## 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

Page

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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				SHIPMENT					
□ Dog □ Cat □ Non-human Primate		SAPPAN		(If applicab	ole)	□ Return	ning to WI	Number of Animals in Shipment:				
Other:		Damina to Ma		THE PARTY		☐ Not re	☐ Not returning to WI Shipping date: 3 31 33					
Owner or Consigner			T	Opp. Molines, IA S	Cor	Consignee or Destination						
ACU HOOL C			1 10	verstein	Dog	Destination Street Address						
Origin Street Address 8358 South Wolf hiver hood			1900-189	ETMEMERIUDER Sie	17 05-470-375	500 William Dantorth Way						
Origin City / State / Zip Frement /WI   549410				vilanballamins		Destination City / State / Zip Gray Summit / MO / 63039						
Owner Mailing Address / Cit	n above)	. Alles	PERSONAL TO STORY 2.	Des	Destination Mailing Address / City / State / Zip (if different than above)							
Phone Number (930) 915-9683			otri G	Appropries		one Number	3a		Animals are traveling with owner on vacation			
Breed	Individual Identificati (Name, Description of Mar Microchip, etc.)	THE RESERVE TO SECURITION OF THE PERSON NAMED IN	Age	Rabies Vaccination Date	Rabies Vaccination Exp. Date	Product & Vaccine Producer	Serial Number	Rabies Tag Number	Other Vaccinations	Date Vaccinated	Product & Vaccine Producer	
Cardicen 1 Welsh Croi	Cosmo	MA MA	441	5.18-30	5.18.23	Meria	18456	71040	DHPP. Lyne, Lepto, Bordettelle	5 18 22	EVADA ept of Agricultura	
2 VISSA-BOND 2001 PM	Ospt 602 Revendebox (OH 430 8505 0040 OFFIST CHARGE FERRISS FAX SHEETS	B CHARDON AVE	Gentrei 9-1030 - 1- 133-750-1	1036 Malf Service Relegative 2766 OPFICE: 918	Na Oriva V 12235 S18-467 8502	HABUT AND BUT OF THE B	Sus 1999: Albuerrengue IVAT OFFITOE 500-0	85886 0048-176-208 0048-178-908	Trigion To OFFICE: OFFICE: SOO FORE:	Division 23 th PC Box 23 th Concerd with 0	35 S 214 St 29/ks Ny 89431 EFICE: 775-353-3718	
3	######################################	ESUDHSHITA AGLEOMÁTH CHOMBONE		76/2	1748-151-3971 Belture ny göv/Al	TMASQ Design of the second of	PERSONNEL COURT		DE	CE	IWED	
	Carry Co.			Topicalities.	ATOM	House In Vica	Lionas infloes			ADD o		
4	Company of the compan			ed approximately conserved CR	(A) 2 (A) (A) (A) 2 (A) (A) (A) (A) 4 (A)	STIP BAS STAGO	POWER AND T	me 18 , lead	MISSOLL	APK 03	2023	
5	20 X 10 X		10 (2.2 (1.7 10 (2.2 (1.7)	Tari Sara	au pe seas (10 2 to ens	Syptem 1600 and the control of the c	PERCE SOLVE	1891 511 719		NIMAL HE	GRICULTURE ALTH	
6						Total Control		70.00	Sualis Maria Maria	upviouwaw.	POINIA	
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.			TERINARIAN SIGNATURE VETERII			40 3161		ver Ave, b	WLarden, W	I 54961	DATE INSPECTED  3 97 93  DATE CVI ISSUED	
OWNER / AGENT SIGNATURE VETERINARIAN'S		rK BA	et/c	e	NAT. ACCRED. N 2556	D. NO. (NAN) PHONE NUMBER EMAIL ADDRESS DATE CVI ISSUED  (10) 989-1933 funded Community Employer  (20) 989-1938 funded Community Employer						
the contract of the contract o	Personal information you pr	rovide may be use	d for purp	oses other than that	t for which it was o	riginally collected -	sec. 15.04(1)(m), W	is. stats. EC	luar Opportunity Employe			