Yellow - copy to veterinarian	copy to Board of Animal Health	and Pick	Blue	en	White - with shipmen	S 000 57.07 (500)
Phone Date of Owner Signature	Date Issued	Inspected	Date	2	States and SPAJE	
Owner/Agent Name	OISal				and the second	1
Owner Africance	r than 7.2°C (45°F) Vet Code #	peratures lowe	ed to air ten	acclimat	ipment is (are), to the best of my knowledge	① 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° Accycedited Veterinarian Signature
	y is made or implied.	its. No warrant	requiremen	Interstate	te meet the state of destination and Federal	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: The animals in this shipment are those certified to and listed or this certificate.	me and that they are not showing signs of ed on the certificate. To the best of my	in inspected by	als have bee	bed anima on and res	as an accredited veterinarian that the descri-	Certificate of Issuing Vetermarian. I certify as an accredited vetermarian that the described animals have been inspected by me and that they are not showing signs of inspected by me and that they are not showing signs of the containing and or containing and or containing the certificate. To the best of my
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Tested for Date Results Product Date	Date injected Date read Results	Brucellos Vacc. Ta	Sex Breed	Age A	Description of Animal or Registry Name and Number	Official Earlag, Tattoo or Other Permanent ID
Other Test Other Vaccine or Treatment	Tuberculosis					
12. Herd or Flock Status: Disease Status Status/Herd Number Date of last herd test:	9. Origin of Shipment County Control + 12 + 2. Market:		್ರ Feeding on	Ter	Car 8. Reason for Ma Breeding Second	### Truck
	7. Destination (if different than above):	stination (If o		22	¥ 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ Carrier Name and Address:
11. Permit Number (If required by state of destination)	**	5. Consignee's Name 6. Consignee's Addre	6. Co			por's Name:
4	MINNESO A CEXTITICATE OF VEHEXINAXY INSTECTION Revised June 2007	Revise	CHZ	SOIA	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	St. Paul, M.S. S. Hours (SS1) 296-2942
		7)		Service Andrew France Communication Communic