Minnesota Board of Animal Health 625 Robert St. North St. Paul, MN 55155 (651) 296-2942	MINNESOT	A CE	RTIF		E OF V		RY INSP	ECTI	ON	41- 16	450	20		
1. Owner/Consignor's Name:				5. Consignee's Name:							10. Number in Shipment:			
Henry E Voder				Petland Sarasota oi						1(One)				
2. Owner/Consignor's Address: 27107 Cty Rd S3; Utica MN 55979 3. Origin Address: (if different than above)					6. Consignee's Address: 5380 Fruit Villa Rd Sarasota FL 34332 7. Destination: (if different than above)						11. Permit Number: (if required by state of destination) 12. Herd or Flock Status:			
										Disease:				
4. Species: Swine Horse Cattle Beef Breed Dairy Breed Goat Sheep Avian Cat Dog Travel				□ Fe	eding	9. Carrier's Name and Address: Puppy Travelers 11472 Hammer Rd NEOSho MO (04850 ATruck Air Car				Status: Status/Herd/Flock Number: Date of last herd test:				
Official Eartag, Tattoo or	Description of Animal or Registry			Sis	Ø	Tuberculosis			Other Test		Other Vaccine or Treatment			
Other Permanent ID	Name and Number	Age	Sex	Breed	Brucellosi Vacc. Tattoo	Date injected	Date Read	Results	Tested for	Date	Results	Product	Date	
1 1723-05	4 26 7 b1 K4th	19WKs	F	TY	NA	1						Imrab3	7/9/17	
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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 post 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 Federal Accred #									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 A					
Accredited Veterinarian Printed Name	M. III ayrue U				XC. OI,		036793)	Printed Nam	y for	den_			
	Date Issued 7 2017	T	1,000		N 559 23-2				Henry Phone	V Yoda	er	Date of Owner Sign	nature	