

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION  
 Revised June 2007

41- 1385711

5. Consignee's Name:  
 CARINE CULTURE CENTER

6. Consignee's Address:  
 36 EAST BROADWAY NY 10002

10. Number in Shipment:  
 10

11. Permit Number  
 (if required by state of destination):

7. Destination (if different than above):  
 ST NVA MN 56467

8. Reason for Movement:  
 Breeding  Slaughtering  Feeding  
 Sale  Show/Exhibition  
 Travel

9. Origin of Shipment:  
 County: OTTEL TRAIL  
 Market:

12. Herd or Flock Status:  
 Disease: \_\_\_\_\_  
 Status: \_\_\_\_\_  
 Status/Herd Number: \_\_\_\_\_  
 Date of last herd test: \_\_\_\_\_

Official Ear tag, Tattoo or Other Permanent ID	Description of Animal or Registry Name and Number	Age	Sex	Breed	Brucellosis Vacc. Tattoo	Tuberculosis			Other Test			Other Vaccine or Treatment	
						Date injected	Date read	Results	Tested for	Date	Results	Product	Date
53399, 400	SIBERIAN HUSKY	WEEK	2M										
33405, 406	SIBERIAN HUSKY	8	2M										
33409, 410	SIBERIAN HUSKY	8	2F										

I certify as an accredited veterinarian that the described animals have been inspected by me and that they are not showing signs of contagious and/or communicable disease (except where noted). The vaccination and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and Federal Interstate requirements. No warranty is made or implied.

Certificate of Owner/Agent: The animals in this shipment are those certified to and listed on this certificate.

Official Veterinarian Signature  
 DICK WILSON

Vel Code #  
 015216

Owner/Agent Signature  
 CARINE CULTURE CENTER

Owner/Agent Name  
 CARINE CULTURE CENTER

8131 US 10 STAPLES MN 56467  
 218 394-1725

Date Inspected  
 2/18/11

Date Issued  
 2/18/11

Phone  
 218 394 3465

Date of Owner Signature  
 2/18/11