contact Monmouth SPCA (732) 542-0040

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

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
6 wks	F	Fig - Brindle/White American Pitbull	too young	N/A
6 wks	F	Maple - Black/White American Pitbull	too young	N/A
6 wks	F	Ash - White/Black American Pitbull	too young	N/A
6 wks	M	Hawthorn - Brindle w/White Paws Pitbull	too young	N/A

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

STATE VET USE ONLY

NAME OF ACCREDITED VETERINARIAN (PRINT)

ADDRESS OF ACCREDITED VETERINARIAN

DATE

Jenna Blake, DVM

1125 N. Anderson Rd.
Rock Hill, SC 29730

11/3/2020

SIGNATURE OF ACCREDITED VETERINARIAN

TELEPHONE

FEDERAL ACCRED. #

Jenna Blake, DVM

803-327-7337

028833

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

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 275265

Origin Contact PSP Rescue/Clemson 81220 (973) 534 7736 Destination Contact Monmouth SPCA (732) 542-6040

Origin Address 168 Highway 274 # 311 Lakeview, SC 29716 Destination Address 260 Wall Street 11 07724 LITTLETON, CO

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
15wks	M	Freddy Black Lab Mix	11/4/2020	91112

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
Jenna Blake, DVM	1125 N. Anderson Rd. Rock Hill, SC 29730	11/4/2020	
SIGNATURE OF ACCREDITED VETERINARIAN Jenna Blake, DVM	TELEPHONE 803 327 7337	FEDERAL ACCRED. # 023883	

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



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

Certificate #: 20-SC-0147-509AV
Issue Date: 11-04-2020
Entry Permit#:

Total # of Animals: 2
Inspection Date: 11-04-2020

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: 11-08-2020 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: Maria Belu, DVM Date/Time: 11-04-2020, 02:54 PM Address: 2445 Ebenezer Rd City: Rock Hill State: SC Zip: 29732 USDA Accreditation: 090401 License State / #: SC 4074 Phone #: (803) 366-1950 Email: drbelu@ebenezeravets.com

Animal Details

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

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official ID#	Tests / Vaccinations / Treatments
1	20283-Y Kaime	Female	7 months	Labrador Mix			Tests & Accessions: Test Name: Heartworm Test, Result: Negative, Test Date: 11-04-2020 Vaccinations: Type: Rabies, Date: 11-04-2020, Tag Number: 332024, Expiration Timeframe: 1 Year Type: Other, Name: Bordetella 1 year, Date: 11-04-2020 Type: Other, Name: DA2PP 1 year, Date: 11-04-2020 Type: Other, Name: Canine Influenza 3 week, Date: 11-04-2020



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

CERTIFICATE OF VETERINARY INSPECTION

Certificate #: 20-SC-0147-509AV
Issue Date: 11-04-2020
Entry Permit#:

Total # of Animals: 2
Inspection Date: 11-04-2020

Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
2	20-284-Y Sadie Mae	Female	7 months	Labrador Mix			Tests & Accessions: Test Name: Heartworm Test, Result: Negative, Test Date: 11-04-2020 Vaccinations: Type: Rabies, Date: 11-04-2020, Tag Number: 332023, Expiration Timeframe: 1 Year Type: Other, Name: Bordetella 1 year, Date: 11-04-2020 Type: Other, Name: DA2PP 1 year, Date: 11-04-2020 Type: Other, Name: Canine Influenza 3 week, Date: 11-04-2020



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

Certificate #: 20-SC-0136-677
Issue Date: 10-01-2020
Entry Permit #: *EXPIRED*

Total # of Animals: 1
Inspection Date: 09-22-2020

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: 10-02-2020 Carrier: Consignor Phone: Transport Method: Car Moving: Interstate

Disease Certification Statements	Flock/Herd Accredited Free For	Current State / Area Status
		N/A

Owner Statement	Veterinary Certification
The animals in this shipment are those certified to and listed on this certificate. Date: Signature:	I, certify, as an accredited veterinarian that the animals described on this certificate have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No further warranty is made or implied. Digitally Signed By: Jay Hreiz, DVM Address: 2445 Ebenezer Rd. City: Rock Hill State: SC Zip: 29732 Date/Time: 10-01-2020, 08:26 AM USDA Accreditation: 004989 License State / #: SC 2687 Phone #: (803) 366-1950 Email: dhreiz@ebenezer vets.com

Animal Details

Animal Type: Small Animal		Species: Dogs	Movement Purpose: Other				
Row #	Name	Sex	Age/DOB	Breed	Official ID Type	Official IDs	Tests / Vaccinations / Treatments
1	20-246-Y Girl	Female	1 years	Mixed	IMP	N/A	Vaccinations: Type: Rabies, Date: 09-22-2020, Tag Number: 200720, Vaccine Serial Number: 380200A, Expiration Timeframe: 1 Year Type: Other, Name: DA2PP1Y, Date: 08-03-2020 Type: Other, Name: Bordetella IN, Date: 08-03-2020



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 kind of animal may be transported in commerce, unless accompanied by a licensed veterinarian (7 U.S.C. 21.43.5)

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

1. TYPE OF ANIMAL SHIPPED (select one only)

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

3. TOTAL NUMBER OF ANIMALS

5

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

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

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) TWIG 46041793	TERRIER MIX	1Y	M	CREAM
(2) HARVEST 46024287	MIXED	2Y	F	WH/BRN
(3) BARNEY 46016322	TERRIER MIX	3Y	M	TAN
(4) GRANT 45996010	MIXED	2M	M	CHOC/WH
(5) TUNDRA 46031614	HUSKY MIX	4Y	F	WHITE
(6)				

8. PERTINENT VACCINATION, TREATMENT

RABIES VACCINATION
☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS

Vaccination Date	Product	Date
11/9/2020	NOBIVAC - 2077	
11/5/2020	NOBIVAC - 2080	
11/5/2020	NOBIVAC - 2098	
TOO YOUNG		
11/5/2020	NOBIVAC - 2099	

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

VETERINARY CERTIFICATION: I certify that the animals described in box 8 is true and accurate to the best of my knowledge ("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) appear to be free of any infectious or contagious diseases and to the best of my knowledge, the animal(s) described above and on continuation sheet(s) for rabies and has/have not been exposed to rabies.

☒ To my knowledge, the animal(s) described above and on continuation sheet(s) 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. LISA LEVY, DVM
333 WIRE ROAD
AIKEN, SC 29801
803-642-1537

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

Louisiana Department of Agriculture and Forestry
Animal Health and Food Safety
5825 Florida Blvd, Suite 4000
Baton Rouge, LA 70806
(225) 925-3980

LOUISIANA CERTIFICATE OF VETERINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM

OFFICIAL USE ONLY: The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue c

ENTRY PERMIT #:		INSPECTION DATE: 11/10/2020		SHIPMENT DATE: 11/12/2020		☐ Large Animal																	
CONSIGNOR - Contact Person at Origin				CONSIGNEE - Contact Person at Destination																			
First Name		Last Name		First Name		Last Name																	
Jason		Serrano		Colleen		Harrington																	
AND/OR				AND/OR																			
Business Name				Business Name																			
Terrebonne Parish Animal Shelter				St. Hubert'S Animal Welfare																			
Physical Address of Animals				Physical Address of Animals																			
100 Government St				575 Woodland Ave																			
City		State		City		State																	
Gray		LA		Madison		NJ																	
Zip Code		County		Zip Code		County																	
70359		Terrebonne		07940																			
Phone Number		Location ID#		Phone Number		Location ID#																	
(985) 873-6709				(973) 377-2295																			
Consignor's Address (if different)				Consignee's Address (if different)																			
				☐ Print Reconsigned																			
Weather Acclimation Statement																							
SPECIES		# OF ANIMALS		DESCRIPTION / BREED / MICROCHIP		AGE		SEX		RABIES VACC DATE		RABIES BOOSTER DUE		RABIES TAG NUMBER		RABIES SERIAL NUMBER		OTHER TESTS, PLEASE LIST					
Canine		1		ADORABELLA A46040143 BROWN/BLACK BEAGLE MC#982126058297143		3		M		11/10/2020		11/10/2021				11135		11/10/20 DA2PP, I					
Canine		1		JANGO A46041624 BLACK LAB X MC#982126058327417		3		Y		11/10/2020		11/10/2021				11135		11/5/20 DA2PP, I					
Canine		1		SORCEL A45905417 BROWN/TAN CATARHOLA X MC#982126059820469		1		Y		11/4/2020		11/4/2021				11135		11/3/20 DA2PP, I					
Canine		1		SHELBY A45978315 BLACK LAB X MC#982126059840254		8		Y		11/5/2020		11/5/2021				11135		10/27/20 DA2PP, DA2PP					
Canine		1		VIOLETTE A45905415 GREY/BLACK CATARHOLA X MC#982126059816943		1		Y		11/4/2020		11/4/2021				11135		11/3/20 DA2PP, I					
Canine		1		JOBIE A46001599 YELLOW LABRADOR X MC#982126059836302		2		Y		11/6/2020		11/6/2021				11135		10/30/20 DA2PP					
Canine		1		BUFFY A44034865 TAN/WHITE RETRIEVER X MC#982126058007579		3		F		3/25/2020		3/25/2021				3853568		3/16/20 DA2PP, DA2PP					
TOTAL		16																					
OWNER/AGENT STATEMENT				VETERINARY CERTIFICATION - I certify, as an accredited veterinarian that the above described animals have been inspected for signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are in my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No further work is required.																			
DATE				11/10/2020				Printed Name Kathleen Elstrott Dvm				Phone (985) 873-6709				Email kel							
SIGNATURE				Address 100 Government St				City Gray				USDA Accreditation # 059841				State of License LA				License # 0003188			
				Signature Kathleen Elstrott				Digitally signed by Kathleen Elstrott Date: 2020.11.11 11:41:29 -06'00'															

Certificate Signed by: Kathleen Elstrott Dvm Date 11/10/2020 Certificate is only valid for 30 days from inspection.

Louisiana Department of Agriculture and Forestry
Animal Health and Food Safety
5825 Florida Blvd, Suite 4000
Baton Rouge, LA 70806
(225) 925-3980

LOUISIANA CERTIFICATE OF VETERINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM
OFFICIAL USE ONLY: The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates

ENTRY PERMIT #:				INSPECTION DATE: 11/11/2020				SHIPMENT DATE: 11/12/2020				☐ Large Animal					
CONSIGNOR - Contact Person at Origin								CONSIGNEE - Contact Person at Destination								CAR	
First Name		Last Name		AND/OR		First Name		Last Name		AND/OR		Business Name					
						Colleen		Harrington									
Business Name								Business Name								Physical Address	
Jefferson Parish Animal Shelter								St. Hubert's Animal Welfare Center									
Physical Address of Animals								Physical Address of Animals								City	
1 Humane Way								575 Woodland Ave									
City		State		Zip Code		County		City		State		Zip Code		County			
Jefferson		LA		70123		Jefferson		Madison		NJ		07940					
Phone Number				Location ID#				Phone Number				Location ID#				☐ Interstate	
(504) 736-6111								(973) 377-2296								☐ Print Reconsiged	
Consignor's Address (if different)								Consignee's Address (if different)									

Weather Acclimation Statement											
SPECIES	# OF ANIMALS	DESCRIPTION / BREED / MICROCHIP	AGE	SEX	RABIES VACC DATE	RABIES BOOSTER DUE	RABIES TAG NUMBER	RABIES SERIAL NUMBER	OTHER TESTS, VACCINATIONS, PLEASE LIST DATE		
Canine	1	PAPI CHULO, CHIHUAHUA, MC 982126056807264	8	M	M	11/6/2020	11/6/2021		18468	11/4/20 1-DAPPV/L4 STRONGID, IVEME	
Canine	1	BEE, BEAGLE X, MC 982126052198952	2	Y	M	10/27/2020	10/27/2021		18468	11/6/20 HW NEGAT	
Canine	1	VIOLET, LAB X, MC 991003911124979	1	Y	F	10/27/2020	10/27/2021		18468	11/10/20 FECAL NE SPRAY	
Canine	1	ARIEL, HUSKY X, MC 982126056806772	10	M	F	10/28/2020	10/28/2021		18468	10/23/20 1-DAPPV/L4 STRONGID, IVEME	
TOTAL	4									10/27/20 HW NEGA	
										11/10/20 1-DAPPV/L4 STRONGID, IVEME	
										10/27/20 HW NEGA	
										10/30/20 FECAL NE	
										11/11/20 FRONTLIN	
										10/21/20 1-DAPPV/L4 STRONGID, IVEME	
										10/28/20 HW NEGA	
										10/30/20 FECAL NE	
										11/11/20 1-DAPPV/L4	

Department of Agriculture and Forestry
Health and Food Safety
1001 Poydras Blvd, Suite 4000
New Orleans, LA 70006

LOUISIANA CERTIFICATE OF VETERINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM
OFFICIAL USE ONLY: The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue

ENTRY PERMIT #:					
INSPECTION DATE: 11/10/2020		SHIPMENT DATE: 11/12/2020		☐ Large Animal	
CONSIGNOR - Contact Person at Origin				CONSIGNEE - Contact Person at Destination	
First Name		Last Name		AND/OR	
Jena		Troxler			
Business Name		St Charles Parish Animal Shelter		Physical Address of Animals	
921 Deputy Jeff G Watson Drive		City		State	
Luling		LA		70070	
Phone Number		Location ID#			
(985) 783-5010					
Consignor's Address (if different)		Consignee's Address (if different)		☐ Print Reconsign	
Weather Acclimation Statement					
SPECIES		# OF ANIMALS		DESCRIPTION / BREED / MICROCHIP	
Canine		1		PEARL/SHEPHERD/982126055145064	
Canine		1		SAMANTHA/ ROTTWEILER MIX/982126055145725	
TOTAL		2			
OWNER/AGENT STATEMENT		VETERINARY CERTIFICATION - I certify, as an accredited veterinarian that the above described animals have been inspected for signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are in my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No further testing is required.			
DATE 11/10/2020		Printed Name Jena Troxler, Dvm		Phone (985) 783-5010	
SIGNATURE Jena Troxler		Address 921 Deputy Jeff G Watson Drive		City Luling	
		USDA Accreditation # 035758		State of License LA	
		License # 0002525		Digitally signed by Jena Troxler	
				Date: 2020.11.10 09:33:53 -06'00'	

Certificate Signed by: Jena Troxler, Dvm Date 11/10/2020 Certificate is only valid for 30 days from inspection.

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 0579-0020 and 0579-0038. The time required to complete this information collection is estimated to average .13 to .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 of animals shall be delivered to any intermediate consignee in commerce unless accompanied by a health certificate issued by a veterinarian (7 U.S.C. 21.43.9; CFR, Subchapter A, Part 166).

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

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

1. TYPE OF ANIMAL SHIPPED (select one only)

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

2. C

3. TOTAL NUMBER OF ANIMALS

4. P.

1 of 1

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

St Bernard Parish Animal Services
5455 E Judge Perez Dr
Violet, LA
70092

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

St Hubert Animal Welfare Center
675 Woodland Ave
Madison, NJ
07940

USDA License/or Registration Number (if applicable)

7. ANIMAL IDENTIFICATION

8. PERTINENT VACCINATION, TREATMENT, AND OTHER INFORMATION

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION		TREATMENT	
					☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS			
(1) A45903823 - Jeannie	Retriever X	1y	F	White/Brindle	Vaccination Date	Product	Date	DAI
(2) A45568551- Vela	Miniature Pinscher X	2y	Fs	182126055365568	10/27/2020	IMRAB1	10/16 10/27	
(3)							9/22 10/20	
(4)							10/27	
(5)								
(6)								

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

VETERINARY CERTIFICATION: I certify that the animals described in box 7 information provided in box 8 is true and accurate to the best of my knowledge ("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 any, appear to be free of any infectious or contagious diseases and to the best of my knowledge, the animal(s) do not pose a danger to public health.
☒ To my knowledge, the animal(s) described above and on continuation sheet(s) 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 Paige Massey
5455 E Judge Perez Dr
Violet LA
70092

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

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

SMALL ANIMAL HEALTH CERTIFICATE
Valid for 30 days after examination

MISSISSIPPI BOARD OF ANIMAL HEALTH
CERTIFICATE OF VETERINARIAN INSPECTION

MS

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

St. Francis Animal Sanctuary

Shipped From: Michelle Lombas
(Owner's name)

Shipped To: St. Huberts Animal
(Name)

Address: 3115 Martin Rd
Summit, MS 39166

Address: 575 Woodland A
Madison, NJ 079

Identification Name, Microchip, Other	Species	Breed, Description, & Color	Age	Sex	Rabies Vaccination		
					Date	Mfg. & Ser. #	
Vidalia	K9	Hound Mix Red/white	4m	F	10/18/20	ZOE 380200A	10

I hereby certify that the animal(s) listed above has/have been examined by me on (date) 11/11/20 and found to be free from contagious and infectious diseases and did not originate within a rabies quarantined area.

[Signature]
Veterinarian's Signature

11/11/20
Date

020287
National Accreditation Number

Carrie Nunnery
Veterinarian's Name (PRINT)

1797
Lic. #

1008 Johnston Chapel Rd
Veterinarian's Address

601 276
Phone

Summit, MS 39166

2489

Send top two white copies to State Veterinarian within 7 days, give pink and gold copies to the owner. Retain yellow copy for your files.

INTERNATIONAL TRAVEL: Contact country of destination for entry requirements.