

Minnesota Board of Animal Health  
625 Robert St. North  
St. Paul, MN 55155 (651) 296-2942

# MINNESOTA CERTIFICATE OF VETERINARY INSPECTION

Revised November 2012

41- 1563499

<b>1. Owner/Consignor's Name:</b> Dan Yoder		<b>5. Consignee's Name:</b> Will Yoder		<b>10. Number in Shipment:</b> 3 (three)	
<b>2. Owner/Consignor's Address:</b> 14055 Co. Rd. 35; Utica, MN 55979		<b>6. Consignee's Address:</b> 18085 Hwy 2; Bloomfield, IA 52537		<b>11. Permit Number:</b> (if required by state of destination) NA	
<b>3. Origin Address:</b> (if different than above)		<b>7. Destination:</b> (if different than above)		<b>12. Herd or Flock Status:</b> Disease: NA Status: _____ Status/Herd/Flock Number: _____ Date of last herd test: _____	
<b>4. Species:</b> <input type="checkbox"/> Cattle <input type="checkbox"/> Horse <input type="checkbox"/> Swine <input type="checkbox"/> Cat <input checked="" type="checkbox"/> Dog <input type="checkbox"/> Avian <input type="checkbox"/> Goat <input type="checkbox"/> Sheep <input type="checkbox"/> _____	<b>8. Reason for Movement:</b> <input type="checkbox"/> Breeding <input type="checkbox"/> Slaughter <input type="checkbox"/> Feeding <input checked="" type="checkbox"/> Sale <input type="checkbox"/> Show/Exhibition <input type="checkbox"/> Travel <input type="checkbox"/> _____		<b>9. Carrier's Name and Address:</b> Will Yoder <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Air <input type="checkbox"/> Car <input type="checkbox"/> _____		

Official Eartag, 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
1 02-1408-01	black   DOB 5-29-14	8wks	M	65% Poodle	NA	NA	NA	NA	NA	NA	NA	NA	NA
2 02-1408-02	black/tn   5-29-14	8wks	M	6.5.									
3 02-1408-09	black/tn   5-29-14	8wks	F	6.5.									
4													
5													
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14													
15													

**RECEIVED**  
AUG 05 2014  
Minn. Board of  
Animal Health

**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 warranty is made or implied.

**Certificate of Owner/Agent:**  
 Animals in this shipment are those certified to and listed on this certificate.  
 I hereby certify that the animal(s) in this shipment is (are), to the best of my knowledge, acclimated to air temperatures lower than 7.2°C (45° F).

<b>Accredited Veterinarian Signature</b> Karen Lorch, DVM		<b>Vet Code #</b> 014096	
<b>Accredited Veterinarian Printed Name</b> Karen Lorch, DVM		<b>Owner/Agent Signature</b> Dan Yoder	
<b>Date Inspected</b> 7-24-14		<b>Printed Name</b> Dan Yoder	
<b>Date Issued</b> 7-24-14		<b>Phone</b> 507-523-2136	
<b>Address</b> Lewiston Vet Clinic 440 Debra Drive; Lewiston, MN 55952		<b>Date of Owner Signature</b> 7-24-14	