MISSISSIPPI BOARD OF ANIMAL HEALTH
CERTIFICATE FOR INTERSTATE MOVEMENT
FOR SMALL ANIMALS

№ 228285

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

WNER

ast Name	First	Middle Initial	Phone No.
Troxler, Jean	St Charles Parish Animal Shelter		985-783-5010

ddress (Street or RFD)	City	Zip Code	County
315 Martin Rd	Summit	39106	Pike

NIMAL DESCRIPTION

g No.	Breed	Color	Sex	Age Years	Name
	Mixed	Red/Blk	M	9 Mos	Jackster

ACCINE USED

anufacturer	Serial No.	Live ☐ CEO ☐ TC	Killed ☐ TC ☐ Murine ☐ Caprine

accination Date Not old enough for Rabies By _____ D.V.M. _____ Miss. License Number

This Rabies Vaccination Expires _____

ONSIGNEE

ast Name	First	Middle Initial	Phone No.
Harrington, Colleen	St. Hubert's Animal Welfare		973-377-2291

ddress (Street or RFD)	City	State	Zip Code
575 Woodland Ave.	Madison	NJ	07940

his is to certify that this animal was examined by me and is sufficiently healthy for shipment on the date. To my knowledge, this animal has not been exposed to rabies and did not iginate from a rabies quarantined area.

[signature] D.V.M.	2/5/2010	601-469-4362	32164
Licensed Veterinarian	Date	Phone	National Accreditation Number

OWNER FOR TRANSPORTING ANIMAL

MISSISSIPPI BOARD OF ANIMAL HEALTH
CERTIFICATE FOR INTERSTATE MOVEMENT
FOR SMALL ANIMALS

№ 228286

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

OWNER

Last Name	First	Middle Initial	Phone No.
Traylor,	Jean	St. Charles Parish AS	985-783-501

Address (Street or RFD)	City	Zip Code	County
315 Martin Rd.	Summit	39666	Pike

ANIMAL DESCRIPTION

Tag No.	Breed	Color	Sex	Age Years	Name
	Mixed	Red/wht	F	9 Months	Jill

VACCINE USED

Manufacturer	Serial No.	Live	Killed		
		☐ CEO ☐ TC	☐ TC	☐ Murine	☐ Caprine

Vaccination Date / Not old enough for Rabies By / D.V.M. / Miss. License Number

This Rabies Vaccination Expires

CONSIGNEE

Last Name	First	Middle Initial	Phone No.
Harrington.	Colleen,	St. Hubert's Animal Welfare	973-377-

Address (Street or RFD)	City	State	Zip Code
575 Woodland Ave.	Madison	NJ	Ctr 07940

This is to certify that this animal was examined by me and is sufficiently healthy for shipment on the date. To my knowledge, this animal has not been exposed to rabies and did not originate from a rabies quarantined area.

Licensed Veterinarian / D.V.M. / Date 2/5/2020 / Phone 601-469-4362 / National Accreditation Number 32164

OWNER FOR TRANSPORTING ANIMAL

MISSISSIPPI BOARD OF ANIMAL HEALTH
CERTIFICATE FOR INTERSTATE MOVEMENT
FOR SMALL ANIMALS

BOX 3889, Jackson, MS 39207– Ph. 601/359-1170

NO 185510

OWNER

Last Name	First	Middle Initial	Phone No.
St Charles Animal Shelter			985 [illegible]

Address (Street or RFD)	City	Zip Code	County
311 [illegible] Rd	Summit MS	39666	Pike

ANIMAL DESCRIPTION

Tag No.	Breed	Color	Sex	Age Yrs.	Mos.	Name
057948	Shepard	Blk	N(N)	8		Sonic

VACCINE USED

Manufacturer	Serial No.	Live	Killed
Zoetis	3508930	☐ CEO ☐ TC	☑ TC ☐ Murine ☐ Caprine

Vaccination Date 1/4/20 By Brenda [illegible] D.V.M. 1097 Miss. License Number

HWT-NVL 1/30 D2A2 PCVV [illegible] 1/7 1/15 DLV

This Rabies Vaccination Expires

CONSIGNEE

Last Name	First	Middle Initial	Phone No.
St Huberts	Animal Welfare Center		973 277 729

Address (Street or RFD)	City	State	Zip Code
575 Woodlawn Ave	Madison NJ		07940

This is to certify that this animal was examined by me and is sufficiently healthy for shipment on the date. To my knowledge, this animal has not been exposed to rabies and did not originate from a rabies quarantined area.

[signature] D.V.M. 2/7/20 601 [illegible] 1097

Licensed Veterinarian Date Phone Miss. License Number

OWNER FOR TRANSPORTING ANIMAL

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; 9 C.F.R. 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).

1. TYPE OF ANIMAL SHIPPED (select one only): [x] Dog [ ] Cat [ ] Other ____ [ ] Nonhuman Primate [ ] Ferret [ ] Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS: 3 Three

4. PAGE 1 of 1

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)
St. Charles Parish Animal Shelter
3115 Martin Rd.
Summit, MS 39666
Jason Troxler (985-783-5010)

USDA License/Dealer Registration Number (if applicable)

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)
St. Huberts Animal Welfare Center
Izzy Harrington (973-377-2229)
543 Woodland Ave.
Madison, NJ 07940

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)	Angel	poodle/maltese	9y.	Fe	white
(2)	Izzy	poodle/maltese	6y.	M/N	white
(3)	Smiley	Shep. mix	4m	M	tricolor
(4)					
(5)					
(6)					

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION: [x] 1 YEAR [ ] 2 YEARS [ ] 3 YEARS

	Vaccination Date	Product	Date	Product Type and/or Results
(1)	2-4-20	Imeab lot 32162	1-10-20	DA2LPPL4 + Bordatella 4DX (
(2)	2-4-20	Imeab lot 32163	1-10-20	DA2LPPL4 + Bordatella 4DX (
(3)	2-7-20	Imeab lot 32160	1-27-20	DA2LPPL4 + Bordatella HW (
(4)				
(5)				
(6)				

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)
(1) Bad teeth

See individual records for treatment and other items.

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.

[x] 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.

[x] 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
Coast Veterinary Hospital
3401 Hewes Avenue
Gulfport, MS 39507
(228) 864-7122

LICENSE NUMBER AND STATE: MS 941

Accredited [x] Yes [ ] No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER: 043348

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

SIGNATURE OF ISSUING VETERINARIAN: Dr. Jacqueline L. Rhoades
DATE: 2-7-20

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

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

LOUISIANA CERTIFICATE OF VETERINARY INSPECTION

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

Certificate Number 72-2525-15810 2124

ENTRY PERMIT #:

INSPECTION DATE: 02/06/2020 | SHIPMENT DATE: 02/08/2020 | ○ Large Animal ◉ Small Animal

CONSIGNOR - Contact Person at Origin

First Name: Jena | Last Name: Troxler | AND/OR
Business Name: St Charles Parish Animal Shelter
Physical Address of Animals: 921 Deputy Jeff G Watson Drive
City: Luling | State: LA | Zip Code: 70070 | County: St. Charles
Phone Number: (985) 783-5010 | Location ID#:
Consignor's Address (if different):

CONSIGNEE - Contact Person at Destination

First Name: Colleen | Last Name: Harrington | AND/OR
Business Name: St Huberts Animal Welfare Society
Physical Address of Animals: 575 Woodland Avenue
City: Madison | State: NJ | Zip Code: 07940 | County:
Phone Number: (973) 377-2293 | Location ID#:
Consignee's Address (if different): | ☐ Print Reconsigned

CARRIER (Transporter)

Business Name: Wings Of Rescue
Physical Address: 40363 Camino El Destino
City: Indio | State: CA | Zip Code: 92203 | Phone Number: (310) 896-8343
Transport Method: Air | Purpose of Movement: Pet
[X] Interstate ☐ Intrastate

Weather Acclimation Statement

SPECIES	# OF ANIMALS	DESCRIPTION / BREED / MICROCHIP	AGE		SEX	RABIES VACC DATE	RABIES BOOSTER DUE	RABIES TAG NUMBER	RABIES SERIAL NUMBER	OTHER TESTS, VACCINATIONS/TREATMENT. PLEASE LIST DATE & PRODUCT USED
Canine	1	MYA/DACHSHUND MIX/982000410248099	5	Y	F	1/31/2020	1/31/2021	012527	385356B	DHLPP (1/24/20), DHLPP (2/7/20), BORDETELLA (1/31/20), FECAL (-) (1/31/20)
Canine	1	TESSA/SMALL MIX BREED/982126055144902	7	M	F	2/4/2020	2/4/2021	012532	385356B	DHLPP (1/27/20), BORDATELLA (1/28/20), FECAL (-) (2/4/20)
Canine	1	QUEEN/BULLY MIX/982000411763664	4	M	F	2/3/2020	2/3/2021	012530	385356B	DHLPP (1/10/20), DHLPP (1/28/20), BORDETELLA (1/10/20), FECAL (-) (1/28/20)
Canine	1	PANDA/BULLY MIX/982000411768085	5	M	F	2/3/2020	2/3/2021	012529	385356B	DHLPP (1/17/20), DHLPP (1/31/20), BORDETELLA (2/4/20), FECAL (-) (2/3/20)
Canine	1	PENNY/BULL DOG MIX/982126055145101	9	M	F	2/4/2020	2/4/2021	012533	385356B	DHLPP (1/24/20), DHLPP (2/7/20), BORDETELLA (1/28/20), FECAL (-) (2/3/20)
TOTAL	5									

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

2/6/2020
DATE

SIGNATURE

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 02/06/2020 | Printed Name Jena Troxler, Dvm | Phone (985) 783-5010 | Email jtroxler@stcharlesgov.net
Address 921 Deputy Jeff G. Watson Dr. | City Luling | State LA | Zip 70070
USDA Accreditation # 0 3 5 7 5 8 | State of License LA | License # 0 0 0 2 5 2 5

Signature **Jena Troxler**
Digitally signed by Jena Troxler
Date: 2020.02.06 12:02:19 -06'00'

CERTIFICATE AND CERTIFICATE # OFFICIAL AFTER DIGITALLY SIGNED

Version 3.2

Certificate Signed by: Jena Troxler, Dvm

AL-S 0048294

SMALL ANIMAL

HEALTH CERTIFICATE

STATE OF ALABAMA
Department of Agriculture and Industries
Animal Industry Division
1445 Federal Drive
Montgomery, Alabama 36107

Date Issued 2/6/20

CONSIGNOR OR SHIPPER Sylacauga Animal Shelter

CONSIGNEE OR PURCHASER St. Huberts Animal Welfare

ORIGIN Sylacauga, AL 35150

DESTINATION Madison, NJ 07940

COMPLETE PHYSICAL ADDRESS FOR CONSIGNOR
1212 Wynette Rd

COMPLETE PHYSICAL ADDRESS FOR CONSIGNEE
575 Woodland Ave

DESCRIPTION OF ANIMALS

Species	Breed	Sex	Age	Color or Markings	Rabies Tag No.
Canine	Terrier	F	4yr	White/Black (Florence)	201277
Canine	Terrier	F	4mos	Brown (Freida)	201215
Canine	Lab	M	9mos	Black (Smokey)	201214
Canine	Lab Mix	M	1yr	Black/Tan (Klipper)	201255

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV - K	2/6/20
DHLP	MLV - K	
FVRCP	MLV - K	
OTHER		

APPROVED BY:

I hereby certify that I have examined the above animal(s) and find it to be free of any symptoms of communicable disease. To my knowledge this animal(s) has not been exposed to rabies.

Accredited Veterinarian Kevin P. Moulin, DVM

Printed Signature Kevin P. Moulin

Telephone No. 256-378-7066

Veterinary Accreditation No. 020047

Address 1440 Coosa Pines Dr
Childersburg, AL 35044

Interstate Shipments:
original-accompany shipment, canary-State Veterinarian, pink-State Veterinarian, goldenrod-Issuing veterinarian

Foreign Shipments: original, canary and pink for USDA APHIS Veterinary Services 1445 Federal Drive, Montgomery, AL 36107-1123 goldenrod-Issuing veterinarian

AL-S 0048294

SMALL ANIMAL

HEALTH CERTIFICATE

STATE OF ALABAMA
Department of Agriculture and Industries
Animal Industry Division
1445 Federal Drive
Montgomery, Alabama 36107

Date Issued 2/6/20

CONSIGNOR OR SHIPPER Sylacauga Animal Shelter CONSIGNEE OR PURCHASER St. Huberts Animal Welfare

ORIGIN Sylacauga, AL 35150 DESTINATION Madison, NJ 07940

COMPLETE PHYSICAL ADDRESS FOR CONSIGNOR 1212 Wynette Rd

COMPLETE PHYSICAL ADDRESS FOR CONSIGNEE 575 Woodland Ave

DESCRIPTION OF ANIMALS

Species	Breed	Sex	Age	Color or Markings	Rabies Tag No.
Canine	Terrier	F	1yr	White/Black (Florence)	201271
Canine	Terrier	F	11mos	Brown (Freida)	201215
Canine	Lab	M	9mos	Black (Smokey)	201214
Canine	Lab Mix	M	1yr	Black/Tan (Klipper)	201255

VACCINATION DATA

	TYPE (Circle One)	Date
Rabies	MLV - K	2/6/20
DHLP	MLV - K	
FVRCP	MLV - K	
OTHER		

APPROVED BY:

I hereby certify that I have examined the above animal(s) and find it to be free of any symptoms of communicable disease. To my knowledge this animal(s) has not been exposed to rabies.

Accredited Veterinarian Kevin P. Moulin DVM

Printed Signature Kevin P. Moulin

Telephone No. 256-378-7066

Veterinary Accreditation No. 020047

Address 1440 Cobb Pines Dr Childersburg, AL 35044

Interstate Shipments:
original-accompany shipment, canary-State Veterinarian, pink-State Veterinarian, goldenrod-Issuing veterinarian

Foreign Shipments: original, canary and pink for USDA APHIS Veterinary Services 1445 Federal Drive, Montgomery, AL 36107-1123 goldenrod-Issuing veterinarian

487878

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

Date Issued 2/4/20
Expiration 30 days after issuance

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

Owner Monroe County Animal Shelter
Address 170 Hefauver Ln
City Madisonville
State TN
Telephone No. 423-442-1015

Consignee St. Hubert's Animal Welfare
Address 575 Woodward Ave
City Madison
State NJ Zip Code 07940
Telephone No. 973-377-2295

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #	
Canine	~~Fin~~ Shasta	F	mix breed	3yr	blk/wh	—	054848	11/
Canine	Shadow	F	Shep mix	1yr	blk/tan	—		2/4
Canine	Butterscotch	F	Shep mix	1yr	Cream	—		2/4
Canine	Blossom	F	mt cur	1yr	brindle	—	035151	1/2

Remarks all rabies vaccines given by licensed veterinarian

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

Vaccination Data				
Manufacturer	Serial #	Exp.	Type	Date
Zoetis/Merck	3508918	10/20/20	K	11/13/19
Zoetis/Merck	3606861	01/20/21	K	1/21/20
Zoetis/Merck	3606861	01/12/21	K	2/4/20

Accredited Veterinarian Angela Barry
Type or Print
Vet Code 023382

Signature Angela B

Address P.O. Box 89
City Colon Creek State TN zip 37314
Email Address drs-Barry@hotmail.com
Telephone: 423-404-8241

Distribution:

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

AG-0059 (Rev. 02/15)

RDA's pending

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

461204

Date Issued 1/24/19
Expiration 30 days after issuance

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

Owner Humphrey's Co Humane
Address 112 Hwy Road
City Waverly
State TN
Telephone No. 931 296 7319

Consignee St Hubert's Animal
Address 575 Woodland Dr.
City Madison
State NJ Zip Code
Telephone No. 973-377-2295

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #
Canine	Ellie	lab mix	F	14W	Black		624509
Canine	TRUS	border collie mix	M	13W	Tri-color		624510
Canine	Arnold	collie mix	M	13W	white/gray		624511
Canine	Diana	collie mix	F	13W	Black/white		624512
Canine	Cordoso	collie mix	F	13W	Black/white		624513
Canine	Heidi	collie mix	F	13W	Black/white		624514
Canine	Athena	collie mix	F	13W	Black/white		624515
Canine	Bossy	collie mix	F	13W	Tan		624516
Canine	Diva	mix	F	3y	Merlemo		624517
Canine	Baker	coon hound	MN	4y	Tri-color		624518
Canine	Tootsie	Hound	F	8m	Black/white		624519

Remarks eyes and ears clear

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

Vaccination Data				
Manufacturer	Serial #	Exp.	Type	Date
Novibac	311623	2/25/20	killed	2/7/20

Accredited Veterinarian Michael Boley
Vet Code 059015
Type or Print

Signature

Address 310 Highway 141 N
City Camden State TN zip 38320
Email Address vetwork310@gmail
Telephone: 731 213 2555

Distribution:

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

AG-0059 (Rev. 02/15)

RDA's pending

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

461203

Date Issued 12/7/20
Expiration 30 days after issuance

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

Owner: Humphreys Co Humane
Address: 112 Young Rd
City: Waverly
State: TN
Telephone No.: 931-296-7319

Consignee: St. Huberts Animal
Address: 575 Lindland Dr.
City: Madison
State: NJ Zip Code: 07940
Telephone No.: 973-377-2295

Species	Name	Breed	Sex	Age	Color & Markings	Micro chip ID	Rabies Tag #
Canine	Hanklin	catahoula	m	2y	Brown/white		624520
Canine	Fredrick	catahoula	m	1y	Tri-color		624521
Canine	Franny	Collie	F	1y	yellow/white		624522
Canine	Francine	catahoula	F	1y	Tan/White		624523
Canine	Kicker	lab mix	m	14W	Black		624524
Canine	Moser	lab mix	m	14W	Black		624525
Canine	Harlin	lab mix	m	14W	Black		624526
Canine	Max	lab mix	m	14W	Black		624527
Canine	Blue	lab mix	m	14W	Black		624528
Canine	Duke	lab mix	m	14W	Black		624529
Canine	Sadie	lab mix	F	14W	Black		624530

Remarks: eyes and ears clear

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

Vaccination Data				
Manufacturer	Serial #	Exp.	Type	Date
Novivac	311623	2/20	Killed	2/7/20

Accredited Veterinarian: Michael Brown
Vet Code: 059015
Type or Print

Signature:

Address: 310 Highway 641 N
City: Camden State: TN zip: 38320
Email Address: Vetwork310@gmail
Telephone: 731-213-2555

Distribution:

Interstate Shipments

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

AG-0059 (Rev. 02/15)

RDA's pending

SMALL ANIMAL CERTIFICATE OF VETERINARY INSPECTION

KENTUCKY DEPARTMENT OF AGRICULTURE

Office of the State Veterinarian

109 Corporate Drive, Frankfort, KY 40601 Phone (502) 573-0282, Option 3 Fax (502) 573-1020

SA- 323114

Kentucky Consignor	Animal Consigned To:
Menifee Co. Animal Shelter	St Huberts Animal Welfare Ctr.
Ky. Origin Address: / City / State / ZIP: 381 Little League Lane Frenchburg KY 40322	Destination Address: / City / State / ZIP: 575 Woodland Rd #159 Madison NJ 07940
Telephone: 606 768 9368 / Email: menifeeshelter@gmail.com	Telephone: 973 377 2295 / Email:
Owner Address (if different): / City / State / ZIP:	Consignee Address (if different): / City / State / ZIP:

Species: [X] Canine [ ] Feline [ ] Avian [ ] Other

Reason for movement: [ ] Traveling w/Owner [ ] Exhibition [ ] Sale [ ] Other Adoption

Transported by: [✓] Car [ ] Air [ ] Rail [ ] Truck Number of animals on this CVI 5 Number of days this CVI is valid: 30 days

Animal's Name/ID	Breed	Age	Sex	Color	Date of Rabies Vaccination	Type of Vaccine	Other Vaccinations
BJ	Shep/Husky	14wks	M	brn/w	2/14/20	killed	Other vaccines given by shelter
Peanut	"	14wks	M	brn/w	2/14/20	↓	↓
Molly	"	14wks	F	brn/w	2/14/20	↓	↓
Chrise	Shep x	11wks	M	brn/w	N/A	N/A	↓
Chloe	Shep x	11wks	F	brn/w	N/A	N/A	↓

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 (unless permitted by OSV). 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.

Date 2/17/20 Veterinarian's Signature Joe Anderson Printed Name JOE ANDERSON Accreditation Number 012752

Clinic Name Bath Vet Clinic Address 9 N W Hwy 36

City, State, ZIP Owingsville, KY 40360 Phone 606 674 6692 Email bathvetclinic@ruralstream.net

KYSV-74 Rev 8/16 *White* – KDA Office of State Veterinarian *Canary* – Owner *Pink* – State of Destination *Goldenrod* – Issuing Veterinarian

SMALL ANIMAL CERTIFICATE OF VETERINARY INSPECTION

KENTUCKY DEPARTMENT OF AGRICULTURE

Office of the State Veterinarian

109 Corporate Drive, Frankfort, KY 40601 Phone (502) 573-0282, Option 3 Fax (502) 573-1020

Kentucky Proud

SA- 323113

Kentucky Consignor	Animal Consigned To:
Menifee Co. Animal Shelter	St. Huberts Animal Welfare Ctr.
Ky. Origin Address: City State ZIP	**Destination Address:** City State ZIP
381 Little league lane Frenchburg KY 40322	575 Woodland Rd #159 Madison NJ 07940
Telephone Email	**Telephone** Email
606 768 9368 menifee shelter@gmail.com	973 377 2295
Owner Address (if different): City State ZIP	**Consignee Address (if different):** City State ZIP

Species: ☒ Canine ☐ Feline ☐ Avian ☐ Other

Reason for movement: ☐ Traveling w/Owner ☐ Exhibition ☐ Sale ☒ Other Adoption

Transported by: ☒ Car ☐ Air ☐ Rail ☐ Truck Number of animals on this CVI 5 Number of days this CVI is valid: 30 da

Animal's Name/ID	Breed	Age	Sex	Color	Date of Rabies Vaccination	Type of Vaccine	Other Vaccinations
Tyson	boxer	2yrs	M		2/12/20	Killed	hw neg 2/12/20 other V [illegible] Shelter
Mollie	bc x	1yr	F		2/12/20	↓	hw neg 2/12/20
Eva	coonhound	1-2yrs	F		2/12/20	↓	hw neg 2/12/20
Mya	heeler x	1yr	FS		1/27/20	↓	hw neg 1/27/20
Sam	[illegible]	14wks	M		2/14/20	↓	↓

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 (unless permitted by OSV). 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.

Date 2/17/20 Veterinarian's Signature Joe Anderson DVM Printed Name Joe Anderson Accreditation Number 012752

Clinic Name Bath Vet Clinic Address 918 W Hwy 36

City, State, ZIP Owingsville KY 40360 Phone 606 6746692 Email bathvetclinic@windstream

KYSV-74 Rev 8/16 *White* – KDA Office of State Veterinarian *Canary* – Owner *Pink* – State of Destination *Goldenrod* – Issuing Veterinarian

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 2-17-2020

CONSIGNOR Sierra's Haven
ADDRESS 80 Easter Drive Portsmouth, O.H. 45662

CONSIGNEE St. Huberts AWC
ADDRESS 575 Woodland Ave. Madison NJ 07940

SPECIES	BREED	SEX	AGE	COLOR & MARKINGS		RABIES VAC DATE	RABIES TAG NO.
K-9	Boxer Mix	m	4yrs	Brown white,	Tarley	6/28/19	773264
K-9	Lab Shep,	F	7yrs	Black white	Lizzie	1/31/2020	872344
K-9	Shep mix	m	2yrs	Tan	Buddy	12/05/19	773263

OTHER VACCINATIONS

_____, Date _____

_____, Date _____

UTD

_____, Date _____

_____, Date _____

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."

_____
Licensed Veterinarian

101 Bielly Rd.
Address
Portsmouth, OHIO 45662

Agr-0259 (Rev. 5/02)

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. 21.43.9; 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

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

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

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS (5) Five

4. PAGE 1 of 1

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)
St Charles Parish Animal Shelter
3115 Martin Rd
Summit MS 39666
Jem Traxler 985-783-5010

USDA License/or Registration Number (*if applicable*)

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)
St Hubert's Animal Welfare Center
515 Woodland Avenue
Madison NJ 07940
Tzzt Harrington 973-377-2297

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) Sassy	Hound X	3m	F	Tan/Bl
(2) Rose	Hound X	3m	F	Tan/Wh
(3) Bowzer	Schnauzer	14y	M	Grey
(4) Sander	Lab X	8w	M	Bl/Wh
(5) Samson	Lab X	8w	M	Wh/Bl
(6)				

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION ☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS

Vaccination Date	Product	Date	Product Type and/or Results
2/20/2020			
2/20/2020			
1/30/2020	See Individual Records		

OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)
all have had one dose of DA2PPC.
Different due dates on some to boost.
(3) has had Rabies (1) + (2) also.

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

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN
Dr Jacqueline Broome

Coast Veterinary Hospital
3401 Hewes Avenue
Gulfport, MS 39507
(228) 864-7122

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

LICENSE NUMBER AND STATE
MS 941

Accredited ☒ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
USDA 043348

SIGNATURE OF ISSUING VETERINARIAN Dr Jacqueline L. Broome, DVM

DATE 2/20/2020

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

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 038343

☐ Interstate Shipment ☐ Exhibition ☐ Sales Date 2/22/20

Owner: St. Bernard Parish Animal Services
Consignee: St. Hubert's Animal Welfare
Address: 5455 E. Judge Perez, Violet, LA
Destination: 570 Woodland Ave, Madison, NJ 07940

DESCRIPTION OF ANIMALS

SPECIES	BREED	SEX	AGE	COLOR OR MARKINGS	TAG NO.
K-9	Lab/Husky	F	3mo	~~Pixie~~ Dixie White	43790608
K-9	Lab/Husky	F	3mo	Dixie White	43790603
K-9	Wire Terr	F	1yr	Frankie White	43718382
K-9	Lab	F	1yr	Cosa Blk	43684186
K-9	Lab	F	1yr	Blanca Blk	43684195

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

Address: 5455 E Judge Perez, Violet, LA 70092

Please Print Name of Veterinarian: Paige Massey, DVM

Veterinarian Code No. 5124

AHS-24-74 (r.1/17) WHITE - Accompany Animal GREEN, CANARY - La. State Veterinarian (Interstate Shipment Only) PINK - Veterinarian GOLDENROD - Owner

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 038346

☐ Interstate Shipment ☐ Exhibition ☐ Sales Date 2/22/20

Owner: St. Bernard Parish Animal Services
Consignee: St. Hubert's Animal Welfare
Address: 5455 E. Judge Perez, Violet, LA
Destination: 575 Woodland Ave, Madison, NJ 07940

DESCRIPTION OF ANIMALS

SPECIES	BREED	SEX	AGE	COLOR OR MARKINGS	TAG NO.
K-9	Shih tzu	M	9mo	Reggie B/W	43767285
K-9	Pit X	F	4mo	Indie B/W	43767734
K-9	Wire Terr	F	8yr	Freddy W/T	43718368
K-9	Pug X/Shih Tzu	M	2yr	Drake T	43790514
K-9					

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

Address: 5455 E. Judge Perez, Violet, La 70092

Please Print Name of Veterinarian: Paige Massey

Veterinarian Code No.: 5124

AHS-24-74 (r.1/17) WHITE - Accompany Animal GREEN, CANARY - La. State Veterinarian (Interstate Shipment Only) PINK - Veterinarian GOLDENROD - Owner

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

LOUISIANA CERTIFICATE OF VETERINARY INSPECTION

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

Certificate Number
72-2525-1582135737

ENTRY PERMIT #:

INSPECTION DATE: 02/19/2020 | SHIPMENT DATE: 02/22/2020 | ○ Large Animal ◉ Small Animal

CONSIGNOR - Contact Person at Origin	CONSIGNEE - Contact Person at Destination	CARRIER (Transporter)
First Name: Jena; Last Name: Troxler; AND/OR	First Name: Colleen; Last Name: Harrington; AND/OR	Business Name: Wings Of Rescue
Business Name: St Charles Parish Animal Shelter	Business Name: St Huberts Animal Welfare Society	Physical Address: 40363 Camino El Destino
Physical Address of Animals: 921 Deputy Jeff G Watson Drive	Physical Address of Animals: 575 Woodland Avenue	City: Indio; State: CA; Zip Code: 92203; Phone Number: (310) 896-8343
City: Luling; State: LA; Zip Code: 70070; County: St. Charles	City: Madison; State: NJ; Zip Code: 07940; County:	Transport Method: Air; Purpose of Movement: Pet
Phone Number: (985) 783-5010; Location ID#:	Phone Number: (973) 377-2293; Location ID#:	[X] Interstate [ ] Intrastate
Consignor's Address (if different):	Consignee's Address (if different): [ ] Print Reconsigned	

Weather Acclimation Statement

SPECIES	# OF ANIMALS	DESCRIPTION / BREED / MICROCHIP	AGE		SEX	RABIES VACC DATE	RABIES BOOSTER DUE	RABIES TAG NUMBER	RABIES SERIAL NUMBER	OTHER TESTS, VACCINATIONS/TREATMENT. PLEASE LIST DATE & PRODUCT USED
Canine	1	PEPPER/POODLE/982000411768876	13	Y	F	4/20/2018	2/17/2020	012555	385356B	DHLPP (4/20/2019), BORDETELLA (4/20/19), FECAL (-) (2/16/20
Canine	1	SUZETTE/BEAGLE/982126055146155	7	Y	F	2/13/2020	2/13/2021	013026	385356B	DHLPP (2-13-20), BORDETELLA (2-13-20), FECAL (-) (2-13-20)
TOTAL	2									

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

DATE 2/19/20

SIGNATURE Jena Troxler

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 02/19/2020 | Printed Name Jena Troxler Dvm | Phone (982) 783-5010 | Email jtroxler@stcharlesgov.net
Address 921 Deputy Jeff G Watson Dr | City Luling | State LA | Zip 70070
USDA Accreditation # 0 3 5 7 5 8 | State of License LA | License # 0 0 0 2 5 2 5

Signature **Jena Troxler**
Digitally signed by Jena Troxler
Date: 2020.02.19 12:09:07 -06'00'

CERTIFICATE AND CERTIFICATE # OFFICIAL AFTER DIGITALLY SIGNED

Version 3.2

Certificate Signed by: Jena Troxler Dvm Date 02/19/2020 **Certificate is only valid for 30 days from inspection.**