

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION

Revised August 2014

41- 1585696

1. Owner/Consignor's Name: MENNO BONTRAGER		5. Consignee's Name: PINNACLE PETS		10. Number in Shipment: 4 (FOUR)
2. Owner/Consignor's Address: 13000 KELLER DRIVE ST. CHARLES, MN 55972		6. Consignee's Address: 11474 HAMMER RD NEOSHO, MO 64850		11. Permit Number: (if required by state of destination) NA
3. Origin Address: (if different than above) _____		7. Destination: (if different than above) _____		12. Herd or Flock Status: Disease: NA Status: _____ Status/Herd/Flock Number: _____ Date of last herd test: _____
4. Species: <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"/> _____	8. Reason for Movement: <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"/> _____	9. Carrier's Name and Address: PINNACLE PETS <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 SP1503-02	BROWN DOB	3-2-15	8WKS	M	SHL PEL	NA	NA	NA	NA	NA	NA	NA	NA	NA
2 SP1503-03	CREAM	↓	↓	F	↓	NA	NA	NA	NA	NA	NA	NA	NA	NA
3 SP1503-04	↓	↓	↓	F	↓	NA	NA	NA	NA	NA	NA	NA	NA	NA
4 SP1503-05	DELBAN	↓	↓	F	↓	NA	NA	NA	NA	NA	NA	NA	NA	NA
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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).

Accredited Veterinarian Signature <i>Kathryn Murphy</i>	Vet Code # 072574	Owner/Agent Signature <i>Toby F Detweiler</i>
Accredited Veterinarian Printed Name Kathryn Murphy	Address LEWISTON VETERINARY CLINIC 440 DEBRA DRIVE LEWISTON, MN 55952	
Date Inspected 4-28-15	Date Issued 4-28-15	Printed Name Toby F Detweiler
Phone No. 507-523-2136	Phone _____	Date of Owner Signature 4-28-15