

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION 41-1385710
 Revised June 2007

1. Shipper's Name: Abby Cole
 2. Shipper's Address: 102 410th St N, M, MN 55507
 3. Shipper's Phone: _____
 4. Destination (if different than above): _____
 5. Consignee's Name: _____
 6. Consignee's Address: P.O. Box 4119, Aque, MN 55521
 7. Consignee's Phone: _____
 8. Permit Number (if required by state of destination): 011

9. Origin of Shipment: _____
 County: OTTER
 Market: TTA
 10. Number in Shipment: _____
 11. Herd or Flock Status: _____
 Disease: _____
 Status: _____
 Status/Herd Number: _____
 Date of last herd test: _____

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
<u>421, 422, 423 King CHARLES X COCKER 8 BM</u>	<u>1 year</u>	<u>1M 1F</u>	<u>BM</u>								
<u>34, 138 COCKER POO</u>	<u>11</u>	<u>3F</u>	<u>BM</u>								
<u>51, 452 453 LABRADOR RET</u>	<u>9</u>	<u>1F</u>	<u>BM</u>								
<u>3454 COCKER POO</u>	<u>11</u>	<u>2F</u>	<u>BM</u>								
<u>455 456 OLDIE X ENG</u>	<u>11</u>	<u>2F</u>	<u>BM</u>								

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

131 US10 STAPLES MV. 50479
 131 891 - 1775
 Date Inspected: 2/15/11
 Date Issued: 2/15/11
 Vet Code #: 015215
 Owner/Agent Name: KATHLEEN COLE
 Phone: 763-546-5465
 Date of Owner Signature: 2/18/11