

# MISSOURI 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

Certificate Number

4377181672699416

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

ENTRY PERMIT #:

INSPECTION DATE: 12/30/2022				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		AND/OR		First Name		Last Name		AND/OR	
Business Name				Business Name				Business Name			
TIFFANIE'S LLC				JM PETS							
Physical Address of Animals				Physical Address of Animals				Physical Address			
3917 HWY C				192 MERRITT RD.							
City		State		Zip Code		County		City		State	
FRANKFORD		MO		63441		PIKE		FARMINGDALE		NY	
Phone Number		Location ID#		Phone Number		Location ID#		Transport Method		Purpose of Movement	
(573) 784-2577		43B3731								SALE	
Consignor's Address (if different)				Consignee's Address (if different)				<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate			
								<input type="checkbox"/> Print <input type="checkbox"/> Reconsigned			

**Weather Acclimation Statement** ANIMALS IN THIS SHIPMENT ARE ACCLIMATED TO TEMPERATURES RANGING FROM LESS THAN 95 DEGREES AND GREATER THAN 10 DEGREES FAHRENHEIT. ANIMALS ARE TOO YOUNG FOR RABIES VACCINATION EXCEPT WHERE NOTED ON INDIVIDUAL RECORDS, AND ARE NOT FROM AN AREA UNDER QUARANTINE.

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	WHITE, WESTIE, 991001005437927	9W	F						Copy	Delete
Canine	1	WHITE, WESTIE, 991001005437936	9W	F						Copy	Delete
Canine	1	WHITE, WESTIE, 991001005437934	9W	F						Copy	Delete
Canine	1	FAWN, PUG, 991001005437994	10W	M						Copy	Delete
TOTAL	4	Add New Row Delete Last Row									

Date Field

## OWNER/AGENT STATEMENT

"The animals in this shipment are those certified to and listed on this certificate."

DATE

SIGNATURE

**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 01/02/2023	Printed Name PHILIP P. BRISCOE	Phone (573) 221-0300	Email briscoep@hotmail.com
Address 3740 HIGHWAY MM		City HANNIBAL	State MO Zip 63401
USDA Accreditation # 007718	State of License MO	License # 2004013902	

Signature

Save Form Print Form Submit Form

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