

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 0578-0036 and 0578-0233. 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 del. I hereby certify that the information provided on this form is true and accurate to the best of my knowledge, and that the following findings have been made (X" applicable statements).

OMB APPROVED
0578-0036
0578-0233

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)

MYRNA VELEZ CACHO
URB MONTE VERDE
3276
MANATI PR
787 374 4475

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

Mannahigh County SPCA
260 Wail St.
Eatontown, NJ 07724
Phone: (732) 542-0040

USDA License/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			OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
					☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS	Vaccination Date	Product		Date
(1) LUCY	LABRADOR MIX	5M	F	WHITE		06-11-2020	NOBIV LOT 366859 EXP 01/26/21	06-18-2020	DHLPP+4L; BORDETTELLA
(2) CHARLOTTE	LABRADOR MIX	5M	F	WHITE/TAN		06-11-2020	NOBIV LOT 366859 EXP 01/26/21	06-18-2020	DHLPP+4L; BORDETTELLA
(3)									
(4)									
(5)									
(6)									

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

I HEREBY CERTIFY THAT THE ANIMALS INCLUDED IN THIS SHIPMENT ARE TO THE BEST OF MY KNOWLEDGE ACCLIMATED TO AIR TEMPERATURES BETWEEN 20F AND 85F

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 HECTOR GARCIA
PO BOX 332
MANATI PR 00674
787 691-4033

LICENSE NUMBER AND STATE
199

Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
054221

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

7/11/20

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No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be detained to any intermediate handler or carrier for transportation in commerce, unless accompanied by a head in certificate excluded 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

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

MYRNA VELEZ CACHO
URB MONTE VERDE
3276
MANATI PR
787 374 4475

Monmouth County SPCA
260 Wall St.
Eatontown, NJ 07724
Phone: (732) 542-0040

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

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

3. TOTAL NUMBER OF ANIMALS
2

4. PAGE
1 of 1

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

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) LUCY	LABRADOR MIX	5M	F	WHITE
(2) CHARLOTTE	LABRADOR MIX	5M	F	WHITE/TAN
(3)				
(4)				
(5)				
(6)				

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS	Vaccination Date	Product	Date
	06-11-2020	NOBIV LOT 366859 EXP 01/26/21	06-18--2020
	06-11-2020	NOBIV LOT 366859 EXP 01/26/21	06-18-2020
		DHLPP+4L; BORDETELLA	
		DHLPP+4L; BORDETELLA	

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

I HEREBY CERTIFY THAT THE ANIMALS INCLUDED IN THIS SHIPMENT ARE TO THE BEST OF MY KNOWLEDGE ACCLIMATED TO AIR TEMPERATURES BETWEEN 20F AND 85F

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 HECTOR GARCIA
PO BOX 332
MANATI PR 00674
787 691-4033

LICENSE NUMBER AND STATE
199

Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
054221

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



3702586

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 0579-0033. 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 are allowed to be transported in commerce, unless accompanied by a health certificate issued by a licensed veterinarian (7 U.S.C. 2143b; 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

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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

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

HAYDEE DE JESUS
PO BOX 2178
ARECIBO PUERTO RICO 00613
787-232-7290



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

MONTEAGUT COUNTY SPCA
208 WALTON ST
MONTICELLO NJ 07724
908-252-0040



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) GABI 20-737	LABRADOR MIX	5M	F	BLK/WHI
(2) GRACE 20-717	LABRADOR MIX	5M	F	BLK/WHI
(3) GINA 20-739	LABRADOR MIX	5M	F	BLK/WHI
(4) GODO 20-738	LABRADOR MIX	5M	M	BLK/WHI
(5)				
(6)				

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION			OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
Vaccination Date	Product	Date	Product Type and/or Results	
☒ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS				
4-20-2020	IMRAB	3-9-2020	DHLPP + 4L 1-4	
	366859	3-26-2020	DHLPP + 4L 1-4	
	EXP 26 JAN 21	4-20-2020	DHLPP + 4L 1-4	
	1-4	7-10-2020	FECAL NEGATIVE 1-4	
4-21-2020	BORDETELLA 1-4			

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)
I HEREBY CERTIFY THAT THE ANIMALS IN THIS SHIPMENT ARE TO THE BEST OF MY KNOWLEDGE ACCLIMATED TO AIR TEMPERATURES OF 20-85°F.

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. HECTOR J. GARCIA
PO BOX 332
ROAD #2 KM 50.8
MANATI PUERTO RICO 00674
787-691-4033

LICENSE NUMBER AND STATE
199

Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
054221

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
7-10-2020

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

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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 excluded and issued by a licensed veterinarian (7 U.S.C. 21433; 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

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)
HAYDEE DE JESUS
PO BOX 2178
ARECIBO PUERTO RICO 00613
787-232-7290

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)
MONMOUTH COUNTY SPCA
2601 WALL ST
EASTONTOWN NJ 07724
202-542-0040



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			OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
					☒ 1 YEAR	☐ 2 YEARS	☐ 3 YEARS		
					Vaccination Date	Product	Date	Product Type and/or Results	
(1) GABI 20-737	LABRADOR/MIX	5M	F	BLK/WHT	4-20-2020	IMIRAB	3-9-2020	DHLPP + 4L 1-4	
(2) GRACE 20-717	LABRADOR MIX	5M	F	BLK/WHT		366859	3-26-2020	DHLPP + 4L 1-4	
(3) GINA 20-739	LABRADOR MIX	5M	F	BLK/WHT		EXP 26 JAN 21	4-20-2020	DHLPP + 4L 1-4	
(4) GODO 20-738	LABRADOR/MIX	5M	M	BLK/WHT		1-4	7-10-2020	FECAL NEGATIVE 1-4	
(5)					4-21-2020	BORDETELLA 1-4			
(6)									

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)
I HEREBY CERTIFY THAT THE ANIMALS IN THIS SHIPMENT ARE TO THE BEST OF MY KNOWLEDGE ACCLIMATED TO AIR TEMPERATURES OF 20-85°F.

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
DR. HECTOR J. GARCIA
PO BOX 332
ROAD #2 KM 50.8
MANATI PUERTO RICO 00674
787-691-4033

LICENSE NUMBER AND STATE
199

Accredited ☒ Yes ☐ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
054221

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here DATE

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SIGNATURE OF ISSUING VETERINARIAN

DATE
7-10-2020

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No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulations 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 (U.S.C. 21.43g, CFR, Subchapter A, Part 2).

OMB APPROVED
0579-0020
0579-0036

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

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

Olga Marte.
Calle Comerio #163
Bayamón, PR 00959
Tel 787-359-2029

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) Cadman	Labrador Retriever Mix	10w	M	White/Black
(2) Cassius	Labrador Retriever Mix	10w	M	White/Beige
(3) Payden	Labrador Retriever Mix	10w	M	White/Cream
(4) Damek	Labrador Retriever Mix	10w	M	Fawn
(5) Osmond	Labrador Retriever Mix	10w	M	White/Cream
(6)				

8. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

Cadman, Cassius, Payden, Osmond and Damek: Dilpp: 05-23-20, 06-09-20 and 06-23-20
Bordelella: 05-23-20

I hereby certify that the animals mentioned above are, to the best of my knowledge, acclimated to air temperature not below 20 F and not above 85 F

ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)
PRINTED NAME OF USDA VETERINARIAN

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here

DATE

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

1. TYPE OF ANIMAL SHIPPED (select one only)

☒ Dog ☐ Cat ☐ Other _____
Nonhuman Primate Ferret Rodent

3. TOTAL NUMBER OF ANIMALS

Five (5)

4. PAGE

1 of 1

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

Momouth County SPCA
260 Wall Street
Eatontown, NJ 07724
Tel 732-542-0040

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION			OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
1 YEAR	2 YEARS	3 YEARS	Product	Product Type and/or Results
Vaccination Date			Date	
			07-08-2020	Fecal: nos
			07-08-2020	Fecal: nos
			07-08-2020	Fecal: nos
			07-08-2020	Fecal: nos
			07-08-2020	Fecal: nos

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

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

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

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

Dr. José A. Nieves Rodriguez
88 Carr 848 Km 0.9 Apt 37
Trujillo Alto, PR 00976
Tel. 787-617-1044

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

084400

DATE

07-09-2020

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UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

UNITED STATES INTERSTATE AND INTERNATIONAL
CERTIFICATE OF HEALTH EXAMINATION
FOR SMALL ANIMALS

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

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

OMB APPROVED
0579-0020
0579-0036

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)
Olga Marte.
Calle Comerio #163
Bayamón, PR 00959
Tel 787-359-2029

7. ANIMAL IDENTIFICATION

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)
Cadman, Cassius, Payden, Osmond and Damek: Dhlpp: 05-23-20, 06-09-20 and 06-23-20
Bordetella: 05-23-20

10. SIGNATURE OF ISSUING VETERINARIAN
Dr. José A. Nieves Rodriguez
88 Carr 848 Km 0.9 Apt 37
Trujillo Alto, PR 00976
Tel. 787-617-1044

11. SIGNATURE OF VETERINARIAN
Apply USDA Seal or Stamp here

12. DATE
07-09-2020

3. TOTAL NUMBER OF ANIMALS
Five (5)

4. PAGE
1 of 1

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

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN
Dr. José A. Nieves Rodriguez
88 Carr 848 Km 0.9 Apt 37
Trujillo Alto, PR 00976
Tel. 787-617-1044

7. SIGNATURE OF ISSUING VETERINARIAN
Dr. José A. Nieves Rodriguez

8. DATE
07-09-2020

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION			OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
					1 YEAR	2 YEARS	3 YEARS	Product	Product Type and/or Results
(1) Cadman	Labrador Retriever Mix	10w	M	White/Black				Too young for Rabies	07-08-2020 Fecal: nos
(2) Cassius	Labrador Retriever Mix	10w	M	White/Beige				Too young for Rabies	07-08-2020 Fecal: nos
(3) Payden	Labrador Retriever Mix	10w	M	White/Cream				Too young for Rabies	07-08-2020 Fecal: nos
(4) Damek	Labrador Retriever Mix	10w	M	Fawn				Too young for Rabies	07-08-2020 Fecal: nos
(5) Osmond	Labrador Retriever Mix	10w	M	White/Cream				Too young for Rabies	07-08-2020 Fecal: nos
(6)									

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)
Cadman, Cassius, Payden, Osmond and Damek: Dhlpp: 05-23-20, 06-09-20 and 06-23-20
Bordetella: 05-23-20

I hereby certify that the animals mentioned above are, to the best of my knowledge, acclimated to air temperature not below 20 F and not above 85 F

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

LICENSE NUMBER AND STATE
646 PR

Accredited if yes, please complete below
NATIONAL ACCREDITATION NUMBER
084400

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

07-09-2020