

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)
Project Sale Pet
168 Highway 274 #311
Lake Wylie, SC 29710
(937) 534-7726

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)
Monmouth SPCA
260 Wall Street
Eatontown, NJ 07724
732-542-0040

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

3. TOTAL NUMBER OF ANIMALS
2

4. PAGE
1 of 1

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		
					Vaccination Date	Product	Date	Product Type and/or Results		
(1) Birdy	Shep/Pit Mix	10w	F	Tan	too young		01/23/2020	Nobivac Dapp, Fecal- Negative		
(2) Kitty	Shep/Pit Mix	10w	F	Tan and Black	too young		01/23/2020	Nobivac Dapp, Fecal- Roundworms		
(3) Marley/Max	Boxer Mix	9w	M	Black and Brown	too young		01/24/2020	Nobivac Dapp, Fecal- Negative		
(4) Reese	Boxer Mix	9w	F	Brown and Black	too young		01/24/2020	Nobivac Dapp, Fecal- Negative		
(5) Daisy	Boxer Mix	9w	F	Brown and Black	too young		01/24/2020	Nobivac Dapp, Fecal- Negative		
(6) Foxy	Shep/Retriever	10w	M	Black and tan	too young		01/29/2020	Nobivac Dapp, Fecal- Negative		

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
Heathly Pets
1125 N. Anderson Road
Rock Hill, SC 29732
Jenna Blake, DVM
803-327-7387

LICENSE NUMBER AND STATE
3778 SC
Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
028883
NOTE: International shipments may require certification by an accredited veterinarian.
SIGNATURE OF ISSUING VETERINARIAN
Jenna Blake, DVM
DATE
01/24/2020

DATE: 12/10/2011

TIME: 10:00 AM

LOCATION: 1234567890

NAME: J. D. Smith

ADDRESS: 123 Main St

CITY: New York

STATE: NY

ZIP: 10001

PHONE: (212) 555-1234

FAX: (212) 555-1234

EMAIL: jsmith@123main.com

DATE: 12/10/2011

TIME: 10:00 AM

LOCATION: 1234567890

NAME: J. D. Smith

ADDRESS: 123 Main St

CITY: New York

STATE: NY

DATE: 12/10/2011

TIME: 10:00 AM

LOCATION: 1234567890

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LOCATION: 1234567890

NAME: J. D. Smith

ADDRESS: 123 Main St

CITY: New York

STATE: NY

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

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 21.43.8; 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)
Project Safe Pet
1518 Village Harbor Lane
Lake Wylie, SC 29710
973-634-7728

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)
Monmouth County SPCA
230 W. 3rd Street
Freehold, NJ 07724
732-642-0040



USDA Licensee Registration Number (if applicable)					8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY			
7. ANIMAL IDENTIFICATION								
NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION			OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS
					☐ 1 YEAR	☐ 2 YEARS	☐ 3 YEARS	
(1) 2D-028-L Daisy 2	Retriever Mix	13wks	F	Black	☐ Vaccination Date	☐ Product	☐ Date	☐ Product Type and/or Results
(2) 2D-028-L Rose	Retriever Mix	13wks	F	Black			1/31/2020	Dazpp, Interceptor, Fecal (Coccidia)
(3)							1/31/2020	Dazpp, Interceptor, Fecal (Coccidia)
(4)								
(5)								
(6)								

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)
Fecal (1/31/2020): Coccidia
Prophylactic deworming with pyrantel pamoate
Sent home Pomazuril x 3 days SID

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 (IF NEEDED)
PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN
Maria Belu Dym
2445 Ebenezer Rd.
Rock Hill, SC 29732
803-366-1850

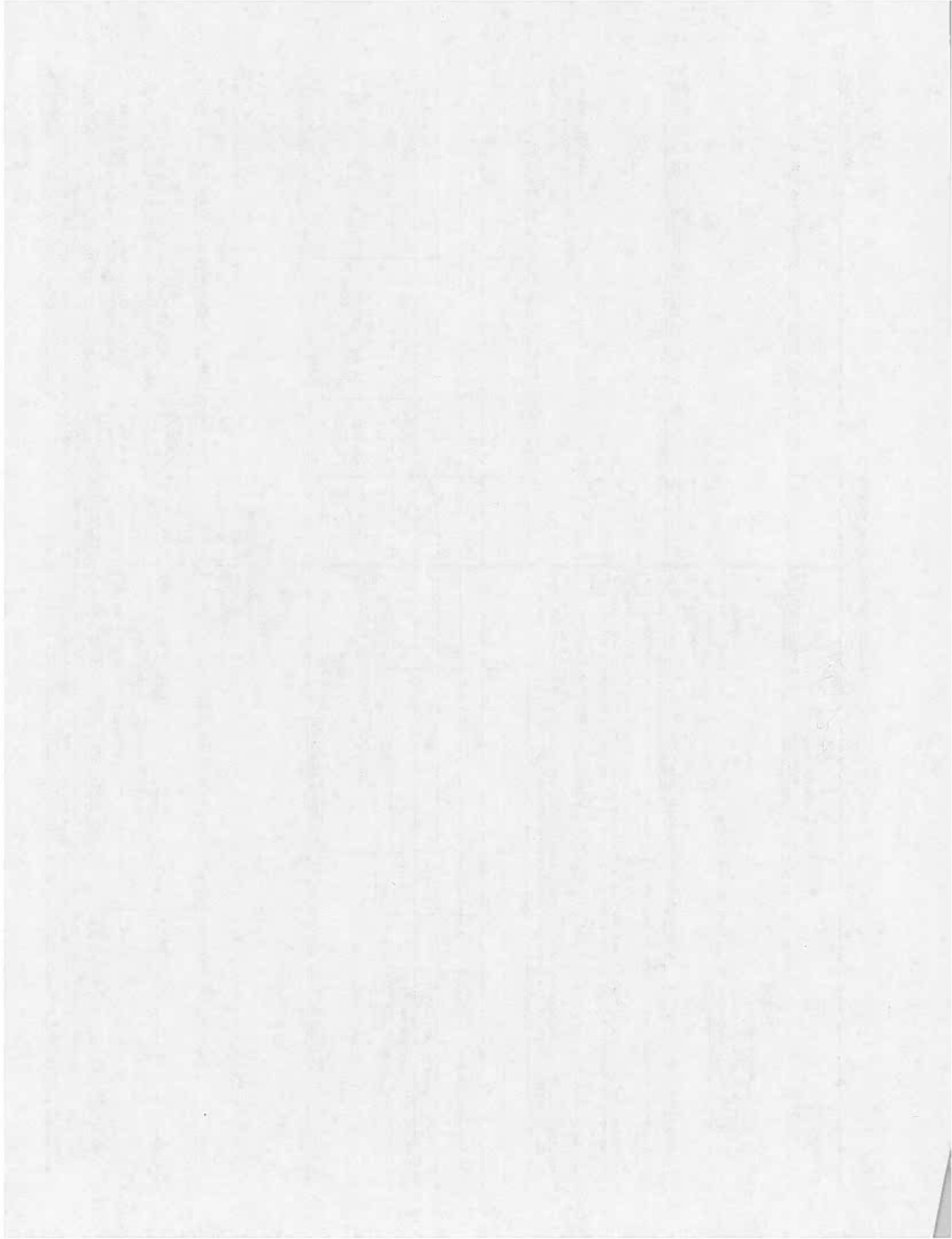
LICENSE NUMBER AND STATE
SC: 4074

Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
079345

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
1/31/2020



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)

Project Safe Pet
168 Highway 274 #311
Lake Wylie, SC 29710
(937) 534-7726

Mommouth SPCA
260 Wall Street
Edinboro, NJ 07724
732-542-0040

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

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

3. TOTAL NUMBER OF ANIMALS
2

4. PAGE 1 of 1

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

USDA License/Registration Number (if applicable) 7. ANIMAL IDENTIFICATION

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION ☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS Vaccination Date	Product	Date	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS Product type and/or Results
(1) Rea	Lab Mix	14w	F	Black and White	01/28/2020	Merial Rabies	01/28/2020	Nobivac Dapp, Bordetella, Fecal- Negative
(2) Leie	Lab Mix	14w	F	Black and White	01/28/2020	Merial Rabies	01/28/2020	Nobivac Dapp, Bordetella, Fecal- Negative
(3)								
(4)								
(5)								
(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)

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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

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN
Healthy Pets
1125 N. Anderson Road
Rock Hill, SC 29732
Jenna Blake, DVM
803-327-7387

LICENSE NUMBER AND STATE
3778 SC

Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
028883

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

SIGNATURE OF ISSUING VETERINARIAN
Jenna Blake, DVM

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp Here

DATE
01/30/2020

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 number for this information collection is 0579-0036 and 0579-0333. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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

OMB APPROVED
0579-0036
0579-0333

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

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

Project Safe Pet
168 Highway 274 #311
Lake Wylie, SC 29710
(937) 534-7726

Monmouth SPCA
260 Wall Street
Eatontown, NJ 07724
732-542-0040

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

1. TYPE OF ANIMAL SHIPPED (select one only)

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

3. TOTAL NUMBER OF ANIMALS

4

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

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) Lady-981020025470171	Labrador Mix	2yrs	F	Brown
(2) Cameron	Jack Russell/Lab Mix	17w	F	Brindle
(3) Drew	Jack Russell/Lab Mix	17w	F	Brindle
(4) Lucy	Jack Russell/Lab Mix	17w	F	Chocolate
(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 YEAR ☐ 2 YEARS ☐ 3 YEARS			
10/22/2019	Rabies	10/22/2019	Dapp, Bordetella
01/30/2020	Merial Rabies	01/30/2020	Nobivac Dapp, Bordetella, Fecal-negative
01/30/2020	Merial Rabies	01/30/2020	Nobivac Dapp, Bordetella, Fecal-negative
01/30/2020	Merial Rabies	01/30/2020	Nobivac Dapp, Bordetella, Fecal-negative

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

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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

Healthy Pets
1125 N. Anderson Road
Rock Hill, SC 29732
Jenna Blake, DVM
803-327-7387

LICENSE NUMBER AND STATE
3778 SC

Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
028883

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here

DATE

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

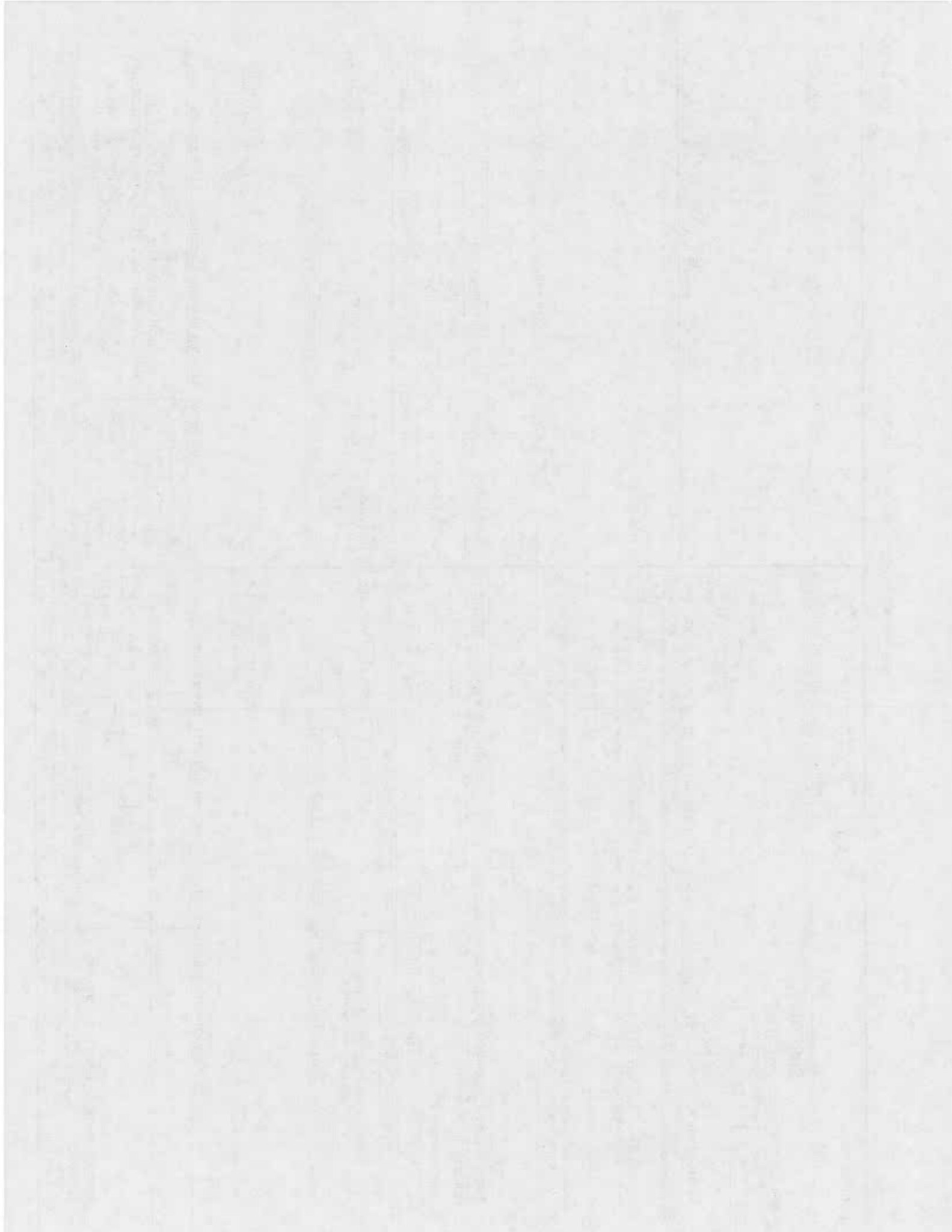
DATE

Jenna Blake, DVM

01/30/2020

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance



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OMB APPROVED
0579-0036
0579-0033

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

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)
Project Safe Pet
1516 Village Harbor Lane
Lake Wylie, SC 29710
973-534-7726

7. ANIMAL IDENTIFICATION
NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION
BREED - COMMON OR SCIENTIFIC NAME
AGE
SEX
COLOR OR DISTINCTIVE MARKS OR MICROCHIP

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY
RABIES VACCINATION
1 YEAR ☒ 2 YEARS ☐ 3 YEARS ☐
Vaccination Date
1/24/2020
Product
Defensor 3.358353C (12/15/2020)
Date
1/24/2020
OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS
Product Type and/or Results
DA2PP, BORD (fecal: Hookworm) (1dx: heartworm +)

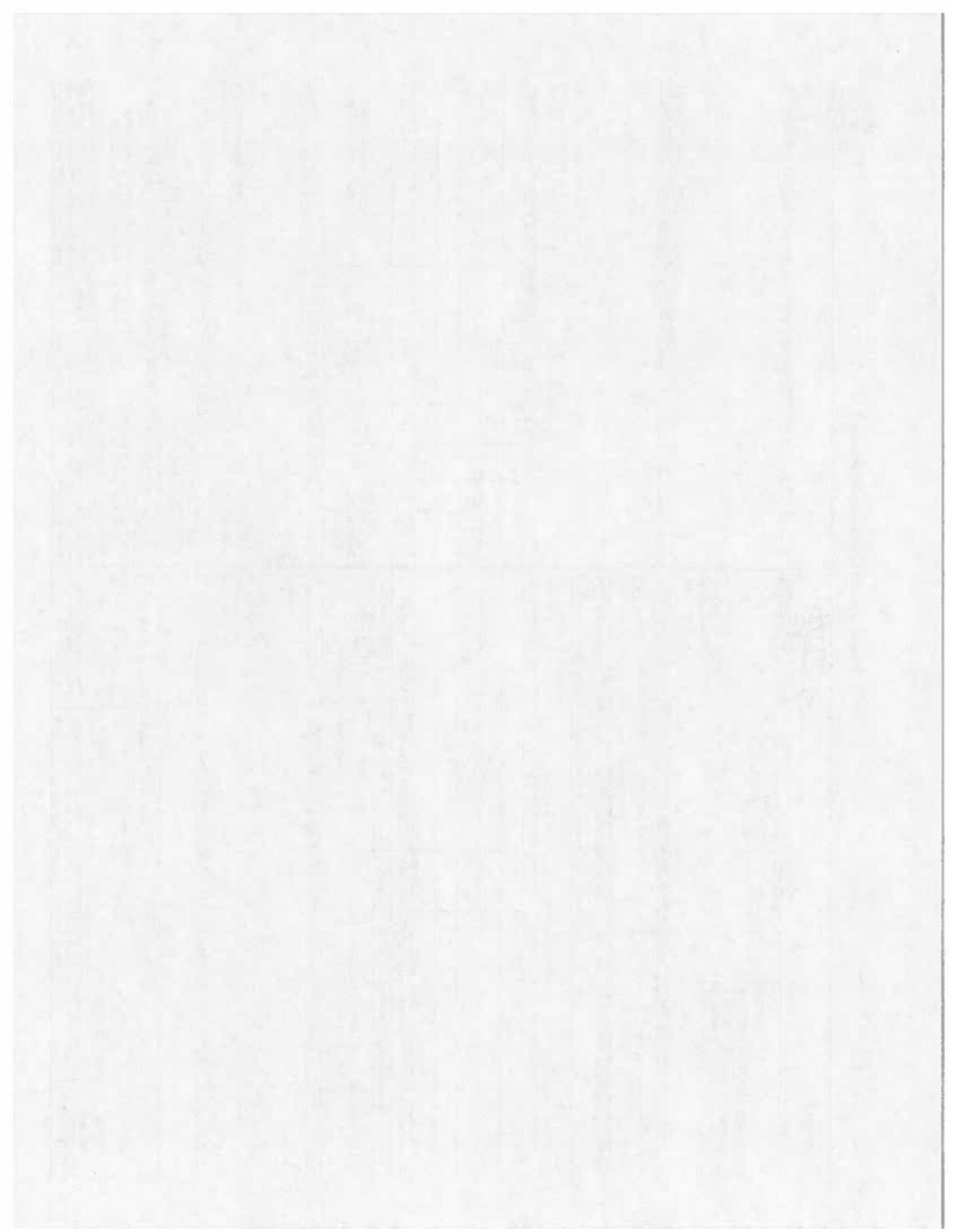
9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)
Fecal (1/24/2020): Positive for hookworms, dewormed with pyrantel pamoate
1dx: Strong Positive for Heartworm
Rx: Simparica given orally (1/24/2020)

10. ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)
PRINTED NAME OF USDA VETERINARIAN
Maria Belu Dym
2445 Ebenezer Rd.
Rock Hill, SC 29732
803-366-1950

11. SIGNATURE OF USDA VETERINARIAN
Apply USDA Seal or Stamp Here
DATE
1/24/2020

12. SIGNATURE OF ISSUING VETERINARIAN
NOTE: International shipments may require certification by an accredited veterinarian.
DATE
1/24/2020

13. LICENSE NUMBER AND STATE
SC: 4074
Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
079345



OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
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1. TYPE OF ANIMAL SHIPPED (select one only)
☒ Dog ☐ Cat ☐ Other _____
☐ Nonhuman Primate ☐ Ferret ☐ Rodent _____

3. TOTAL NUMBER OF ANIMALS 2

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

4. PAGE 1 of 1

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

Project Safe Pet
168 Highway 274 #311
Lake Wylie, SC 29710
(937) 534-7726

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

Monmouth SPCA
260 Wall Street
Eatontown, NJ 07724
732-542-0040

USDA Licensee/Registration Number (if applicable)

7. ANIMAL IDENTIFICATION

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

[illegible]

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

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Jenna Blake, DVM
803-327-7387

LICENSE NUMBER AND STATE
3778 SC

028883

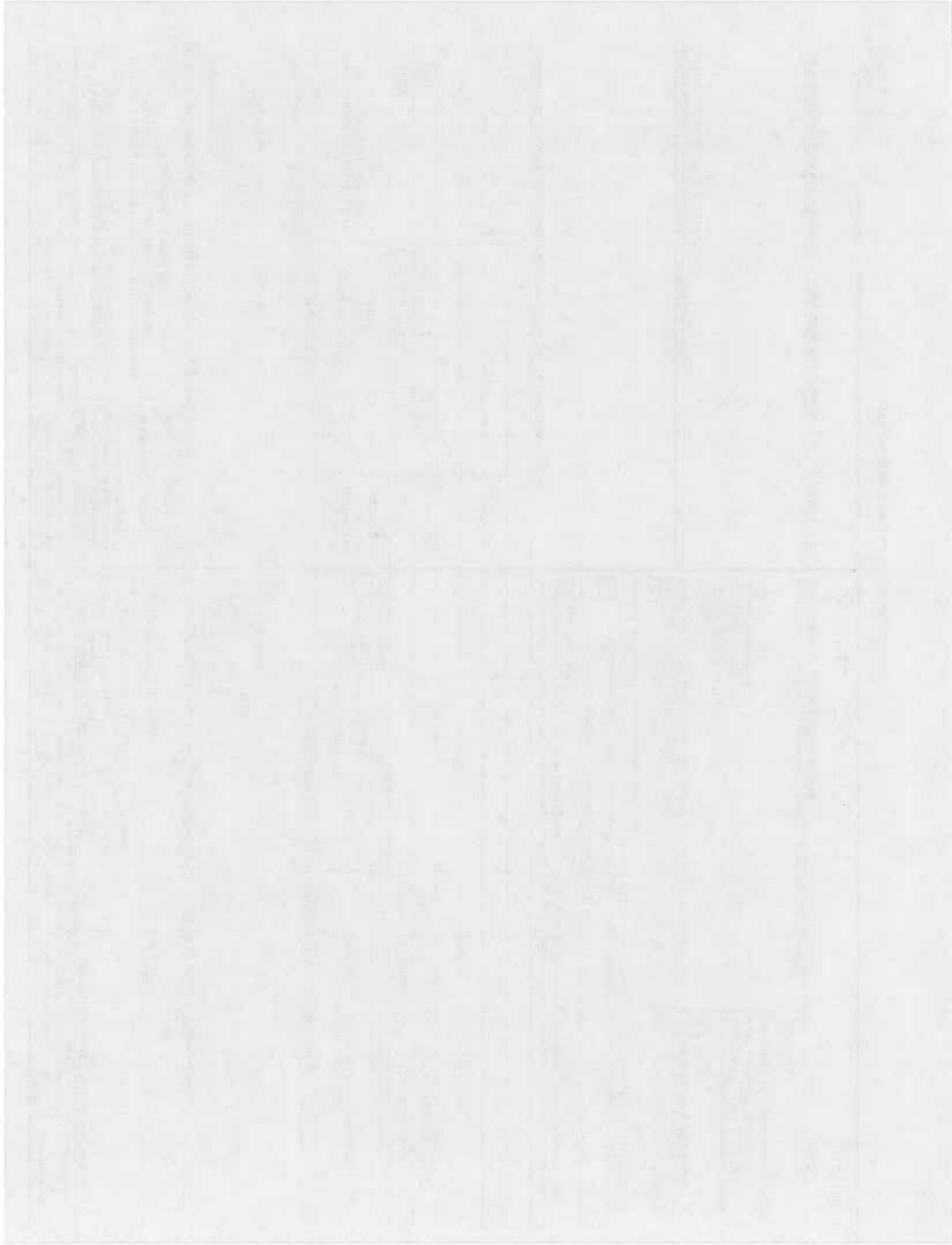
SIGNATURE OF USDA VETERINARIAN *Apply USDA Seal or Stamp here*

DATE _____

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(NOV 2010)

This certificate is valid for 30 days after issuance



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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
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168 Highway 274 #311
Lake Wylie, SC 29710
(937) 534-7726

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

Mommouth SPCA
260 Wall Street
Eatontown, NJ 07724
732-542-0040

1. TYPE OF ANIMAL SHIPPED (select one only)
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3. TOTAL NUMBER OF ANIMALS
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1 of 1

7. ANIMAL IDENTIFICATION

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(1) Birdy	Shep/Pit Mix	10w	F	Tan
(2) Kitty	Shep/Pit Mix	10w	F	Tan and Black
(3) Matley/Max	Boxer Mix	9w	M	Black and Brown
(4) Reese	Boxer Mix	9w	F	Brown and Black
(5) Daisy	Boxer Mix	9w	F	Brown and Black
(6) Foxy	Shep/Retriever	10w	M	Black and tan

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
Vaccination Date	Product	Date	Product Type and/or Results
☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS			
	too young	01/23/2020	Nobivac Dapp, Fecal- Negative
	too young	01/23/2020	Nobivac Dapp, Fecal- Roundworms
	too young	01/24/2020	Nobivac Dapp, Fecal- Negative
	too young	01/24/2020	Nobivac Dapp, Fecal- Negative
	too young	01/24/2020	Nobivac Dapp, Fecal- Negative
	too young	01/29/2020	Nobivac Dapp, Fecal- Negative

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

- ☐ I have verified the presence of the microchip, if a microchip is listed in box 7.
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ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)

PRINTED NAME OF USDA VETERINARIAN
Heathly Pets
1125 N. Anderson Road
Rock Hill, SC 29732
Jenna Blake, DVM
803-327-7387

LICENSE NUMBER AND STATE
3778 SC

Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
028883

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here

DATE

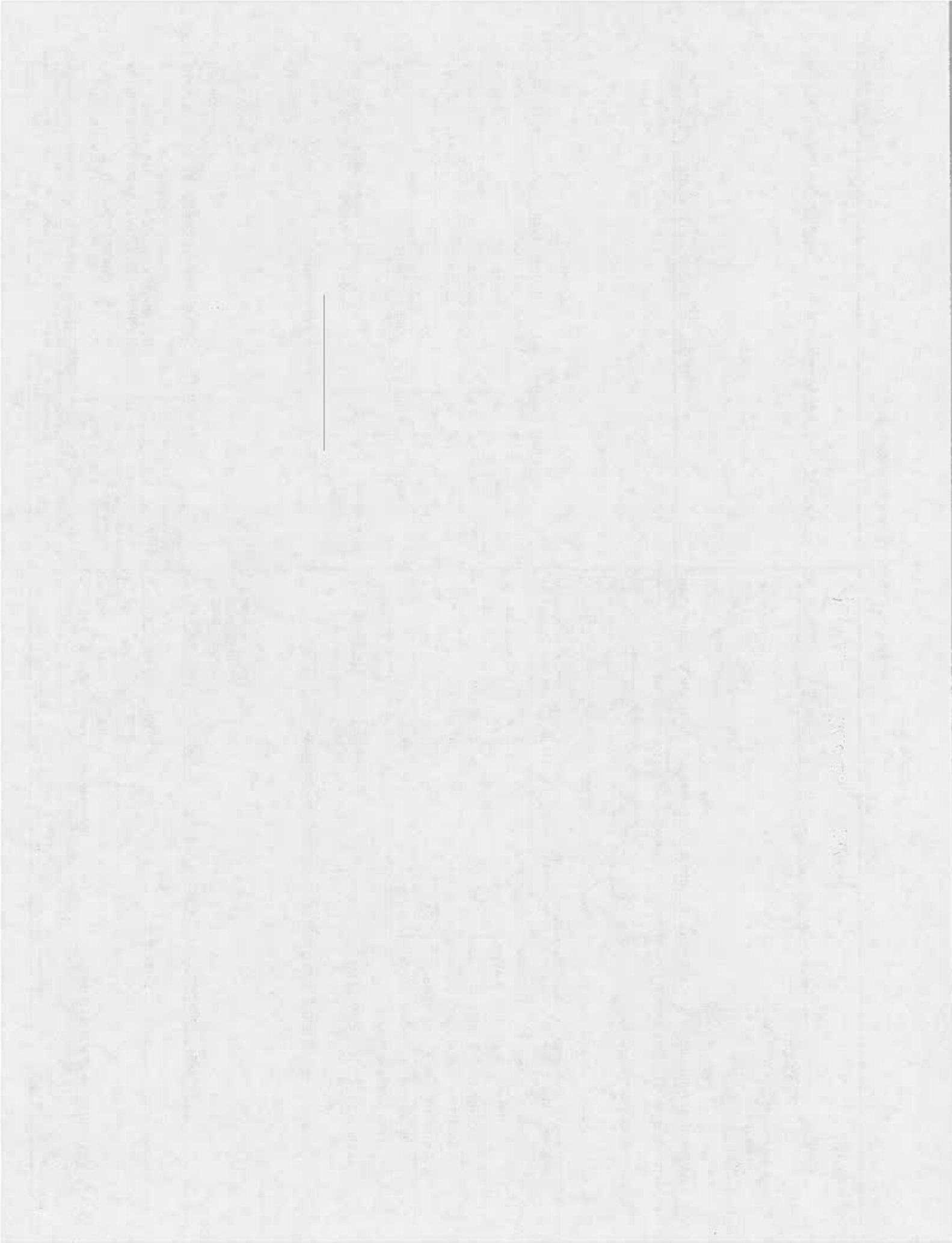
NOTE: International shipments may require certification by an accredited veterinarian.

SIGNATURE OF ISSUING VETERINARIAN

DATE

Jenna Blake, DVM

01/24/2020



Soot Mocha Cocoa Coal

SC FORM 149 (REV. 6/05)

STATE OF SOUTH CAROLINA
COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

☒ CANINE ☐ FELINE

NO. A 109222

Consignor Patricia Dukes

Consigned To [Signature]

Address 180 Monarch Road

Destination [Signature]

Swansea SC 29160

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
8w	M	Lab Mix Black	01/28/2020	70 Young
8w	M	Lab Mix Black	01/28/2020	70 Young
8w	M	Lab Mix Black	01/28/2020	70 Young
8w	M	Lab Mix Brown	01/28/2020	70 Young

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

STATE VET USE ONLY

NAME OF ACCREDITED VETERINARIAN (PRINT)	ADDRESS OF ACCREDITED VETERINARIAN	DATE
Rebecca C. Allen, DVM	1330 Omarest Drive Columbia, SC 29210	01/28/2020
SIGNATURE OF ACCREDITED VETERINARIAN	TELEPHONE	ACCRED. #
Rebecca C. Allen, DVM	803-772-8411	029589

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

Tazzy (Mini)

SC FORM 149 (REV. 6/05)

STATE OF SOUTH CAROLINA
COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

☒ CANINE ☐ FELINE

NO. A 109242

Consignor Patricia Dukes

Consigned To [Signature]

Address 180 Monarch Rd

Destination [Signature]

Swansea SC 29160

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
1yr	F	Lab Mix Yellow	01/28/2020	23972-19
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/

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

STATE VET USE ONLY

NAME OF ACCREDITED VETERINARIAN (PRINT)	ADDRESS OF ACCREDITED VETERINARIAN	DATE
Rebecca C. Allen, DVM	1330 Omarest Drive Columbia, SC 29210	01/28/2020
SIGNATURE OF ACCREDITED VETERINARIAN	TELEPHONE	ACCRED. #
Rebecca C. Allen, DVM	803-772-8411	029589

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

DO NOT STAPLE

SUBMIT WITHIN 7 DAYS OF DATE ISSUED

STATE OF SOUTH CAROLINA

COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

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

No. A 256619

Origin Contact Holly WiseDestination Contact Monmouth SPCAOrigin Address 1407 Jonesville Hwy Union SC 29379Destination Address 200 Wall St Eatontown NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
12wk	F	Hershey Bk/Wht Boxer X	Too	Young
12wk	F	Chunk Red/Wht Boxer X	Too	Young
12wk	F	Biscuit Bk/Wht Boxer X	Too	Young

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

STATE VET USE ONLY

NAME OF ACCREDITED VETERINARIAN (PRINT)

ADDRESS OF ACCREDITED VETERINARIAN

DATE

Douglas P Seif1312 Spinkney St
Union SC 293791-31-20

SIGNATURE OF ACCREDITED VETERINARIAN

TELEPHONE

FEDERAL ACCRED. #

[Signature]864 427-3177030307

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

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

Onyx Toffy Ebony Raven

SC FORM 149 (REV. 6/05)

STATE OF SOUTH CAROLINA

COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

☒ CANINE ☐ FELINE

NO. A 109224

Consignor Patricia DukesConsigned To Project Safe PetAddress 180 Monarch RoadDestination Monmouth County SPCASwansea SC 29160200 Wall St Eatontown NJ 07724

AGE	SEX	DESCRIPTION - BREED	RABIES VACCINE ADMINISTERED	
			DATE	TAG NUMBER
8wks	F	Lab Mix black	01/28/20	too young
8wks	F	Lab Mix brown	01/28/20	too young
8wks	F	Lab mix black	01/28/20	too young
8wks	F	Lab Mix black	01/28/20	too young

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

STATE VET USE ONLY

NAME OF ACCREDITED VETERINARIAN (PRINT)

ADDRESS OF ACCREDITED VETERINARIAN

DATE

Rebecca C Allen, DVM1330 Omar Est Drive
Columbia SC 2921001/28/2020

SIGNATURE OF ACCREDITED VETERINARIAN

TELEPHONE

ACCRED. #

Rebecca C. Allen, DVM803-772-8411029589

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