



KANSAS CERTIFICATE OF VETERINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM

OFFICIAL USE ONLY: The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.

Certificate Number

48-7233-1708376114

ENTRY PERMIT #:												
INSPECTION DATE: 02/19/2024				SHIPMENT DATE:				<input type="radio"/> Large Animal <input checked="" type="radio"/> Small Animal				
CONSIGNOR - Contact Person at Origin				CONSIGNEE - Contact Person at Destination				CARRIER (Transporter)				
First Name		Last Name		First Name		Last Name		Business Name				
Mark		Schultz				AND/OR						
Business Name				Business Name				Physical Address				
				Southpaw Pets								
Physical Address of Animals				Physical Address of Animals				City State Zip Code Phone Number				
3281 Barber Road				19614 Owl Road								
City		State		Zip Code		County		Transport Method Purpose of Movement				
Fredonia		KS		66736		Wilson		Sale				
Phone Number		Location ID#		Phone Number		Location ID#		<input checked="" type="checkbox"/> Interstate <input type="checkbox"/> Intrastate				
(620) 633-5337												
Consignor's Address (if different)				Consignee's Address (if different)				<input type="checkbox"/> Print <input type="checkbox"/> Reconsigned				
Weather Acclimation Statement		Verify That The Puppy(S) Belonging To Mark Schultz Has Been Acclimated To A Minimum Of 10 Degrees F And A Maximum Of 90 Degrees F.										
SPECIES	# OF ANIMALS	DESCRIPTION / BREED / MICROCHIP		AGE	SEX	RABIES VACC DATE	RABIES BOOSTER DUE	RABIES TAG NUMBER	RABIES SERIAL NUMBER	OTHER TESTS, VACCINATIONS/TREATMENT. PLEASE LIST DATE & PRODUCT USED	Copy	Delete
Canine	1	BELGE-SHIFFON		9	W F					1-13-24-INTRA TRAC III 1-13-24-NEOPAR 1-29 & 2-18-24-NOBIVAC DAPPV		
TOTAL	1	Add New Row	Delete Last Row									
OWNER/AGENT STATEMENT		VETERINARY CERTIFICATION - I certify, as an accredited veterinarian that the above 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 vaccinations and results of tests are 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 further warranty is made or implied.										
DATE		Date 02/19/2024		Printed Name Kevin Cooper, Dvm		Phone (620) 331-6327		Email bartaanimalhospital@gmail.com				
SIGNATURE		Address 4045a Cr 3900		City Independence		State KS		Zip 67301				
		USDA Accreditation # 013689		State of License KS		License # 0007233						
		Signature										
Save Form		Print Form		Submit by Email								

Version 3.2