

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036 and 0579-0033. The time required to complete this information collection is estimated to average .25 h out of 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 for regulation shall be delivered to any interstate 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  
0579-0033

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

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

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

Valley River Humane Society  
7450 US Hwy 19  
Marble, NC 28905

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

St. Huberts Rescue  
575 Woodland Ave  
Madison, NJ 07940

1. TYPE OF ANIMAL SHIPPED (select one only)

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

3. TOTAL NUMBER OF ANIMALS

12

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

4. PAGE

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) Dom                                            | Rhodesian Ridgeback/Mastiff       | 3y1m | M/N | red                                     |
| (2) A.J.                                           | Labrador Retriever/Mix            | 2y   | M/N | red                                     |
| (3) Beu                                            | Labrador Retriever/Mix            | 1y   | M/N | black/white                             |
| (4) Puddles                                        | Hound/Mix                         | 3y7m | F/S | white brindle                           |
| (5) James                                          | Labrador Retriever/Mix            | 6m   | M/N | black/white                             |
| (6) Nova                                           | Husky/Shepherd                    | 2y3m | F/S | black/cream                             |

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

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

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

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

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

ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)

PRINTED NAME OF USDA VETERINARIAN

Dr. 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

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

John H Cranford DVM 2/28/20



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

OMB APPROVED  
0579-0036  
0579-0333

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
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FOR SMALL ANIMALS

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Marble, NC 28905

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)  
St. Hubert's Rescue  
675 Woodland Ave  
Medford, 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) Foxy                                           | Hound/Mix                         | 2y   | F/S | black                                   |
| (2) Alexa                                          | Hound/Mix                         | 9m   | F/S | chocolate/white                         |
| (3) Smokey Joe                                     | Hound/Mix                         | 1y6m | MAN | black/brown                             |
| (4) Ella                                           | Cur/Mix                           | 8m   | F   | tan/dk overlay                          |
| (5) Philly                                         | Felst/Mix                         | 1y   | F/S | tan                                     |
| (6) Coral                                          | Hound/Felst                       | 3y   | F/S | brown/white                             |

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"/> 1 YEAR <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS |         |                                                         |                             |
| 02/27/2020                                                                                                   | Rabies  | 02/28/2020                                              | DHPP/Bordetella             |
| 01/30/2020                                                                                                   | Rabies  | 02/13/2020                                              | DHPP/Bordetella             |
| 02/18/2020                                                                                                   | Rabies  | 02/28/2020                                              | DHPP/Bordetella             |
| 02/20/2020                                                                                                   | Rabies  | 02/19/2020                                              | DHPP/Bordetella             |
| 02/20/2020                                                                                                   | Rabies  | 02/22/2020                                              | DHPP/Bordetella             |
| 02/18/2020                                                                                                   | Rabies  | 02/28/2020                                              | DHPP/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).

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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.

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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

SIGNATURE OF ISSUING VETERINARIAN

DATE



SMALL ANIMAL

HEALTH CERTIFICATE

AL-S 0048300

STATE OF ALABAMA  
Department of Agriculture and Industries  
Animal Industry Division

1445 Federal Drive  
Montgomery, Alabama 36107

Date  
Issued 01/01/00

Sylacauga Animal

CONSIGNOR OR SHIPPER Shelter

ORIGIN Sylacauga AL 35150

COMPLETE PHYSICAL ADDRESS FOR CONSIGNOR

1010 Myrtle Road

CONSIGNEE OR PURCHASER

DESTINATION Madison MS 39140

COMPLETE PHYSICAL ADDRESS FOR CONSIGNEE

515 Woodland Rd #159

DESCRIPTION OF ANIMALS

| Species | Breed      | Sex | Age      | Color or Markings    | Rabies Tag No. |
|---------|------------|-----|----------|----------------------|----------------|
| Canine  | Chi mix    | M   | 3yr      | Red - Bushy -        | 2001055        |
| Canine  | Lottie mix | M   | 3 month  | Brown/white - Shag - | 2001060        |
| Canine  | Bully mix  | M   | 10 month | Brindle - Sawyer -   | 2001014        |
| Canine  | Lab mix    | F   | 1 year   | Gray - Celeste -     | 2001016        |

VACCINATION DATA

|        | TYPE (Circle One) | Date     |
|--------|-------------------|----------|
| Rabies | MLV - (K)         | 01/01/00 |
| DHLP   | MLV - K           |          |
| FVRCP  | MLV - K           | N/A      |
| 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,

Printed Signature

Telephone No. 256-318-1600

Interstate Shipments:

original-accompany shipment, canary-State Veterinarian, pink-State Veterinarian, goldenrod-testing veterinarian

Veterinary Accreditation No. D20047

Address 1440 Cross Pine Drive

Foreign Shipments:

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

