

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION

Revised July 2016

41- 1645033

1. Owner/Consignor's Name: **David D Yoder Jr**

2. Owner/Consignor's Address: **16075 Sandstone Dr, Utica, MN 55979**

3. Origin Address: (if different than above)

4. Species: Swine Horse
 Cattle Beef Breed Dairy Breed
 Goat Sheep Avian
 Cat Dog

5. Consignee's Name: **454-442-3106 Petland Pembroke Pines**

6. Consignee's Address: **356 N. University Dr Pembroke Pines, FL 33094**

7. Destination: (if different than above)

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

9. Carrier's Name and Address:
**Puppy Travelers
11472 Hammer Rd
Neosho, MO 64850**
 Truck Air Car

10. Number in Shipment: **1 (one)**

11. Permit Number: (if required by state of destination)

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

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 1718-03	blk+wh 15-13-17	9mks	F	SH	N/A								
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
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.

Accredited Veterinarian Signature: *Dr. Wayne Ode D.V.M.*

Accredited Veterinarian Printed Name: Wayne Ode, DVM

Date Inspected: 7-5-17 **Date Issued:** 7-13-17

Address: Lewiston Vet Clinic
440 Debra Dr, Lewiston, MN 55952

Phone: 507-523-2136

Federal Accred #: 036793

Certificate of Owner/Agent (if required by state of destination):
 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).

Owner/Agent Signature: *Henry Yoder*

Owner/Agent Printed Name: Henry Yoder

Phone: _____ **Date of Owner Signature:** 7-13-17