

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION

41- 1385708

Revised June 2007

1. Owner/Consignor's Name
 2. Owner/Consignor's Address

5. Consignee's Name
 6. Consignee's Address

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

Carrier Name and Address:
 7. Destination (if different than above):

Species: Cattle Horse Swine
 Dog Avian
 Goat Sheep
 (Scrapple flock # _____)

Reason for Movement:
 Breeding Slaughter Feeding
 Sale Show/Exhibition
 Travel

9. Origin of Shipment:
 County: _____
 Market: OKER 2 TAIL

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

| Animal Starting, Tattoo or Consignor's Identifier | 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 |
| 83397 | POMERANIAN | 8 | M | | | | | | | | | | |
| 83401 | SIBERIAN HUSKY | 8 | F | | | | | | | | | | |
| 83416 | SIBERIAN HUSKY | 8 | F | | | | | | | | | | |
| 83425, 426 | SILKY TERRER | 8 | M | | | | | | | | | | |
| 83431 | KING CHARLES Poo | 8 | F | | | | | | | | | | |
| 83433, 437 | MIN. SCHNAUZER | 8 | F | | | | | | | | | | |
| 83442, 443 | COCK-A-POO | 8 | M | | | | | | | | | | |
| 83446, 447 | YORKIE XLHUSA | 8 | M | | | | | | | | | | |
| 83459, 461 | POMERANIAN | 8 | F | | | | | | | | | | |
| | YORKIE X Poo | 8 | F | | | | | | | | | | |

I certify as an accredited veterinarian that the described animals have been inspected by me and that they are not showing signs of infectious, 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.

Accredited Veterinarian Signature
 Address: 28131 US 10 STAPLES MN 55479
 Phone No: 718 891-1225
 Date Inspected: 2/18/11
 Date Issued: 2/18/11
 Vat Code #: 015216

Owner/Agent Signature
 Owner/Agent Name: R. Cole
 Date of Owner Signature: 2/18/11

White - with shipment
 Blue and Pink - copy to Board of Animal Health
 Yellow - copy to veterinarian