

Florida Department of Agriculture and Consumer Services Division of Animal Industry Bureau of Animal Disease Control

OFFICIAL CERTIFICATE OF VETERINARY INSPECTION FOR INTRASTATE SALE OF A DOG OR CAT EXPIRES 30 DAYS FROM DATE OF ISSUANCE

Pursuant to Section 828.29, F.S., Rule 5C-27 and Rule 5C-28, F.A.C.

	by a veterina	10000	LLER						DUD	CHASE	>		
Name							Name ILEANA SHOOK Purchase Date: 20/20/21						
Dog Boutique Store Address							Address A/ 2						
15800 Pines Suite 3211 City State Zip Code							MORTA MIAMI STUTE DE APT. 1207 STUTE LE						
Pembroke Pines FL						1			1711-4MI				33978
Species: Age or Birth Date: Sex:					MAL IDEN Breed(s):	ITIFICAT		Color(s):				Optional Tattoo:	
■ Dog 3/17/2024			Male Female	100000000000000000000000000000000000000	ipoo		White / Apricot				Microchip: 900263000255948		
				-	JEAL TH	PECOP	D INFORMA	ATION					
		-		-			ATIONS	ATTON	-	_	_		
VACCINE	MANUF	TYPE	LOT#	DATE	DATE OF ADMIN	DATE OF ADMIN	VACCINE	MANUF	TYPE	LOT#	EXP DATE	DATE OF ADMIN	DATE OF ADMIN
Canine Distemper	Boehringer	1-DAPPv	E147933	03/27/2	04/14/24	05/01/24	Bordetella	********					
Hepatitis	Boehringer	1-DAPPv	E147933	3/27/2	04/14/24	05/01/24	Rabies						
Parainfluenza	Boehringer	1-DAPPv	E147933	03/27/2	04/14/24	05/01/24	Panleukopenia						
Leptospirosis				\subseteq			Feline Viral						
Canine Parvo	Boehringer	1-DAPPv	E147933	03/27/2	5 04/14/24	05/01/24	Calicivirus						
DIAGNOS	TIC TEST	Г	TEST TY	/PE		MANU	FACTURER	2	D	ATE OF	NEGA	TIVE TE	ST
Canine Heartw	orm												
Feline Leukem	ia												
Fecal Test			FLOTAT	ION		IN HOUSE			05/17/2024				
Other Test									RECEIVED				
ANTHEL		TYPE			MANUFACTURER			DATE ADMINISTERED					
Broad Spectrus		Panac	ur		Merck			JUN U 95/17/2024					
Other Anthelm	intic									200	2027		
Seller has		000 80	istory					Df	/ISION (of anim Hassee	AL IND	USINT IDA	
anthelmintics, my knowledge	and diagno it exhibits i uding fleas	stic tests in no sign of a and ticks;	dicated he	rein, wer	re administer ious disease ny knowledg Diciz	ed by me, s and has i e the anim	ribed animal wa or under my dir no evidence of i phosphosphosphosphosphosphosphosphosphos	rection; said internal or e	d animal is external pa	found to b	be healthy	y in that to	the best of nd ear
SIGNATURE:	/		IX		0	HIALEAH I	24-0500		Ex	am Date:	05/17	7/2024	
Printed Name	/ Jos	E A. DI	XZ `			(300)	FL Lic.	# 1109	5	Natio Accre	nal editation #:	07503	39
Address:	4172	WEST	2 AVE		Cit	, HIAL	EAH	State:	FL Zip	Code:	3301	2	
		<u></u>			SPITAL	0		-		582405			

Questions: State Veterinarian's Office: Division of Animal Industry, 40° S. Caliboun Street, Tallahasses, Fl. 20390-9800 Phone: 850-410-9900 Web: https://doi.org/10.1001/journal-purchasser, for Copy">https://doi.org/10.1001/journal-purchasser, for Copy">https://doi.org/10.1001/journal-purchasser, for Copy">https://doi.org/10.1001/journal-purchasser, for Copy State (Proposition of Proposition State (Proposition of Proposition State (Proposition of Proposition State (Proposition State (Proposition

FDACS-09085 Rev. 10/14