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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

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 7

4. PAGE 1

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

Project Safe Pet
1379 Morgans Bend
Rock Hill, SC 29732
973-534-7726

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

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) 20-030-Y Stella	West Highland Terrier mix	7y	F	White/cream
(2) 20-030-Y Puppy#1	Terrier Mix	2m	F	Tan
(3) 20-030-Y Puppy #2	Terrier Mix	2m	F	Brown/tan legs
(4) 20-030-Y Puppy #3	Terrier Mix	2m	M	Black/tan wiry
(5) 20-030-Y Puppy #4	Terrier Mix	2m	F	Brown/tan g eye
(6) 20-0230-Y Puppy #5	Terrier Mix	2m	M	Black/tan

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION – Stella only

[X] 1 YEAR [ ] 2 YEARS [ ] 3 YEARS

Vaccination Date	Product	Date	Product Type and/or Results
3-5-2020	Zoetis - Defensor 3	1-29-2020	HW negative
		3-5-2020	Pyrantel for deworming - all puppies

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)

7):
20-030-Y Puppy #6 Terrier mix 2 M Female - black/tan - wirehaired - brown eyes

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.

ENDORSEMENT FOR INTERNATIONAL EXPORT (*IF NEEDED*)

PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

April Stephens, DVM
2445 Ebenezer Rd.
Rock Hill, SC 29732
803-366-1950

LICENSE NUMBER AND STATE
SC: 2924

Accredited [X] Yes [ ] No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
059057

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

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

SIGNATURE OF ISSUING VETERINARIAN **DATE** 3-5-20

APHIS Form 7001
(NOV 2010)

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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

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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

4. PAGE

1

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

Project Safe Pet
1379 Morgans Bend
Rock Hill, SC 29732
973-534-7726

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

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

Monmouth County SPCA
260 Wall Street
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 [X] 1 YEAR [ ] 2 YEARS [ ] 3 YEARS: Vaccination Date	Product	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS: Date	Product Type and/or Results
(1) 20-460-Y Karma	Lab mixed	4m	F	Black	3-5-20	Zoetis Defensor 3	3-5-20	Bordetella IN 1Y, DA2PP 1Y, H3N2 3wk
(2)							3-5-20	Feces positive for roundworms - Dewormed with pyrantel
(3)							3-5-20	Interceptor plus and Simparica
(4)								
(5)								
(6)								

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)

Fecal Positive for Roundworms - dewormed with Interceptor Plus

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.

ENDORSEMENT FOR INTERNATIONAL EXPORT (*IF NEEDED*)

PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

April M. Stephens, DVM
2445 Ebenezer Rd.
Rock Hill, SC 29732
803-366-1950

LICENSE NUMBER AND STATE

2924 SC

Accredited [X] Yes [ ] No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER

059057

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

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE

3-5-2020

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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

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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

4. PAGE

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

Project Safe Pet
1516 Village Harbor Lane
Lake Wylie, SC 29710
973-534-7726

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

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

Monmouth County SPCA
260 Wall Street
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) 20-042-C Misty	Pitbull Mix	1y7m	F	Blonde Brindle
(2) xxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxx	xxxxx	xxxxx	xxxxxxxxxxxxx
(3) 20-022-C Lilo	Pitbull Mix	17wk	FS	Blk/White
(4) xxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxx	xxxxx	xxxxx	xxxxxxxxxxxxx
(5) 20-023-C Alice	Pitbull Mix	17wk	FS	Blk/White
(6) xxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxx	xxxxx	xxxxx	xxxxxxxxxxxxx

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
3/6/2020	ZOE	1/30/2020	DA2PP 1Y, Bord 1Y
xxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxx	2/8/2020	Fecal-nos
2/11/2020	ZOE	3/6/2020	DA2PP 1Y, CIV 1Y
xxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxx	1/25/20	Bord 1Y, Fecal-nos
2/11/2020	ZOE	3/6/2020	DA2PP 1Y, CIV 1Y
xxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxx	1/25/20	Bord 1Y

OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS

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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[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.

ENDORSEMENT FOR INTERNATIONAL EXPORT (*IF NEEDED*)

PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

Lauren M. Cline, DVM
2445 Ebenezer Rd.
Rock Hill, SC 29732
803-366-1950

LICENSE NUMBER AND STATE

SC: 3639

Accredited [X] Yes [ ] No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER

079345

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

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

DATE

SIGNATURE OF ISSUING VETERINARIAN

Lauren Cline

DATE

3/6/2020

APHIS Form 7001
(NOV 2010)

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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

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[X] Dog [ ] Cat [ ] Other_____

[ ] Nonhuman Primate [ ] Ferret [ ] Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS

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

Project Safe Pet
1516 Village Harbor Lane
Lake Wylie, SC 29710
973-534-7726

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

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

Monmouth County SPCA
260 Wall Street
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 [X] 1 YEAR [ ] 2 YEARS [ ] 3 YEARS		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
					Vaccination Date	Product	Date	Product Type and/or Results
(1) 20-042-C Misty	Pitbull Mix	1y7m	F	Blonde Brindle	3/6/2020	ZOE	1/30/2020	DA2PP 1Y, Bord 1Y
(2) xxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxx	xxxxx	xxxxx	xxxxxxxxxxxxx	xxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxx	2/8/2020	Fecal-nos
(3) 20-022-C Lilo	Pitbull Mix	17wk	FS	Blk/White	2/11/2020	ZOE	3/6/2020	DA2PP 1Y, CIV 1Y
(4) xxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxx	xxxxx	xxxxx	xxxxxxxxxxxxx	xxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxx	1/25/20	Bord 1Y, Fecal-nos
(5) 20-023-C Alice	Pitbull Mix	17wk	FS	Blk/White	2/11/2020	ZOE	3/6/2020	DA2PP 1Y, CIV 1Y
(6) xxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxx	xxxxx	xxxxx	xxxxxxxxxxxxx	xxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxx	1/25/20	Bord 1Y

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)

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ENDORSEMENT FOR INTERNATIONAL EXPORT (*IF NEEDED*)

PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

Lauren M. Cline, DVM
2445 Ebenezer Rd.
Rock Hill, SC 29732
803-366-1950

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

LICENSE NUMBER AND STATE

SC 3639

Accredited [X] **Yes** [ ] **No**
If yes, please complete below

NATIONAL ACCREDITATION NUMBER

079345

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

DATE

SIGNATURE OF ISSUING VETERINARIAN

Lauren Cline

DATE

3/6/2020

APHIS Form 7001
(NOV 2010)

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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

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[X] Dog [ ] Cat [ ] Other_____

[ ] Nonhuman Primate [ ] Ferret [ ] Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS

3

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

Project Safe Pet
1516 Village Harbor Lane
Lake Wylie, SC 29710
973-534-7726

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

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

Monmouth County SPCA
280 Wall Street
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 [X] 1 YEAR [ ] 2 YEARS [ ] 3 YEARS		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
					Vaccination Date	Product	Date	Product Type and/or Results
(1) 20-042-C Misty	Pitbull Mix	1y7m	F	Blonde Brindle	3/6/2020	ZOE	1/30/2020	DA2PP 1Y, Bord 1Y
(2) xxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxx	xxxxx	xxxxx	xxxxxxxxxxxxx	xxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxx	2/8/2020	Fecal-nos
(3) 20-022-C Lilo	Pitbull Mix	17wk	FS	Blk/White	2/11/2020	ZOE	3/6/2020	DA2PP 1Y, CIV 1Y
(4) xxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxx	xxxxx	xxxxx	xxxxxxxxxxxxx	xxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxx	1/25/20	Bord 1Y, Fecal-nos
(5) 20-023-C Alice	Pitbull Mix	17wk	FS	Blk/White	2/11/2020	ZOE	3/6/2020	DA2PP 1Y, CIV 1Y
(6) xxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxx	xxxxx	xxxxx	xxxxxxxxxxxxx	xxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxx	1/25/20	Bord 1Y

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)

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ENDORSEMENT FOR INTERNATIONAL EXPORT (*IF NEEDED*)

PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

Lauren M. Cline, DVM
2445 Ebenezer Rd.
Rock Hill, SC 29732
803-366-1950

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

LICENSE NUMBER AND STATE

SC: 3639

Accredited [X] **Yes** [ ] **No**
If yes, please complete below

NATIONAL ACCREDITATION NUMBER

079345

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

DATE

SIGNATURE OF ISSUING VETERINARIAN

Lauren Cline

DATE

3/6/2020

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OMB APPROVED
0579-0036
0579-0333

,ED STATES DEPARTMENT OF AGRICULTURE
,MAL AND PLANT HEALTH INSPECTION SERVICE

,TED STATES INTERSTATE AND INTERNATIONAL CERTIFICATE OF HEALTH EXAMINATION FOR SMALL ANIMALS

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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

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
(973) 534-7726

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

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

Monmouth SPCA
260 Wall Street
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 ☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS: Vaccination Date	Product	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS: Date	Product Type and/or Results
(1) Willie	Terrier Mix	10w	M	white with black spots		too young	02/25/2020	Nobivac Dapp, Bordetella, Fecal- negative
(2) Nellie	Terrier Mix	10w	F	white		too young	02/25/2020	Nobivac Dapp, Bordetella, Fecal- negative
(3) Tillie	Terrier Mix	10w	F	white with black spots		too young	02/25/2020	Nobivac Dapp, Bordetella, Fecal- negative
(4) Billie	Terrier Mix	10w	M	white and black		too young	02/26/2020	Nobivac Dapp, Bordetella, Fecal- hookworms
(5) Millie	Terrier Mix	10w	F	white and grey		too young	02/26/2020	Nobivac Dapp, Bordetella, Fecal- negative
(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

Healthy Pets
1125 N. Anderson Road
Rock Hill, SC 29730
(803) 327-7387
Jenna Blake, DVM

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

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

SIGNATURE OF ISSUING VETERINARIAN

Jenna Blake, DVM

DATE

02/25/2020

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

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 subject to 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. 2143; 9 CFR, Subchapter A, Part 2).

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

4

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
(973) 534-7726

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

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

Monmouth SPCA
260 Wall Street
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 [ ] 1 YEAR [ ] 2 YEARS [ ] 3 YEARS: Vaccination Date	RABIES VACCINATION: Product	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS: Date	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS: Product Type and/or Results
(1) Sam	Pitbull Mix	9w	M	Blonde with white paws		too young	02/25/2020	Nobivac Dapp, Fecal- negative
(2) Harvey	Pitbull Mix	9w	M	Light Cream		too young	02/25/2020	Nobivac Dapp, Fecal- negative
(3) Billy	Pitbull Mix	9w	M	Dark Brindle		too young	02/25/2020	Nobivac Dapp, Fecal- negative
(4) Minnie	Pitbull Mix	9w	F	Tan Brindle		too young	02/25/2020	Nobivac Dapp, Fecal- negative
(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).

[ ] 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

Healthy Pets
1125 N. Anderson Road
Rock Hill, SC 29730
(803) 327-7387
Jenna Blake, DVM

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

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

SIGNATURE OF ISSUING VETERINARIAN

Jenna Blake, DVM

DATE

02/25/2020

APHIS Form 7001
(NOV 2010)

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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

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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

4. PAGE

1

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

Project Safe Pet
1516 Village Harbor Lane
Lake Wylie, SC 29710
973-534-7726

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

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

Monmouth County SPCA
260 Wall Street
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 [X] 1 YEAR [ ] 2 YEARS [ ] 3 YEARS: Vaccination Date	RABIES VACCINATION: Product	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS: Date	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS: Product Type and/or Results
(1) 20-034-C	Pitbull Mix	10 wk	F	White/Brown			2/26/2020	DA2PP, Fecal (hookworms), Bord (1/30/2020),
(2) 20-035-C	Pitbull Mix	16wk	F	Black/White	2/26/2020	Zoetis Defensor 3 (372929A)	2/26/2020	DA2PP, Fecal (Negative), Bord (1/30/2020)
(3) 20-036-C	Pitbull Mix	16wk	F	Tan/Brown	2/26/2020	Zoetis Defensor 3 (372929A)	2/26/2020	DA2PP, Fecal (negative), Bord (1/30/2020)
(4)								
(5)								
(6)								

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)

20-0340-C Fecal (2/26/2020): Hookworms
Prophylactic deworming with pyrantel pamoate, puppy pyoderma also present

Interceptor and Simparica sent home with all 3 puppies

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.

ENDORSEMENT FOR INTERNATIONAL EXPORT (*IF NEEDED*)

PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

Maria Belu Dvm
2445 Ebenezer Rd.
Rock Hill, SC 29732
803-366-1950

LICENSE NUMBER AND STATE

SC: 4074

Accredited [X] Yes [ ] No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER

079345

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

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

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE

2/26/2020

APHIS Form 7001
(NOV 2010)

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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

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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

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

Project Safe Pet
1516 Village Harbor Lane
Lake Wylie, SC 29710
973-534-7726

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

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

Monmouth County SPCA
260 Wall Street
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 [X] 1 YEAR [ ] 2 YEARS [ ] 3 YEARS: Vaccination Date	Product	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS: Date	Product Type and/or Results
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(2) 20-035-C	Pitbull Mix	16wk	F	Black/White	2/26/2020	Zoetis Defensor 3 (372929A)	2/26/2020	DA2PP, Fecal (Negative), Bord (1/30/2020)
(3) 20-036-C	Pitbull Mix	16wk	F	Tan/Brown	2/26/2020	Zoetis Defensor 3 (372929A)	2/26/2020	DA2PP, Fecal (negative), Bord (1/30/2020)
(4)								
(5)								
(6)								

Shasta
Taylor

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)

20-0340-C Fecal (2/26/2020): Hookworms
Prophylactic deworming with pyrantel pamoate, puppy pyoderma also present

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ENDORSEMENT FOR INTERNATIONAL EXPORT (*IF NEEDED*)

PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

Maria Belu Dvm
2445 Ebenezer Rd.
Rock Hill, SC 29732
803-366-1950

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LICENSE NUMBER AND STATE

SC: 4074

Accredited [X] Yes [ ] No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER

079345

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

SIGNATURE OF ISSUING VETERINARIAN **DATE** 2/26/2020

APHIS Form 7001
(NOV 2010)

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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

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[ ] Nonhuman Primate [ ] Ferret [ ] Rodent

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3. TOTAL NUMBER OF ANIMALS

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

Project Safe Pet
1516 Village Harbor Lane
Lake Wylie, SC 29710
973-534-7726

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

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

Monmouth County SPCA
260 Wall Street
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) 20-034-C	Pitbull Mix	10 wk	F	White/Brown
(2) 20-035-C	Pitbull Mix	16wk	F	Black/White
(3) 20-036-C	Pitbull Mix	16wk	F	Tan/Brown
(4)				
(5)				
(6)				

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION [X] 1 YEAR [ ] 2 YEARS [ ] 3 YEARS		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
Vaccination Date	Product	Date	Product Type and/or Results
		2/26/2020	DA2PP, Fecal (hookworms), Bord (1/30/2020),
2/26/2020	Zoetis Defensor 3 (372929A)	2/26/2020	DA2PP, Fecal (Negative), Bord (1/30/2020)
2/26/2020	Zoetis Defensor 3 (372929A)	2/26/2020	DA2PP, Fecal (negative), Bord (1/30/2020)

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)

20-0340-C Fecal (2/26/2020): Hookworms
Prophylactic deworming with pyrantel pamoate, puppy pyoderma also present

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