

1. Owner/Consignor's Name: Kathy Cole
 2. Owner/Consignor's Address: 51402 410th St NY, MN 56567
 3. Carrier Name and Address: _____
 4. Species: Cattle Horse Swine Dog Avian Goat Sheep Scrapie flock # _____
 5. Reason for Movement: Breeding Slaughter Feeding Sale Show/Exhibition Travel
 6. Consignee's Name: Deed York Kennel
 7. Destination (if different than above): 543 Main St I Ship NY
 8. Origin of Shipment: Other
 9. County: Other
 10. Number in Shipment: 21
 11. Permit Number (if required by state of destination): _____
 12. Herd or Flock Status: _____
 13. Disease Status: _____
 14. Status/Herd Number: _____
 15. Date of last herd test: _____

| Official Earing, 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 |
| 83312, 395 | LHSEADORE RET | 2 | IM IF | | | | | | | | | | |
| 83315 | POMERANIAN | 8 | F | | | | | | | | | | |
| 83103 | SIB HUSKY | 8 | F | | | | | | | | | | |
| 83113 | SHIH TZU | 8 | M | | | | | | | | | | |
| 83414 | YORKSHIRE | 8 | F | | | | | | | | | | |
| 83415 | CHAST APSO | 8 | F | | | | | | | | | | |
| 83419, 420 | SH BA INU | 9 | IM IF | | | | | | | | | | |
| 83424, 428 | KING CHARLES POC | 8 | IM IF | | | | | | | | | | |
| 83429 | M.J. SCHNAUZER | 8 | M | | | | | | | | | | |
| 83432, 436, 434 | COCKAT POO | 8 | IM RF | | | | | | | | | | |
| 83440, 441 | YORKIEK CHASA | 8 | 2M | | | | | | | | | | |
| 83449, 450 | POMAPOO | 8 | IM IF | | | | | | | | | | |
| 83452, 83460 | YORK. APOO | 8 | IM IF | | | | | | | | | | |

Certificate of Issuing Veterinarian: 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 variances are made or implied.

Accredited Veterinarian Signature: DVK M...
 Address: 28131 US 10 Staples MN 56179
 Phone No: 918-891-1225
 Date Inspected: 2/18/11
 Date Issued: 2/18/11
 Vet Code #: 015216
 Owner/Agent Name: Kathy Cole
 Phone: 218-546-5165
 Date of Owner Signature: 2/18/11