



WISCONSIN INTERSTATE SMALL ANIMAL CERTIFICATE OF VETERINARY INSPECTION

Ch. ATCP 10, Wis. Admin. Code; Ch. 95, Wis. Stats.

**THIS FORM IS NOT FOR
INTERNATIONAL MOVEMENT**
SUBMIT ORIGINAL WITHIN 7 DAYS AFTER ISSUE TO:

Department of Agriculture, Trade and Consumer Protection

Division of Animal Health

P.O. Box 8911, Madison, WI 53708-8911

Phone: 608-224-4872 Fax: 608-224-4871

TYPE OF ANIMAL SHIPPED			PERMIT NUMBER (If applicable)			SHIPMENT					
<input checked="" type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Non-human Primate				<input checked="" type="checkbox"/> Returning to WI	Number of Animals in Shipment: <u>1</u>				
<input type="checkbox"/> Other: _____						<input type="checkbox"/> Not returning to WI	Shipping date: <u>3-31-23</u>				
Owner or Consignor <u>Back Van Booy Cindy Feuerstein</u>						Consignee or Destination <u>Purina Farms</u>					
Origin Street Address <u>8258 South Wolf River Road</u>						Destination Street Address <u>500 William Denforth Way</u>					
Origin City / State / Zip <u>Fremont / WI / 54940</u>						Destination City / State / Zip <u>Gray Summit / MO / 63039</u>					
Owner Mailing Address / City / State / Zip (if different than above)						Destination Mailing Address / City / State / Zip (if different than above)					
Phone Number <u>(920) 915-9682</u>						Phone Number <u>(314) 982-3232</u>			<input type="checkbox"/> Animals are traveling with owner on vacation		
Breed	Individual Identification (Name, Description of Markings, Microchip, etc.)	Sex	Age	Rabies Vaccination Date	Rabies Vaccination Exp. Date	Product & Vaccine Producer	Serial Number	Rabies Tag Number	Other Vaccinations	Date Vaccinated	Product & Vaccine Producer
1 <u>Cardigan Welsh Corgi</u>	<u>Cosmo</u>	<u>MN</u>	<u>4yr</u>	<u>5-18-20</u>	<u>5-18-23</u>	<u>Meria</u>	<u>18456</u>	<u>71040</u>	<u>DHPP, Lyme, Lepto, Bordetella</u>	<u>5-18-22</u>	
2											
3											
4											
5											
6											
7											

VETERINARIAN: I certify as a veterinarian, accredited and certified by the State of Wisconsin, that the described animal(s) have been inspected by me and that they are not showing any signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are as indicated on this certificate. To the best of my knowledge, the animal(s) listed on this certificate meet the state of destination and Federal interstate requirements. No warranty is made or implied.

OWNER / AGENT STATEMENT: I certify the animal(s) in this shipment are as listed on this certificate.	ACCRED / LIC VETERINARIAN SIGNATURE <u>[Signature]</u>	VETERINARIAN LIC. NO. <u>407840</u>	ADDRESS <u>2116 W. Wolf River Ave. New London, WI 54940</u>	DATE INSPECTED <u>3-27-23</u>
OWNER / AGENT SIGNATURE <u>[Signature]</u>	VETERINARIAN'S PRINTED NAME <u>Mark Baetke</u>	NAT. ACCRED. NO. (NAN) <u>25567</u>	PHONE NUMBER <u>(920) 982-2733</u>	EMAIL ADDRESS <u>fienddesk@wnet.com</u>
			DATE CVI ISSUED <u>3-27-23</u>	

Personal information you provide may be used for purposes other than that for which it was originally collected - sec. 15.04(1)(m), Wis. Stats. Equal Opportunity Employer

FORM DISTRIBUTION: WHITE (WI State Veterinarian), CANARY (State Veterinarian of destination), PINK (accompany shipment), GOLDENROD (retained by issuing veterinarian)