

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION 41- 1385713

Revised June 2007

1. Consignor's Name: FAVRELL, COLIE
 2. Consignor's Address: 1402 910th St NY, MN, MN 56527
 3. Consignee's Name: SADDLE LAKE INC.
 4. Consignee's Address: 27 GLENROVE RD. GREENVILLE (if required by state of destination)
 5. Destination (if different than above): NY 12085

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

9. Origin of Shipment
 County: OTTER TWP
 Market: _____

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

Official Stamp, 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
83396	LABRADOR RET	8	IF									
83427	KIND CHARLES POO	8	IF									
83445	POM A POO	8	IM IF									
83458	YORKIE POO	8	IM IF									

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.

10. Number in Shipment: 5
 11. Permit Number: _____
 Owner/Agent Signature: [Signature]
 Owner/Agent Name: KATHLEEN COLE
 Phone: 208-346-5465
 Date of Owner Signature: 2/18/11
 Date Inspected: 2/18/11
 Date Issued: 2/18/11
 Vet Code #: 015216