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 256644

Origin Contact: Union Co Animal Control

Destination Contact: Monmouth County SPCA

Origin Address: 1647 Jonesville Hwy Union SC 29379

Destination Address: 260 Wall St Eatontown NJ 07724

| AGE | SEX | DESCRIPTION – BREED | RABIES VACCINE ADMINISTERED DATE | RABIES VACCINE ADMINISTERED TAG NUMBER |
|---|---|---|---|---|
| 12wk | M | Heintz Blk/Tan Shep X | | too young |
| 10wk | F | Nila White Lab X | | too young |
| 10wk | M | Evan Blonde Lab X | | too young |
| 10wk | M | Roche Blk/Tan Lab 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 |
|---|---|---|
| James N Grantham DVM | 313 S Pinckney St Union SC 29379 | 3/6/20 |
| **SIGNATURE OF ACCREDITED VETERINARIAN** | **TELEPHONE** | **FEDERAL ACCRED. #** |
| James N Grantham DVM | 864-427-3177 | 0334190 |

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

---

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 256645

Origin Contact: Union Co Animal Control

Destination Contact: Monmouth County SPCA

Origin Address: 1647 Jonesville Hwy Union SC 29379

Destination Address: 260 Wall St Eatontown NJ 07724

| AGE | SEX | DESCRIPTION – BREED | RABIES VACCINE ADMINISTERED DATE | RABIES VACCINE ADMINISTERED TAG NUMBER |
|---|---|---|---|---|
| 14wk | FS | Meeka Tri-Color Husky 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 |
|---|---|---|
| James N Grantham DVM | 313 S Pinckney St Union SC 29379 | 3/6/20 |
| **SIGNATURE OF ACCREDITED VETERINARIAN** | **TELEPHONE** | **FEDERAL ACCRED. #** |
| James N Grantham DVM | 864-427-3177 | 0334190 |

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

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

465206

Date Issued 3-6-2020
Expiration 30 days after issuance

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

Owner Humphreys Co. Humane
Address 112 Young Road
City Waverly
State TN 37185
Telephone No. 931-296-7319

Consignee St. Huberts Animal Wet Ct
Address 575 Woodland 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 | Penny | Hound mix | F | 1y | Brown | | 624837 |
| Canine | Josie | Hound mix | F | 1y | Black | | 624850 |
| Canine | Davey | Lab mix | MN | 1y | Black/White | | 20720 |
| Canine | Munchie | Hussie mix | M | 1Y | White/Brown | | 624873 |
| Canine | Kali | Lab mix | F | 1Y | Black | | 624840 |
| Canine | Kate | Lab mix | F | 1Y | Black | | 624852 |
| Canine | Zola | Hussie mix | F | 1Y | Black/White | has Demodetics | 624841 |
| Canine | Pebbles | Lab mix | F | 6M | Black/Brown | | 624869 |
| Canine | Bom Bom | Lab mix | M | 6M | Black/Brindle | | 624867 |
| Canine | Belios | Lab | M | 4M | Black/White | | 624863 |
| Canine | Touliuse | lab | M | 4M | Black/White | | 624892 |

Remarks Zola has demodetic mange chest is being [illegible]

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 |
| Nobivac | SN3781 25A | 3/9/21 | Killed Virus | 3/6/20 |
| | | | | |
| | | | | |

Accredited Veterinarian Michael Boley
Vet Code 659015
Type or Print

Signature [signature]
Address 310 Hwy 641 North
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

465207

Date Issued 3-6-2020
Expiration 30 days after issuance

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

Owner Humphreys Co. Humane
Address 112 Young Road
City Waverly
State TN 37185
Telephone No. 931-296-7319

Consignee St. Huberts Animal Welfare
Address 575 Woodland 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 | Omally | Lab | M | 4M | Black/White | | 624848 |
| Canine | Bitsy | JTR Chi mix | FS | 6Y | Tan/White | | 624873 |
| Canine | Maximus | JTR/Chi mix | M | 8Y | Bl/Br/Brindle | | 624865 |
| Canine | Hoppy | JRT | MN | 6Y | White/Tan | | 624621 |
| Canine | Dakota | Boxer mix | M | 3M | Tan | | 624844 |
| Canine | Romeo | Aussie mix | M | 8W | Black/White | | |
| Canine | Juliet | Aussie mix | F | 8W | Black/White | | |
| Canine | King | Aussie mix | M | 8W | Black/White | | |
| Canine | Queenie | Aussie mix | M | 8W | Black/White | | |
| Canine | Princess | mix | F | 8W | Black/White | | |
| | | | | | | | |

Remarks Ears & Eyes Clear No problems Seen

I certify that I am licensed and accredited in Tennessee and that I personally examined the 10 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 |
| Nobivac | SN378125A | 3/4/21 | Killed virus | 3/6/20 |
| | | | | |
| | | | | |

Accredited Veterinarian Michael Boley
Vet Code 659015
Type or Print

Signature Michael Boley

Address 310 Hwy 641 North
City Camden State TN zip 38320
Email Address Vetwork 3102 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

HEALTH CERTIFICATE

AL-S 0048257

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

Date Issued 3-5-20

CONSIGNOR OR SHIPPER Sylacauga Animal Shelter

CONSIGNEE OR PURCHASER St. Hubert's 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 Rd #159

DESCRIPTION OF ANIMALS

| Species | Breed | Sex | Age | Color or Markings | Rabies Tag No. |
|---|---|---|---|---|---|
| Canine | Terrier Mix | M | 1 yr | gray/brown (Watson) | 200623 |
| Canine | Chi Mix | F | 12 yrs | Brown (Vera) | 200622 |
| Canine | Lab Mix | M | 1 yr | White (Nonook) | 200606 |
| Canine | Pit Mix | M | 14 wks | Tan (Scrappy) | 200605 |

VACCINATION DATA

| | TYPE (Circle One) | Date |
|---|---|---|
| Rabies | MLV - K | 3/5/20 |
| 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 Moulin

Printed Signature Kevin F. Moulin DVM

Telephone No. 256-378-7066

Veterinary Accreditation No. 020047

Address 1440 Coosa Pines Drive
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

SMALL ANIMAL

HEALTH CERTIFICATE

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

AL-S 0048256

CONSIGNOR OR SHIPPER Sylacauga Animal Shelter

Date Issued 3-5-20

ORIGIN Sylacauga, AL 35150

CONSIGNEE OR PURCHASER St. Hubert Animal Welfare

COMPLETE PHYSICAL ADDRESS FOR CONSIGNOR 1212 Wynette Rd

DESTINATION Madison, NJ 07940

COMPLETE PHYSICAL ADDRESS FOR CONSIGNEE 575 Woodland Rd #159

DESCRIPTION OF ANIMALS

| Species | Breed | Sex | Age | Color or Markings | Rabies Tag No. |
|---|---|---|---|---|---|
| Canine | Lab Mix | F | 3 yr | Choc. (Secret) | 901559 |
| Canine | Lab Mix | F | 3 yr | Blk/white (Wisper) | 901558 |
| Canine | Lab Mix | F | 14 wks | Blk (Jenny) | 200625 |
| Canine | Lab Mix | M | 14 wks | Blk (Jimmy) | 200624 |

VACCINATION DATA

| | TYPE (Circle One) | Date |
|---|---|---|
| Rabies | MLV (K) | 3/5/20 |
| DHLP | MLV – K | |
| FVRCP | MLV – K | |
| OTHER | | N/A |

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

Printed Signature Kevin P. Moulin

Telephone No. 256-378-7066

Veterinary Accreditation No. 020047

Address 1440 Coosa Pines Drive
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 36107-1173, goldenrod-issuing veterinarian

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)**

[X] Dog [ ] Cat [ ] Other_____

[ ] Nonhuman Primate [ ] Ferret [ ] Rodent

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

**3. TOTAL NUMBER OF ANIMALS**

1

**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) 20-091-Y "Frenchie | Lab mix | 3y | F | Black/white |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (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 |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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).

[ ] 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**

Scarlett Springate, 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 3491

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

**NATIONAL ACCREDITATION NUMBER**

076141

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

**DATE**

**SIGNATURE OF ISSUING VETERINARIAN**

Scarlett Springate

**DATE**

3/13/20

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 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)**

[X] Dog [ ] Cat [ ] Other_____

[ ] Nonhuman Primate [ ] Ferret [ ] Rodent

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

**3. TOTAL NUMBER OF ANIMALS**

6

**4. PAGE**

1 of 1

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

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 077724
(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) Kirby | Lab Mix | 9w | M | Black and White |
| (2) Erin | Lab Mix | 9w | F | Tri Merle |
| (3) Liam | Lab Mix | 9w | M | Tricolor |
| (4) Kentz | Lab Mix | 9w | F | Black and White |
| (5) Darby | Lab Mix | 9w | M | Black |
| (6) Lia | Lab Mix | 9w | F | Fawn |

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

| RABIES VACCINATION [ ] 1 YEAR [ ] 2 YEARS [ ] 3 YEARS | | OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS | |
|---|---|---|---|
| Vaccination Date | Product | Date | Product Type and/or Results |
| | too young | 3/19/2020 | Nobivac Dapp, Bordetella, Fecal- Coccidiosis |
| | too young | 3/19/2020 | Nobivac Dapp, Bordetella, Fecal- Hookworms |
| | too young | 3/19/2020 | Nobivac Dapp, Bordetella, Fecal- negative |
| | too young | 3/19/2020 | Nobivac Dapp, Bordetella, Fecal- negative |
| | too young | 3/19/2020 | Nobivac Dapp, Bordetella, Fecal- negative |
| | too young | 3/19/2020 | Nobivac Dapp, Bordetella, Fecal- Coccidiosis |

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

A. The pet animal is clinically healthy, free of signs of infectious and contagious disease, free of ticks and has no fresh wound or wound in the process of healing.

B. The pet animal has been vaccinated against rabies and that its vaccination is current. The date of vaccination and the vaccine trade name must be indicated on the certificate.

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**

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

**DATE**

**NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN**

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

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

**LICENSE NUMBER AND STATE**

3778 SC

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

**NATIONAL ACCREDITATION NUMBER**

028883

**SIGNATURE OF ISSUING VETERINARIAN**

Jenna Blake, DVM

**DATE**

3/19/2020



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 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)**

[X] 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 Wyile, 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 077724
(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 | | OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS | |
|---|---|---|---|---|---|---|---|---|
| | | | | | Vaccination Date | Product | Date | Product Type and/or Results |
| (1) Buckeye | Boxer Mix | 9w | F | Tricolor | | too young | | Nobivac Dapp, Bordetella, Fecal- Positive; Hookworms |
| (2) Mello | Boxer Mix | 9w | M | Tan and White | | too young | | Nobivac Dapp, Bordetella, Fecal- Positive; Roundworms |
| (3) Daisy | Boxer Mix | 9w | F | Black and White | | too young | | Nobivac Dapp, Bordetella, Fecal- Negative |
| (4) Hank | Boxer Mix | 9w | M | Brown | | too young | | Nobivac Dapp, Bordetella, Fecal- Negative |
| (5) | | | | | | | | |
| (6) | | | | | | | | |

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

A. The pet animal is clinically healthy, free of signs of infectious and contagious disease, free of ticks and has no fresh wound or wound in the process of healing.

B. The pet animal has been vaccinated against rabies and that its vaccination is current. The date of vaccination and the vaccine trade name must be indicated on the certificate.

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**

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

**NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN**

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

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

**LICENSE NUMBER AND STATE**

3778 SC

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

**NATIONAL ACCREDITATION NUMBER**

028883

**SIGNATURE OF ISSUING VETERINARIAN**

Jenna Blake DVM

**DATE**

3/18/2020

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 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)**

[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
1516 Village Harbor Lane
Lake Wylie, SC 29710
973-534-7726

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

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

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

**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 | | OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS | |
|---|---|---|---|---|---|---|---|---|
| | | | | | Vaccination Date | Product | Date | Product Type and/or Results |
| (1) 20-463-Y Angus | Lab Mix | 9 wk | M | Tan.Black | | | 3/19/2020 | DA2PP, Bord, Fecal |
| (2) 20-470-Y Kayt | Lab Mix | 9wk | F | Tan/Black | | | 3/19/2020 | DA2PP, Bord, Fecal |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |

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

Fecal (3/19/2020): Roundworms
Rx: Dewormed with pyrantel pamoate

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**

3/19/2020

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 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)**

[X] Dog [ ] Cat [ ] Other_____

[ ] Nonhuman Primate [ ] Ferret [ ] Rodent

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

**3. TOTAL NUMBER OF ANIMALS**

2

**4. PAGE**

1 of 1

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

Project Safe Pet
168 Highway 274 #311
Lake Wyile, 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 077724
(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) Corky | Lab Mix | 9w | | Chocolate |
| (2) Finn | Lab Mix | 9w | | Black and White |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

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

OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS

| Vaccination Date | Product | Date | Product Type and/or Results |
|---|---|---|---|
| | too young | 3/19/2020 | Nobivac Dapp, Bordetella, Fecal- negative |
| | too young | 3/19/2020 | Nobivac Dapp, Bordetella, Fecal- negative |
| | | | |
| | | | |
| | | | |
| | | | |

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

A. The pet animal is clinically healthy, free of signs of infectious and contagious disease, free of ticks and has no fresh wound or wound in the process of healing.

B. The pet animal has been vaccinated against rabies and that its vaccination is current. The date of vaccination and the vaccine trade name must be indicated on the certificate.

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**

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

**NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN**

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

**LICENSE NUMBER AND STATE**
3778 SC

**Accredited** [X] **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**
3/19/2020

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 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**

1

**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 077724
(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 | | OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS | |
|---|---|---|---|---|---|---|---|---|
| | | | | | Vaccination Date | Product | Date | Product Type and/or Results |
| (1) Brandi | Lab Mix | 6 | FS | Brown | 02/14/2020 | Merial Rabies | 03/04/2020 | Nobivac Dapp, Bordetella, Fecal-negative |
| (2) | | | | | | | | |
| (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).

☐ 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 Blak, 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**

03/05/2020

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 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**: 3

**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) Collins | Bassett Mix | 9w | M | Ginger | | too young | 03/17/2020 | Nobivac Dapp, Bordetella, Fecal- negative |
| (2) O'Malley | Bassett Mix | 9w | M | Light Brindle | | too young | 03/17/2020 | Nobivac Dapp, Bordetella, Fecal- negative |
| (3) Quinn | Bassett Mix | 9w | F | White and Tan | | too young | 03/17/2020 | Nobivac Dapp, Bordetella, Fecal- negative |
| (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).

☐ 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**: 03/17/2020

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 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)**
[X] Dog [ ] Cat [ ] Other_____
[ ] Nonhuman Primate [ ] Ferret [ ] Rodent

**2. CERTIFICATE NUMBER**

**3. TOTAL NUMBER OF ANIMALS**
[illegible]

**4. PAGE**
ONE of ONE

**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 West St.
Eatontown, NJ 07724
732-518-8879

**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) 20-081-Y Mama | Lab Retriever Mix | 2yr | F | Brindle |
| (2) | | | | |
| (3) | | | | |
| (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 |
|---|---|---|---|
| 3/3/2020 | Rabies | 3/4/2020 | Proheart 6 month |

**9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)**
Fecal float results: Hookworm and Whipworm
Dewormed with pyrantel pamoate and Panacury

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**

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

**LICENSE NUMBER AND STATE**
SC 4074

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

**NATIONAL ACCREDITATION NUMBER**
090401

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

**SIGNATURE OF ISSUING VETERINARIAN** [signature] **DATE** 3/19/2020 ~~[illegible]~~

APHIS Form 7001
(APR 2010)

This certificate is valid for 30 days after issuance

**PART 1 - TO ACCOMPANY SHIPMENT**

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)**

[X] Dog [ ] Cat [ ] Other_____

[ ] Nonhuman Primate [ ] Ferret [ ] Rodent

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

**3. TOTAL NUMBER OF ANIMALS**

1

**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

**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) Grace | Pitbull Terrier Mix | 2 Y | F | Tan/White | 2/10/20 | Zoetis | 3/17/20 | DA2PP 1Y, Bordetella IN 1Y, CIV H3N2 3W |
| (2) | | | | | | | | |
| (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).

[ ] 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**

Jay E. Hreiz, VMD
2445 Ebenezer Rd.
Rock Hill, SC 29732
803-366-1950

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

**LICENSE NUMBER AND STATE**

2687 SC

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

**NATIONAL ACCREDITATION NUMBER**

004989

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

**DATE**

**SIGNATURE OF ISSUING VETERINARIAN**

**DATE**

3/17/20

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 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)**

[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
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
[illegible] West 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) 20-123-C Jeter | Husky Mix | 7m | M | Tan | 1/9/2020 | Rabies | 1/9/2020 | DA2PP, Bord, Lepto, Fecal |
| (2) | | | | | | | | |
| (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).

[ ] 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**

3/20/2020

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 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)**

[X] Dog [ ] Cat [ ] Other_____

[ ] Nonhuman Primate [ ] Ferret [ ] Rodent

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

**3. TOTAL NUMBER OF ANIMALS**

1

**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

**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) Sparky | Pitbull Terrier Mix | 5 W | M | Black/White | | | 3/17/20 | Pyrantel Deworming |
| (2) Hank | Pitbull Terrier Mix | 5 W | M | Blue/White | | | | Pyrantel Deworming |
| (3) Tiny Tim | Pittbull Terrie mix | 5wk | m | blue/white | | | | pyrranel deworming |
| (4) Ollie | Pitbull Terrier Mix | 5 W | M | Blue/White | | | | Pyrantel Deworming |
| (5) Precious | Pitbull Terrier Mix | 5 W | f | blue/white | | | | Pyrantel Deworming |
| (6) Rose | Pitbull Terrier Mix | 5 W | F | Blue/White | | | | Pyrantel Deworming |

**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.

[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**

Jay E. Hreiz, VMD
2445 Ebenezer Rd.
Rock Hill, SC 29732
803-366-1950

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

**LICENSE NUMBER AND STATE**

2687 SC

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

**NATIONAL ACCREDITATION NUMBER**

004989

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

**DATE**

**SIGNATURE OF ISSUING VETERINARIAN**

**DATE**

3/17/20

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance