

# MINNESOTA CERTIFICATE OF VETERINARY INSPECTION

Revised August 2014

41- 1578077

<b>1. Owner/Consignor's Name:</b> DAVID YODER		<b>5. Consignee's Name:</b> WILL YODER		<b>10. Number in Shipment:</b> 14 (FOURTEEN)	
<b>2. Owner/Consignor's Address:</b> 16075 SANDSTONE DRIVE 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 45014	Golden DOG	11-14-14	M	Golden Retriever	NA	NA	NA	NA	NA	NA	NA	NA	NA
2 45114	↓	↓	M	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
3 45214	↓	↓	M	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
4 45314	↓	↓	F	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
5 45414	↓	↓	F	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
6 45514	↓	↓	F	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
7 45814	Yellow DOG	11-27-14	M	Lab	↓	↓	↓	↓	↓	↓	↓	↓	↓
8 45914	↓	↓	M	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
9 46014	↓	↓	M	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
10 46114	↓	↓	M	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
11 46214	↓	↓	F	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
12 46314	↓	↓	F	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
13 46414	↓	↓	F	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
14 46514	↓	↓	F	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
15	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓

**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> Brett Flathers DVM		<b>Vet Code #</b> 012146	
<b>Accredited Veterinarian Printed Name</b> BRETT FLATHERS D.V.M.		<b>Address</b> LEWISTON VETERINARY CLINIC 140 DEBRA DRIVE LEWISTON, MN 55952	
<b>Date Inspected</b> 1-20-15	<b>Date Issued</b> 1-20-15	<b>Phone No.</b> 507-523-2136	<b>Owner/Agent Signature</b> David J. Yoder
		<b>Printed Name</b> David J. Yoder	<b>Date of Owner Signature</b> 1/20/15