

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 6  
4. PAGE 1 of 1

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)  
The Sato Project San Juan, PR 00911  
Christina Beckles (646) - 320-3440  
8002 Calle Cacique

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)  
St. Hubert's Animal Welfare Center  
PO Box 15A 675 Woodland Ave  
Madison, NJ 07400 (973) - 377-2204

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<br><input checked="" type="checkbox"/> YEAR <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS | Product      | Date      | OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS<br>Product Type and/or Results |
|----------------------------------------------------|-----------------------------------|-----|-----|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------|-----------|----------------------------------------------------------------------------------------|
| (1) Pusho                                          | Australian Imp. Mix               | 2yr | S/F | cream/white                             | <input checked="" type="checkbox"/> 14 Jan 2020                                                                                  | Nob # 366859 | 16 Jan 20 | SNAP YOX-Vet for all; 30 Dic 19 DHLPP                                                  |
| (2) Lolita                                         | Hound Mix                         | 1yr | F   | brindle                                 | <input checked="" type="checkbox"/> 14 Jan 2020                                                                                  | Nob # 366859 | 16 Jan 20 | SNAP YOX-Ethylchua; 30 Dic 19 DHLPP                                                    |
| (3) Blanca                                         | Hound Mix                         | 4mo | F   | white/red                               | <input checked="" type="checkbox"/> 14 Jan 2020                                                                                  | Nob # 366859 | 30 Dic 19 | DHLPP                                                                                  |
| (4) Sola                                           | Collie Mix                        | 2yr | S/F | brown                                   | <input checked="" type="checkbox"/> 14 Jan 2020                                                                                  | Nob # 366859 | 16 Jan 20 | SNAP YOX-Ethylchua; 30 Dic 19 DHLPP                                                    |
| (5) Negri                                          | Hound Mix                         | 3mo | F   | black/white                             | <input checked="" type="checkbox"/> 14 Jan 2020                                                                                  | Nob # 366859 | 30 Dic 19 | DHLPP                                                                                  |
| (6) Juanchito                                      | Hound Mix                         | 4mo | M   | dark brown                              | <input checked="" type="checkbox"/> 14 Jan 2020                                                                                  | Nob # 366859 | 30 Dic 19 | DHLPP                                                                                  |

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

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  
CLINICA VETERINARIA MI MASCOTA  
A-2 CALLE JESUS T. PINEIRO  
LAS PIEDRAS, PR. 00771  
(787)912-7000 / (787)464-9247  
ISSUING VETERINARIAN: DRA. AGNIELIS FELICIANO ADRIAN  
LIC. 540, PR  
NATIONAL ACCREDITATION NUMBER 044121  
Accredited ☒ Yes ☐ No  
If yes, please complete below  
#3593897 16 Enero 2020



**OMB APPROVED**  
0579-0036  
0579-0333

**2. CERTIFICATE NUMBER - OFFICIAL USE ONLY**

2. CERTIFICATE NUMBER

4. PAGE 1 of 1

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

USDA License/ or Registration Number (if applicable)

## 8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

THIS PATIENT LISTED APPEARS TO BE HEALTHY  
UPON PHYSICAL EXAM AND FREE OF PARASITES

CLÍNICA VETERINARIA MI MASCOTA

A-2 CALLE JESÚS T. PIÑEIRO

**LAS PIEDRAS, PR. 00771**

(787)912-7000 / (787)464-9247

ISSUING VETERINARIAN: DR. AGNIELIS FELICIANO ADRIÁN

NOTE: International shipments may require certification by an accredited veterinarian

**SIGNATURE OF ISSUING VETERINARIAN**

DATE

#3593896

DATE \_\_\_\_\_

APHIS Form 7001  
(NOV 2010)

**This certificate is valid for 30 days after issuance**

#3593896

DATE \_\_\_\_\_

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

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

The Sato Project  
Christina Beckles  
2002 Calle Casique  
San Juan, PR 00911  
(646) - 320 - 3440

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  
6  
4. PAGE 1 of 1

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

St. Hubert's Animal Welfare Center  
PO Box 159 575 Woodland Ave  
Madison, NJ 07940  
(973) - 377 - 2296

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) NO. 3                                          | Hound Mix                         | 3yr   | S/F | White/Cream                             |
| (2) NO. 1                                          | Hound Mix                         | 2.5yr | S/F | White/Yellow                            |
| (3) NO. 17                                         | Hound Mix                         | 1yr   | F   | White/Black                             |
| (4) NO. 13                                         | Hound Mix                         | 1yr   | F   | White/Red                               |
| (5) NO. 15                                         | Hound Mix                         | 1yr   | C/M | White/Red                               |
| (6) NO. 18                                         | Labrador Mix                      | 1yr   | F   | Black                                   |

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 |
| <input checked="" type="checkbox"/> YEAR <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS |              |           |                                                         |                     |
| 14 Jan 2020                                                                                                | Nob # 366859 | 14 Jan 20 | SNAP VOR - neg for all                                  | 30 Dic 19 DHCP      |
| 14 Jan 2020                                                                                                | Nob # 366859 | 14 Jan 20 | SNAP VOR - Anaplasma                                    | 30 Dic 19 DHCP      |
| 14 Jan 2020                                                                                                | Nob # 366859 | 14 Jan 20 | SNAP VOR - Ehrlichia                                    | 30 Dic 19 DHCP      |
| 14 Jan 2020                                                                                                | Nob # 366859 | 14 Jan 20 | SNAP VOR - neg for all                                  | 30 Dic 19 DHCP      |
| 14 Jan 2020                                                                                                | Nob # 366859 | 14 Jan 20 | SNAP VOR - Ehrlichia                                    | 30 Dic 19 DHCP      |
| 14 Jan 2020                                                                                                | Nob # 366859 | 14 Jan 20 | SNAP VOR - neg for all                                  | 30 Dic 19 DHCP      |

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 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  
CLINICA VETERINARIA MI MASCOTA  
A-2 CALLE JESUS T. PINEIRO  
LAS PIEDRAS, PR. 00771  
(787) 912-7000 / (787) 464-9247  
ISSUING VETERINARIAN: DRA. AGNIELIS FELICIANO ADRIAN

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  
LIC. 540, PR  
044121

APHIS Form 7001  
(NOV 2010)

This certificate is valid for 30 days after issuance



#3593888 16 Enero 2020

According to the Paperwork Reduction Act of 1995, an agency may not conduct or a 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 0578-0038 and 0578-0333. The time required to complete this information collection is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 2143g-9; CFR, Subchapter A, Part 2).

OMB APPROVED  
0578-0038  
0578-0333

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. 1007).

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

WE LOVE SATOS  
1440 ALOA BUENA VISTA  
PONCE PR 00716  
787-432-2664

8. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)  
ST. HUBERT'S ANIMAL WELFARE CENTER  
PO BOX 168  
5756 WOODLAND AVENUE  
MADISON NJ 07940  
873-377-2296

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) NEGRI # 1854                                   | LABRADOR MIX                      | 2YRS  | F     | BLACK                                   |
| (2) HAPPY # 1337                                   | CORGI MIX                         | 7YRS  | M     | WHITE/TAN                               |
| (3) GABY NUTELLA # 1628                            | LABRADOR MIX                      | 10M   | F     | BROWN                                   |
| (4) GOLDDIE # 5002                                 | LABRADOR MIX                      | 1YR   | F     | YELLOW                                  |
| (5) _____                                          | _____                             | _____ | _____ | _____                                   |
| (6) _____                                          | _____                             | _____ | _____ | _____                                   |

8. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

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

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

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

JUAN C. ALVAREZ BENITEZ, DVM  
HOSPITAL VETERINARIO DEL SUR  
1254 AVE. MUNOZ RIVERA  
PONCE, P.R. 00717-0642  
TEL. (787) 840-0550

SELLO 3507925



LICENSE NUMBER AND STATE  
163 / PUERTO RICO  
Accredited ☒ Yes ☐ No  
If yes, please complete below  
NATIONAL ACCREDITATION NUMBER  
058146

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

1/17/2020

According to the Paperwork Reduction Act of 1995, this 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 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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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 MAMMALS

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

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNEE)  
WE LOVE SATOS  
URBANIZATION STARLIGHT  
CALLE NO. 45 3013  
PONCE PUERTO RICO 00717  
787-454-105

4. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)  
ST. HUBERT'S ANIMAL WELFARE CENTER  
PO BOX 159  
576 WOODLAND AVENUE  
MADISON, NJ 07940  
973-377-2296

| 7. ANIMAL IDENTIFICATION                             |                                   |         |        | 8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY |                                                                                                              |                                                         |                                      |
|------------------------------------------------------|-----------------------------------|---------|--------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------|
| NAME, ADDRESS, TATTOO NUMBER OR OTHER IDENTIFICATION | BREED - COMMON OR SCIENTIFIC NAME | AGE     | SEX    | COLOR OR DISTINCTIVE MARKS OR MICROCHIP                  | PAPES VACCINATION                                                                                            | OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS | Product Type and/or Results          |
| (1) CANDY                                            | CANINE-MIXED                      | 1 YEAR  | FEMALE | CREAM                                                    | <input checked="" type="checkbox"/> 1 YEAR <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS |                                                         |                                      |
| (2) ANGELO                                           | CANINE-MIXED                      | 2 YEARS | M-MALE | YELLOW                                                   | Vaccination Date: 01/02/2019                                                                                 | Date: 01/13/2020                                        | FECAL NEGATIVE/RYRANTEL/ADX NEGATIVE |
| (3) MOSCU                                            | CANINE-MIXED                      | 1 YEAR  | M-MALE | BROWN                                                    | DEFENSE ZOETIS / SERIAL 3466813 EXP 11/11/2020                                                               | 01/14/2020                                              | FECA NEGATIVE/RYRANTEL/ADX NEGATIVE  |
| (4) RIO                                              | CANINE-MIXED                      | 1 YEAR  | M-MALE | BROWN                                                    | MEK HOBANCO SERIAL 36659 EXP 12/20/21                                                                        | 01/13/2020                                              | FECA NEGATIVE/RYRANTEL/ADX NEGATIVE  |
| (5) SARAH                                            | CANINE-LABRADOR MIXED             | 3 YEARS | FEMALE | BROWN                                                    | MEK HOBANCO SERIAL 36659 EXP 12/20/21                                                                        | 01/13/2020                                              | FECA NEGATIVE/RYRANTEL/ADX NEGATIVE  |
| (6)                                                  |                                   |         |        |                                                          | 01/14/2020                                                                                                   |                                                         | FECA NEGATIVE/RYRANTEL/ADX NEGATIVE  |

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)  
THE ANIMALS IN THIS SHIPMENT APPEAR HEALTHY FOR TRANSPORT BUT NEEDS TO BE MAINTAINED AT A TEMPERATURE WITHIN THE ANIMAL THERMONEUTRAL ZONE. THIS STATEMENT APPLIES TO ALL TRANSPORTATION PHASES. THE CARGO TERMINAL, SURFACE TRANSPORTATION TO THE PLANE, THE TARMAC AND THE CARGO HOLD, RECOMMEND THE AMBIENT TEMPERATURE OF THE ENVIRONMENT BE NOT OUTSIDE THE LIMITS OF SPECIFICATIONS USDA REGULATION 9CFR.18 AIRPORT AND... (REAS MUST NOT BE LESS THAN 74°F OR GREATER THAN 86°F)

VETERINARY CERTIFICATION: I certify that the animals described in box 7 have been examined by me this date, that the information provided in box 8 is true and accurate to the best of my knowledge, and that the following findings have been made ("X" applicable statements).  
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☒ To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and has/have not been exposed to rabies.

ENDORSEMENT FOR INTERNATIONAL EXPORT (REQUIRED)  
PRINTED NAME OF USDA VETERINARIAN  
Dr. José I. Rivera Torres  
Lic. Num. 398  
Calle Comercio 148 | Juana Diaz, PR 00795  
Tel.: (787) 925.8800 | 903.9335

LICENSE NUMBER AND STATE  
398PR

SIGNATURE OF USDA VETERINARIAN  
Apply USDA Seal or Stamp here  
DATE  
01/17/2020

NOTE: International shipments may require certification by an accredited veterinarian.  
SIGNATURE OF ISSUING VETERINARIAN  
003328

DATE 1/20/20

CONSIGNOR Sierra's Haven CONSIGNEE St. Huberts AWC  
ADDRESS 80 Easter Drive, Portsmouth, OH 45662 ADDRESS 575 Woodland Ave. Madison MS 39110

| SPECIES | BREED         | SEX | AGE | COLOR & MARKINGS   | RABIES VAC DATE | RABIES TAG NO. |
|---------|---------------|-----|-----|--------------------|-----------------|----------------|
| K-9     | Beagle Mix    | M   | 1y  | Red/White Bypass   | 1-8-20          | 872 305        |
| K-9     | Border Collie | M   | 5m  | Black/Tan Judge    | 12-15-19        | 872 306        |
| K-9     | Rusty Blue    | M   | 85m | Tan/White Paul Red | 1-17-20         | 872 307        |

OTHER VACCINATIONS

UTD

Owner/Agent Statement (Where applicable):  
The animals in this shipment are those certified to and listed on this certificate.

Date \_\_\_\_\_

Owner \_\_\_\_\_

Certificate of Veterinarian.  
I certify, as a licensed veterinarian, that the above-described animals have been inspected by me and that they are not showing signs of infectious, contagious, or communicable disease, (except where noted). The known vaccinations and results of tests are indicated on the certificate. No warranty is made or implied.

[Signature]  
Licensed Veterinarian  
101 Bierly Rd.  
Address  
Portsmouth, Ohio 45662

Agr-0259 (Rev. 5/02)

**SMALL ANIMAL CERTIFICATE OF VETERINARY INSPECTION**  
OHIO DEPARTMENT OF AGRICULTURE  
ANIMAL HEALTH  
REYNOLDSBURG, OHIO 43068

PINK - TO ACCOMPANY SHIPMENT  
CANARY - TO STATE OFFICIAL AT DESTINATION  
GOLDENROD - HOME OFFICE COPY

DATE 1-20-20

CONSIGNOR Sierra's Haven CONSIGNEE St. Huberts AWC  
ADDRESS 80 Easter Drive, Portsmouth, OH 45662 ADDRESS 575 Woodland Ave. Madison MS 39110

| SPECIES | BREED         | SEX | AGE | COLOR & MARKINGS  | RABIES VAC DATE | RABIES TAG NO. |
|---------|---------------|-----|-----|-------------------|-----------------|----------------|
| K-9     | Rusty Lab     | M   | 35m | Cap/White Schotei | 1-17-20         | 872 308        |
| K-9     | Border Collie | F   | 4m  | Black Shelby      | 1-17-20         | 872 309        |
| K-9     | Boxer         | M   | 85m | White/Brown Dopey | 1-17-20         | 872 310        |

OTHER VACCINATIONS

UTD

Owner/Agent Statement (Where applicable):  
The animals in this shipment are those certified to and listed on this certificate.

Date \_\_\_\_\_

Owner \_\_\_\_\_

Certificate of Veterinarian.  
I certify, as a licensed veterinarian, that the above-described animals have been inspected by me and that they are not showing signs of infectious, contagious, or communicable disease, (except where noted). The known vaccinations and results of tests are indicated on the certificate. No warranty is made or implied.

[Signature]  
Licensed Veterinarian  
101 Bierly Rd.  
Address  
Portsmouth, OH 45662

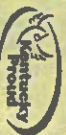
Agr-0259 (Rev. 5/02)



# SMALL ANIMAL CERTIFICATE OF VETERINARY INSPECTION

## KENTUCKY DEPARTMENT OF AGRICULTURE

Office of State Veterinarian • 100 Fair Oaks Lane, Suite 252, Frankfort, KY 40601  
Phone (502) 564-3956 • Fax (502) 564-7852



SA-253075

|                               |  |                       |  |              |  |                      |  |                                   |  |                       |  |             |  |     |  |
|-------------------------------|--|-----------------------|--|--------------|--|----------------------|--|-----------------------------------|--|-----------------------|--|-------------|--|-----|--|
| KY. ORIGIN:                   |  | Consignor (Last Name) |  | (First Name) |  | Animal Consigned To: |  | Consignee (Last Name)             |  | (First Name)          |  |             |  |     |  |
| KY. Origin Address:           |  | City                  |  | State        |  | ZIP                  |  | Destination Address:              |  | City                  |  | State       |  | ZIP |  |
| County                        |  | Area Code / Telephone |  | Premises ID  |  | County               |  | County                            |  | Area Code / Telephone |  | Premises ID |  |     |  |
| Owner Address (if different): |  | City                  |  | State        |  | ZIP                  |  | Consignee Address (if different): |  | City                  |  | State       |  | ZIP |  |

|                                                                                                                                                   |                                                                                                                                                                             |                                                                                                                                                   |                               |                                   |                            |                 |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|----------------------------|-----------------|--------------------|
| Species: <input checked="" type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Avian <input type="checkbox"/> Other | Reason for movement: <input type="checkbox"/> Traveling w/Owner <input type="checkbox"/> Exhibition <input type="checkbox"/> Sale <input checked="" type="checkbox"/> Other | Transported by: <input type="checkbox"/> Car <input type="checkbox"/> Air <input type="checkbox"/> Rail <input checked="" type="checkbox"/> Truck | Number of animals on this CVI | Number of days this CVI is valid: | days                       |                 |                    |
| Animal's Name/ID                                                                                                                                  | Breed                                                                                                                                                                       | Age                                                                                                                                               | Sex                           | Color                             | Date of Rabies Vaccination | Type of Vaccine | Other Vaccinations |
| Sterling                                                                                                                                          | Mixed                                                                                                                                                                       | 12Y F                                                                                                                                             |                               | White                             | 01-20-20                   | Zoetis          | 01-21-20           |
| Dorian                                                                                                                                            | Mixed                                                                                                                                                                       | 35Y F                                                                                                                                             |                               | Black                             | 01-20-20                   | Zoetis          | 01-21-20           |
| Rodrigue                                                                                                                                          | Mixed                                                                                                                                                                       | 10M M                                                                                                                                             |                               | White                             | 01-20-20                   | Zoetis          | 01-21-20           |
| HOSEA                                                                                                                                             | Mixed                                                                                                                                                                       | 23Y M                                                                                                                                             |                               | White                             | 01-20-20                   | Zoetis          | 01-21-20           |
| POPPY JUNE                                                                                                                                        | Mixed                                                                                                                                                                       | 3Y F                                                                                                                                              |                               | White                             | 01-20-20                   | Zoetis          | 01-21-20           |

I certify, as an accredited veterinarian, that the above described animals have been inspected by me on this date and that they are not showing signs of infection, and/or communicable disease (except where noted). The vaccinations and results of tests are as 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 warranty is made or implied.

|               |                                          |                |                             |                                  |                    |                  |               |               |               |
|---------------|------------------------------------------|----------------|-----------------------------|----------------------------------|--------------------|------------------|---------------|---------------|---------------|
| Date          | 01-20-20                                 | Signature      | <i>Zachary H. Chapman</i>   | Name                             | Zachary H. Chapman | Printed          | 0015-7        | Accreditation | Number        |
| Clinic Name   | Leggoverland Securities                  | Address        | 15315929 LN                 | County                           | Butler             | City, State, ZIP | 1005 KY 10301 | AC/Phone      | 1019-554-8012 |
| Distribution: | White - KDA Office of State Veterinarian | County - Owner | Pink - State of Destination | Goldenrod - Issuing Veterinarian |                    |                  |               |               |               |

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. 1007).

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)  
MARTA DELGADO  
PO BOX 141507  
ARECIBO PUERTO RICO 00614 787-617-1550

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)  
MONMOUTH COUNTY SPCA  
260 WALL ST  
MONTMONTOWN NJ 07724 732-542-0040

7. ANIMAL IDENTIFICATION

| NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION | BREED - COMMON OR SCIENTIFIC NAME | AGE | SEX | COLOR OR DISTINCTIVE MARKS OR MICROCHIP |
|----------------------------------------------------|-----------------------------------|-----|-----|-----------------------------------------|
| (1) PARKER                                         | LABRADOR MIX                      | M   |     | BLACK                                   |
| (2) POLO                                           | LABRADOR MIX                      | M   |     | BLK/BRN                                 |
| (3) PEPE                                           | LABRADOR MIX                      | M   |     | BLACK                                   |
| (4) PACO                                           | LABRADOR MIX                      | M   |     | BLACK                                   |
| (5) PABLO                                          | LABRADOR MIX                      | M   |     | BROWN                                   |
| (6)                                                |                                   |     |     |                                         |

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

| RABIES VACCINATION              |                                  | OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS |                             |
|---------------------------------|----------------------------------|---------------------------------------------------------|-----------------------------|
| <input type="checkbox"/> 1 YEAR | <input type="checkbox"/> 2 YEARS | <input type="checkbox"/> 3 YEARS                        |                             |
| Vaccination Date                | Product                          | Date                                                    | Product Type and/or Results |
| 1/16/20                         | TOO YOUNG FOR                    | 12/13/19                                                | DHLPP + 4L (1-5)            |
|                                 | RABIES                           | 1/1/20                                                  | DHLPP + 4L (1-5)            |
| 1/15/20                         | BORDETELLA                       | 1/15/20                                                 | DHLPP + 4L (1-5)            |
| (1-5)                           |                                  | 1/16/20                                                 | FECAL NEGATIVE (1-5)        |
|                                 |                                  |                                                         |                             |
|                                 |                                  |                                                         |                             |

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

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

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

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN  
DR. CARLOS G. DEL TORO  
PO BOX 332  
MANATI PUERTO RICO 00674  
787-691-4033

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here DATE

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

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

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 delisted by any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 21.43; CFR, Subchapter A, Part 2).

OMB APPROVED  
0579-0036  
0579-0333

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

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)  
MARTA DELGADO  
PO BOX 141507  
ARECIBO PUERTO RICO 00614 787-617-1550

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)  
MONMOUTH COUNTY SPCA  
260 WALL ST  
EATONTOWN NJ 07724 732-542-0040



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 ONE

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) PEYITO                                         | CHIHUAHUAMIX                      | 10 W | M   | BLK/TAN                                 |
| (2)                                                |                                   |      |     |                                         |
| (3)                                                |                                   |      |     |                                         |
| (4)                                                |                                   |      |     |                                         |
| (5)                                                |                                   |      |     |                                         |
| (6)                                                |                                   |      |     |                                         |

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

| RABIES VACCINATION |                      | OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS |                             |
|--------------------|----------------------|---------------------------------------------------------|-----------------------------|
| Vaccination Date   | Product              | Date                                                    | Product Type and/or Results |
| 1-16-2020          | TOO YOUNG FOR RABIES | 12-20-19                                                | DHLPP + 4L                  |
| 1-14-20            | BORDETELLA           | 01-03-20                                                | DHLPP + 4L                  |
|                    |                      | 1-16-20                                                 | FECAL NEGATIVE              |

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

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

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here DATE  
DR. CARLOS G. DEL TORO  
PO BOX 332  
MANATI PUERTO RICO 00674  
787-691-4033  
LICENSE NUMBER AND STATE  
248 PUERTO RICO  
Accredited ☒ Yes ☐ No  
If yes, please complete below  
NATIONAL ACCREDITATION NUMBER  
036188

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. 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

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)  
MARTA DELGADO  
PO BOX 141507  
ARECIBO PUERTO RICO 00614  
787-617-1550

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)  
MONMOUTH COUNTY SPCA  
1260 WALL ST  
MONTMONTOWN NJ 07724  
732-542-0040



7. ANIMAL IDENTIFICATION  
8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

| NAME AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION | BREED - COMMON OR SCIENTIFIC NAME | AGE | SEX | COLOR OR DISTINCTIVE MARKS OR MICROCHIP | RABIES VACCINATION<br><input checked="" type="checkbox"/> 1 YEAR <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS | OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS         |
|---------------------------------------------------|-----------------------------------|-----|-----|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| (1) CANDY 2020-0053                               | CHIHUAHUA/MIX                     | 18M | F   | WHT/BEIGE                               | Vaccination Date<br>1-13-2020                                                                                                      | Product<br>NOBIVAC<br>Date<br>1-13-20<br>DHLPP + 4L CANDY/DAISY |
| (2)                                               |                                   |     |     |                                         |                                                                                                                                    |                                                                 |
| (3) DAISY 2020-0054                               | CHIHUAHUA/MIX                     | 18M | F   | WHT/BEIGE                               |                                                                                                                                    | 1-21-20 FECAL NEGATIVE CANDY/DAISY                              |
| (4)                                               |                                   |     |     |                                         |                                                                                                                                    | 1-13-20 BORDETELLA DAISY                                        |
| (5)                                               |                                   |     |     |                                         |                                                                                                                                    |                                                                 |
| (6)                                               |                                   |     |     |                                         |                                                                                                                                    |                                                                 |

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

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

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

LICENSE NUMBER AND STATE  
248 PUERTO RICO  
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  
Dr. Carlos G. Del Toro  
DATE  
1-21-2020

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)  
MARTA DELGADO  
PO BOX 141507  
ARECIBO PUERTO RICO 00614 787-617-1550

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)  
MONMOUTH COUNTY SPCA  
260 WALL ST  
EATONTOWN NJ 07724 732-542-0040



7. ANIMAL IDENTIFICATION

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

| NAME AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION | BREED - COMMON OR SCIENTIFIC NAME | AGE    | SEX     | COLOR OR DISTINCTIVE MARKS OR MICROCHIP | RABIES VACCINATION<br><input type="checkbox"/> 1 YEAR <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS | OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS                                    |
|---------------------------------------------------|-----------------------------------|--------|---------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| (1) PEYITO                                        | CHIHUAHUA/MIX                     | 10 W M | BLK/TAN |                                         | Vaccination Date: 1-16-2020                                                                                             | Product: TOO YOUNG FOR RABIES<br>Date: 12-20-19<br>Product Type and/or Results: DHLPP + 4L |
| (2)                                               |                                   |        |         |                                         |                                                                                                                         |                                                                                            |
| (3)                                               |                                   |        |         |                                         | 1-14-20                                                                                                                 | RABIES<br>01-03-20<br>DHLPP + 4L                                                           |
| (4)                                               |                                   |        |         |                                         |                                                                                                                         | BORDETELLA<br>1-16-20<br>FECAL NEGATIVE                                                    |
| (5)                                               |                                   |        |         |                                         |                                                                                                                         |                                                                                            |
| (6)                                               |                                   |        |         |                                         |                                                                                                                         |                                                                                            |

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

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

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

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN  
DR. CARLOS G. DEL TORO  
PO BOX 332  
MANATI PUERTO RICO 00674  
787-691-4033

LICENSE NUMBER AND STATE  
248 PUERTO RICO  
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  
11/14/2020

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 kinds or classes of animals designated by USDA regulation shall be delivered to any immediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 2143.9; 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

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5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)  
HAYDEE DE JESUS  
PO BOX 2178  
ARECIBO PR.00613  
(787) 232-7290

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)  
MONMOUTH COUNTY SPCA  
260 WALL ST  
EATONTOWN NJ 07724  
732-542-0040



7. ANIMAL IDENTIFICATION

| NAME AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION | BREED - COMMON OR SCIENTIFIC NAME | AGE | SEX | COLOR OR DISTINCTIVE MARKS OR MICROCHIP |
|---------------------------------------------------|-----------------------------------|-----|-----|-----------------------------------------|
| (1) SULLY 2019-2490                               | POMERANIAN/MIX                    | 5Y  | SF  | BLACK                                   |
| (2)                                               |                                   |     |     |                                         |
| (3)                                               |                                   |     |     |                                         |
| (4)                                               |                                   |     |     |                                         |
| (5)                                               |                                   |     |     |                                         |
| (6)                                               |                                   |     |     |                                         |

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

| RABIES VACCINATION |                  |          | OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS |  |
|--------------------|------------------|----------|---------------------------------------------------------|--|
| Vaccination Date   | Product          | Date     | Product Type and/or Results                             |  |
| 12/16/19           | NOBIVAC          | 12-16-19 | DHLPP + 4L SULLY                                        |  |
|                    | D020246A         | 1-21-20  | FECAL NEGATIVE SULLY                                    |  |
|                    | EXP 1/21/21      |          |                                                         |  |
|                    | SULLY            |          |                                                         |  |
| 01-09-2020         | BORDETELLA SULLY |          |                                                         |  |

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

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

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

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

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

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here DATE

NOTE: International shipments may require certification by an accredited veterinarian.  
SIGNATURE OF ISSUING VETERINARIAN  
*Dr. G. G. Del Toro*

DATE  
1/20/2020

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 0579-0020 and 0579-0036. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Service, Paperwork Project (0171-0188), U.S. Government Printing Office, Washington, DC 20540-0188.

OMB APPROVED  
0579-0020  
0579-0036

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)

All Sato Rescue  
Calle Emannuelli 212  
San Juan, P.R. 00917  
Tel. 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) Peter                                          | Schnauzer Mix                     | 10w | M   | Black/White                             |
| (2) Paul                                           | Schnauzer Mix                     | 10w | M   | White/Brindle                           |
| (3) Mario                                          | Schnauzer Mix                     | 10w | M   | Black/White                             |
| (4)                                                |                                   |     |     |                                         |
| (5)                                                |                                   |     |     |                                         |
| (6)                                                |                                   |     |     |                                         |

8. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

Peter, Paul and Mario: Dhipp: 12-25-19, 01-09-2020  
Bordetella: 01-09-2020

I hereby certify that the animals mention above are, to the best of my knowledge acclimated to air temperature not below 20 F and not above 85 F

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

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

1. TYPE OF ANIMAL SHIPPED (select one only)

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

3. TOTAL NUMBER OF ANIMALS

Three

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

4. PAGE

1 of 1

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

Mormouth County SPCA  
260 Wall Street  
Eatontown, NJ 07724  
Tel 732-542-0040

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

| RABIES VACCINATION |                      |          | OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS |  |
|--------------------|----------------------|----------|---------------------------------------------------------|--|
| 1 YEAR             | 2 YEARS              | 3 YEARS  |                                                         |  |
| Vaccination Date   | Product              | Date     | Product Type and/or Results                             |  |
|                    | Too young for Rabies | 01-17-20 | Fecal: nos                                              |  |
|                    | Too young for Rabies | 01-17-20 | Fecal: nos                                              |  |
|                    | Too young for Rabies | 01-17-20 | Fecal: nos                                              |  |

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. José A. Nieves Rodriguez  
88 Carr 848 Km 0.9 Apt 37  
Trujillo Alto, PR 00976  
Tel. 787-617-1044

LICENSE NUMBER AND STATE

646 PR

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

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

084400

DATE

01-21-2020

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 kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 21.43; CFR, Subchapter A, Part 2).

OMB APPROVED  
0579-0036  
0579-0333

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

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

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

MARTA DELGADO  
PO BOX 141507  
ARECIBO PUERTO RICO 00614 787-617-1550

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

STERLING ANIMAL SHELTER  
JANSON BOLACK  
17 LAURELWOOD ROAD  
STERLING MA 01564 978-422-8585

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 THREE  
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) CHISPA 20-0029                                 | LABRADOR/MIX                      | 14W | F   | TAN/WHITE                               |
| (2) LOLA 20-0030                                   | LABRADOR/MIX                      | 14W | F   | WHITE                                   |
| (3) FLUFFY 20-0028                                 | LABRADOR/MIX                      | 14W | F   | WHITE                                   |
| (4)                                                |                                   |     |     |                                         |
| (5)                                                |                                   |     |     |                                         |
| (6)                                                |                                   |     |     |                                         |

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

| RABIES VACCINATION                                                                                           |                       | OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS |                              |
|--------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 1 YEAR <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS |                       |                                                         |                              |
| Vaccination Date                                                                                             | Product               | Date                                                    | Product Type and/or Results  |
| 1-9-2020                                                                                                     | MER 18433 EXP 4-11-21 | 12-3-19                                                 | DHLPP + 4L CHISPALOLA/FLUFFY |
|                                                                                                              | CHISPALOLA/FLUFFY     | 12-17-19                                                | DHLPP + 4L CHISPALOLA/FLUFFY |
| 12-31-19                                                                                                     | BORDETELLA            | 1-17-20                                                 | FECAL (1-3) NEGATIVE         |
|                                                                                                              | CHISPALOLA/FLUFFY     |                                                         |                              |
|                                                                                                              |                       |                                                         |                              |
|                                                                                                              |                       |                                                         |                              |

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

I HEREBY CERTIFY THAT THE ANIMALS IN THIS SHIPMENT ARE TO THE BEST OF MY KNOWLEDGE ACCLIMATED TO AIR TEMPERATURE OF 20-85

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

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

ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)

PRINTED NAME OF USDA VETERINARIAN

DR. HECTOR J. GARCIA  
PO BOX 332  
MANATI PUERTO RICO 00674  
787-691-4033

LICENSE NUMBER AND STATE  
199 PUERTO RICO

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

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here

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

SIGNATURE OF ISSUING VETERINARIAN

DATE

APHIS Form 7001  
(NOV 2010)

This certificate is valid for 30 days after issuance

11/17/2020

3600344



# ANIMAL HEALTH CERTIFICATE

## MISSISSIPPI BOARD OF ANIMAL HEALTH CERTIFICATE FOR INTERSTATE MOVEMENT

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

MS

235537

From:

St Charles Parish Shelter

Shipped To

St Herbert's Animal Welfare Shipped By:

Owner's name

921 Deputy Jeff G Watson Dr.

Address:

575 Woodland Ave

Living LA 70676

601 816 1387

Madison MS 07946

X Air

Microchip, Other

Species

Breed, Description, & Color

Age

Sex

Date

Rabies Vaccination  
Mfg. & Ser. #

Expires

Dated

Other

Type

Microchip, Other

Species

Breed, Description, & Color

Age

Sex

Date

Rabies Vaccination  
Mfg. & Ser. #

Expires

Dated

Other

Type

certify that the animal(s) listed above has/have been examined by me on (date) 1-22-20 and found to be free from contagious and infectious diseases unless noted, and to the best knowledge have not been exposed to rabies, or other communicable diseases and did not originate within a rabies quarantined area

Owner's Signature

DM

Owner's Name (PRINT)

February 16th

Owner's Address

Orange MS 39051

Date

1-22-20

Lic #

601741811

Phone

National Accreditation Number

059133

Two white copies to State Veterinarian within 7 days, give  
yellow copy to the owner. Retain yellow copy for your files

INTERNATIONAL TRAVEL: Contact USDA, APHIS, Veterinary Services or  
country of destination for entry requirements.

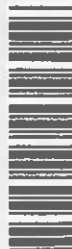


LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY  
MIKE STRAIN DVM, COMMISSIONER

Animal Health & Food Safety, 5825 Florida Blvd., Suite 4000, Baton Rouge, LA 70806 (225) 925-3980, FAX (225) 237-5555

CERTIFICATE OF VETERINARY INSPECTION FOR SMALL ANIMALS

SA 038339



☐ Interstate Shipment ☐ Exhibition ☐ Sales ☐ Date 1/25/20

Owner: Dr. Richard Parrot Animal Services  
Address: 5455 E. Dodge Ranch Road, Violet, LA  
Consignee: St. Hubert's Animal Welfare  
Designation: 575 Woodlawn Ave, Metairie, LA  
07940

| SPECIES | BREED     | SEX | AGE   | DESCRIPTION OF ANIMALS | COLOR OR MARKINGS | TAG NO.  |
|---------|-----------|-----|-------|------------------------|-------------------|----------|
| K-9     | Terrier   | F   | 1yr   | Chihuahua              | Br.               | 43659672 |
| K-9     | Terrier   | M   | 1yr   | Isaiah                 | W/T               | 43622821 |
| K-9     | Terrier   | F   | 2yr   | Shamir                 | W/T               | 43663776 |
| K-9     | Chihuahua | F   | 3yr   | Isabella               | Br/T              | 43610354 |
| K-9     | Lab       | M   | 2.5yr | Jack                   | Br                | 43604116 |

Is the area from which the shipment originated under quarantine for Rabies? ☐ Yes ☒ No To the best of your knowledge has the animal(s) been exposed to Rabies? ☐ Yes ☒ No

IMMUNIZATION DATA

Rabies Vaccination ☐ Attenuated Live Virus ☒ Tissue Vaccine Date of Rabies Vaccination Tag No.  
Distemper Immunization ☐ Active Date: ☒ Passive Hepatitis Immunization ☐ Active Date: ☒ Passive  
Other Immunization

I hereby certify that the animal(s) listed above have been examined by me and found to be free from symptoms of contagious and/or infectious disease, and is apparently healthy.

Signature of Veterinarian: [Signature]  
Address: 5455 E. Dodge Ranch Road, Violet, LA  
Please Print Name of Veterinarian: Mike Strain DVM  
Veterinarian Code No: 6124

Louisiana Department of Agriculture and Forestry  
Animal Health and Food Safety  
1000 Poydras Blvd., Suite 4000  
New Orleans, LA 70006  
504-386-3980

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 72-2525-1579796117

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

TRY PERMIT #:

RECEPTION DATE: 01/21/2020

SHIPMENT DATE: 01/25/2020

01/25/2020

Large Animal

Small Animal

CONSIGNOR - Contact Person at Origin

CONSIGNEE - Contact Person at Destination

CARRIER (Transporter)

First Name: Troxler  
Last Name: AND/OR

First Name: Colleen  
Last Name: Harrington  
Business Name: AND/OR

Business Name: Wings Of Rescue  
Physical Address: 40363 Camino El Destino  
City: CA State: 92203 Zip Code: (310) 896-8343

Business Name: Harlee Parish Animal Shelter  
Physical Address of Animals: 575 Woodland Avenue

Rue La Cannes

State: LA Zip Code: 70070 County: St. Charles

City: Madison State: NJ Zip Code: 07940 County: Location ID#

Phone Number: (985) 783-5010

Phone Number: (973) 377-2293

Consignor's Address (if different):

Consignee's Address (if different):

Transport Method: Air Interstate Intrastate Pet

Other Acclimation

ECIES # 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

one 1 MIKU SCHNAUZER 982128055144214

3 Y M

1/20/2020

01/30/2021

354868A

DHLPP (1/14/20), BORDATELLA (1/14/20), FECAL (1/12/2020), DHLPP (1/18/20), BORDATELLA (1/18/20), FECAL (1/18/2020), DHLPP (1/22/2020), DHLPP (1/22/2020), BORDATELLA (1/22/2020), FECAL (1/22/2020)

one 1 ABBY TERRIER 982000410544741

2 Y F

1/16/2020

01/25/2021

354868A

DHLPP (1/22/2020), BORDATELLA (1/22/2020), FECAL (1/22/2020)

one 1 CAROLINE/MEDIUM MIX 982128055144245

3 M F

1/27/2020

01/25/2021

354868A

DHLPP (1/13/2020), BORDATELLA (1/13/2020), FECAL (1/13/2020), DHLPP (1/13/2020), BORDATELLA (1/13/2020), FECAL (1/13/2020)

one 1 CHLOE/MALTÈSE 982000411788914

12 Y F

1/13/2020

01/30/2021

354868A

DHLPP (1/13/2020), BORDATELLA (1/13/2020), FECAL (1/13/2020), DHLPP (1/13/2020), BORDATELLA (1/13/2020), FECAL (1/13/2020)

one 1 CORBIN/SHITZU 4835783AOC

13 Y M

1/14/2020

01/25/2021

354868A

DHLPP (1/14/2020), BORDATELLA (1/14/2020), FECAL (1/14/2020), DHLPP (1/14/2020), BORDATELLA (1/14/2020), FECAL (1/14/2020)

one 1 KALEY/TERRIER 98200041187749

3 Y F

1/20/2020

01/30/2021

354868A

DHLPP (1/20/2020), BORDATELLA (1/20/2020), FECAL (1/20/2020)

AL 6

IF/AGENT STATEMENT

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: 01/23/2020

Printed Name: Jena Troxler, DVM

City: Luling

Phone: (985) 783-5010

Email: jtroxler@atcharlesgov.net

Address: 921 Deputy Jeff G. Watson Dr.

USDA Accreditation # 01357519

State of License: LA

License # 01010215216

State: LA

Zip: 70070

Signature: Jena Troxler

Signature: Jena Troxler

Digitally signed by Jena Troxler  
Date: 2020.01.23 10:15:33 -0600

CERTIFICATE AND CERTIFICATE #  
OFFICIAL AFTER DIGITALLY SIGNED

**ALL ANIMAL HEALTH CERTIFICATE**  
Valid for 30 days after examination

**MISSISSIPPI BOARD OF ANIMAL HEALTH**  
**CERTIFICATE FOR INTERSTATE MOVEMENT**

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

MS No 235554

Shipped From:

St Charles Parish Shelter

Shipped To:

St Huberts Animal Welfare

(Owner's name)

Address:

901 Poppy Left Cheston Dr.

Address:

575 Woodland Ave

Shipped By:

Auto

Luling LA 70078

Madison NJ 07140

X Air

| Identification<br>Name, Microchip, Other | Species | Breed, Description, & Color | Age | Sex | Rabies Vaccination |               |         | Other |      |
|------------------------------------------|---------|-----------------------------|-----|-----|--------------------|---------------|---------|-------|------|
|                                          |         |                             |     |     | Date               | Mfg. & Ser. # | Expires | Dated | Type |
| Bambi                                    | K9      | band x white tan            | 5m  | 5F  | 11-7-19            | 2oetis 322595 | 11-7-20 |       |      |
| Sully                                    | K9      | mix black/white             | 12m | F   | 1-22-20            | merial 18415  | 1-22-21 |       |      |
| Wise                                     | K9      | mix black/white             | 12m | F   | 1-22-20            | merial 18415  | 1-22-21 |       |      |
| Ava                                      | K9      | mix black/white             | 12m | F   | 1-22-20            | merial 18415  | 1-22-21 |       |      |
| Jacia                                    | K9      | mix black/white             | 12m | F   | 1-22-20            | merial 18415  | 1-22-21 |       |      |
| Donny                                    | K9      | mix chocolate               | 10m | M   | 1-22-20            | merial 18415  | 1-22-21 |       |      |
| Brady                                    | K9      | mix tan/white               | 10m | M   |                    |               |         |       |      |
| Brice                                    | K9      | mix white/tan               | 10m | M   |                    |               |         |       |      |

I hereby certify that the animal(s) listed above has/have been examined by me on (date) 1-22-20 and found to be free from contagious and infectious diseases unless noted, and to the best of my knowledge and belief, not been exposed to rabies, or other communicable diseases and did not originate within a rabies quarantined area.

Examiner's Signature

Date

National Accreditation Number

Examiner's Name (PRINT)

Lic. #

Phone

Examiner's Address

Phone

1-22-20

1885

059133

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

INTERNATIONAL TRAVEL: Contact USDA, APHIS, Veterinary Services or country of destination for entry requirements.

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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

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNEE)  
Valley River Humane Society  
7450 US Hwy 19  
Marble, NC 28905

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)  
MCSPPA  
260 West Street  
Egmont, NY 11772

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) Elisabeth                                      | Shepherd mix                      | 1.5 yr | F   | blk/lan                                 |
| (2) Elisabeth Pup 1                                | Shepherd mix                      | 1 mo   | M   | blk/lan                                 |
| (3) Elisabeth Pup 2                                | Shepherd mix                      | 1 mo   | M   | blk/lan                                 |
| (4) Elisabeth Pup 3                                | Shepherd mix                      | 1 mo   | F   | tan/blk                                 |
| (5) Elisabeth Pup 4                                | Shepherd mix                      | 1 mo   | F   | tan/blk                                 |
| (6) Elisabeth Pup 5                                | Shepherd mix                      | 1 mo   | F   | tan/blk                                 |

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

| RABIES VACCINATION                                                                                           |         | OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS |                             |
|--------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 1 YEAR <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS | Product | Date                                                    | Product Type and/or Results |
| Vaccination Date                                                                                             | Product | Date                                                    | Product Type and/or Results |
| 12/18/19                                                                                                     | Rabies  | 12/14/19                                                | DHP/Bordetella              |
| N/A                                                                                                          | Rabies  | 1/24/20                                                 | DHP/Bordetella              |
| N/A                                                                                                          | Rabies  | 1/24/20                                                 | DHP/Bordetella              |
| N/A                                                                                                          | Rabies  | 1/24/20                                                 | DHP/Bordetella              |
| N/A                                                                                                          | Rabies  | 1/24/20                                                 | DHP/Bordetella              |
| N/A                                                                                                          | Rabies  | 1/24/20                                                 | DHP/Bordetella              |

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.

ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)

PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN  
Dr. Greg Cranford  
Peachtree Animal Hospital  
Hwy 141  
Murphy, NC 28908

LICENSE NUMBER AND STATE  
1558 NC

Accredited ☒ Yes ☐ No  
If yes, please complete below  
NATIONAL ACCREDITATION NUMBER  
056347

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



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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

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)  
Valley River Humane Society  
7450 US Hwy 19  
Marble, NC 28905

7. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)  
MCSPCA  
280 W 4th Street  
Eaton, NJ 07724



| 7. ANIMAL IDENTIFICATION                           |                                   |        |     |                                         | 8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY                                                     |         |                                                         |                             |
|----------------------------------------------------|-----------------------------------|--------|-----|-----------------------------------------|--------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------|-----------------------------|
| NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION | BREED - COMMON OR SCIENTIFIC NAME | AGE    | SEX | COLOR OR DISTINCTIVE MARKS OR MICROCHIP | RABIES VACCINATION                                                                                           |         | OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS |                             |
|                                                    |                                   |        |     |                                         | <input checked="" type="checkbox"/> 1 YEAR <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS |         |                                                         |                             |
|                                                    |                                   |        |     |                                         | Vaccination Date                                                                                             | Product | Date                                                    | Product Type and/or Results |
| (1) Vicky                                          | Felst mix                         | 1.5 yr | F   | brown/white                             | 1/9/20                                                                                                       | Rabies  | 1/18/20                                                 | DHP/Bordetella              |
| (2) Vicky pup 1                                    | Felst mix                         | 23 da  | M   | grey/white                              | N/A                                                                                                          | Rabies  | 1/27/20                                                 | Bordetella                  |
| (3) Vicky pup 2                                    | Felst mix                         | 23 da  | F   | grey/white                              | N/A                                                                                                          | Rabies  | 1/27/20                                                 | Bordetella                  |
| (4) Vicky pup 3                                    | Felst mix                         | 23 da  | F   | tri color                               | N/A                                                                                                          | Rabies  | 1/27/20                                                 | Bordetella                  |
| (5) Vicky pup 4                                    | Felst mix                         | 23 da  | F   | grey/white                              | N/A                                                                                                          | Rabies  | 1/27/20                                                 | Bordetella                  |
| (6)                                                |                                   |        |     |                                         |                                                                                                              |         |                                                         |                             |

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

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

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

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

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

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

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN  
Dr. Greg Cranford  
Peachtree Animal Hospital  
Hwy 141  
Murphy, NC 28906

LICENSE NUMBER AND STATE  
1556 NC

Accredited ☒ Yes ☐ No  
If yes, please complete below  
NATIONAL ACCREDITATION NUMBER  
055347

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here DATE

John A. Cranford DVM 1/28/20

APHIS Form 7001 (NOV 2010)

This certificate is valid for 30 days after issuance

