



CERTIFICATE OF VETERINARY INSPECTION

CERTIFICATE NUMBER

43-082560-333540-1

Contact State of Destination for Movement Requirements and Certificate Validity - Certificate is valid for thirty days from date of inspection

☐ INTERNATIONAL☐ REGULAR HEALTH MAINTENANCE PROGRAM☐ 72 Hour HoldINSPECTION DATE
Jan 02 2023ISSUE DATE
Jan 02 2023

SHIP DATE

ENTRY PERMIT #


BRAND INSPECTION FORM #

BRAND INSPECTION ISSUE DATE

NAME 4 State Kennels		ORIGIN OF SHIPMENT		PHONE # 4178960140	NAME World Wide Puppys and Kittens		DESTINATION OF SHIPMENT		PHONE #	NAME CARRIER (Transporter)		PHONE #					
PHYSICAL ADDRESS 17725 Lawrence 1135				PREMISES I.D.		PHYSICAL ADDRESS 2560 Sunrise Hwy N				PREMISES I.D.		PHYSICAL ADDRESS					
CITY Verona		STATE MO	ZIP 65769	COUNTY		CITY Bellmore		STATE NY	ZIP 11710	COUNTY		CITY	STATE	ZIP	COUNTY		
EMAIL1				EMAIL2		EMAIL1				EMAIL2		EMAIL1				EMAIL2	
NAME 4 State Kennels				CONSIGNOR PRESENT OWNER OF SHIPMENT		NAME World Wide Puppys and Kit		CONSIGNEE "NEW OWNER" OF SHIPMENT		Origin of Shipment GPS Coordinates		Latitude				Longitude	
PHYSICAL ADDRESS 17725 Lawrence 1135				COUNTY		PHYSICAL ADDRESS 2560 Sunrise Hwy N				COUNTY		TEST RECORDS - Are legible copies of official charts (with individual animals identified and animals that are not shipped lined out) attached to all copies?					
CITY Verona		STATE MO	ZIP 65769	COUNTY		CITY Bellmore		STATE NY	ZIP 11710	COUNTY		Herd / Flock #		Record #:		YES NO	
# in Shipment		1	Small Animals	0	Cervids	0	Purpose(s) of Movement (check all that apply)				Intra-state	Carrier		Flock / Herd Free For		Current State / Area Status	
<input type="checkbox"/> Beef Cattle		0	<input type="checkbox"/> Dairy Cattle	0	<input type="checkbox"/> Camelids	0	<input type="checkbox"/> Show <input checked="" type="checkbox"/> Pet <input type="checkbox"/> Training				<input type="checkbox"/>	<input type="checkbox"/> Air <input type="checkbox"/> Truck <input type="checkbox"/> Mail		<input type="checkbox"/> TB Free <input type="checkbox"/> John's <input type="checkbox"/> NPPI		Tuberculosis <input type="checkbox"/> Free <input type="checkbox"/> MAA <input type="checkbox"/> MA	
<input type="checkbox"/> Horses		0	<input type="checkbox"/> Sheep	0	<input type="checkbox"/> Semen/Embryos	0	<input type="checkbox"/> Race <input type="checkbox"/> Breeding <input type="checkbox"/> Slaughter				<input type="checkbox"/>	<input type="checkbox"/> Boat <input type="checkbox"/> Rail <input checked="" type="checkbox"/> Car		<input type="checkbox"/> Bruc. <input type="checkbox"/> Scrapie <input type="checkbox"/> PRV		Brucellosis <input type="checkbox"/> Free <input type="checkbox"/> Class A	
<input type="checkbox"/> Goats		0	<input type="checkbox"/> Swine	0	<input type="checkbox"/> Aquaculture	0	<input type="checkbox"/> Rodeo <input type="checkbox"/> Feeding <input type="checkbox"/> Medical				<input type="checkbox"/>	<input type="checkbox"/> Other		<input type="checkbox"/> Trich <input type="checkbox"/> EIA <input type="checkbox"/> Other		<input type="checkbox"/> PRV Free <input type="checkbox"/> Other	
<input type="checkbox"/> Avian		0	<input type="checkbox"/> Dogs & Cats	0	<input checked="" type="checkbox"/> Other	1	<input checked="" type="checkbox"/> Sale <input type="checkbox"/> Grazing <input type="checkbox"/> Other (specify below)				<input type="checkbox"/>						

VETERINARY CERTIFICATION STATEMENTS:	This animal has been acclimated to to temperatures ranging from 10-90 degrees F. This animal did not originate from an area under quarantine for rabies and has not been exposed to rabies with in 100 days of importation.
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Line #	Qty	Species	OFFICIAL/FEDERAL EAR TAG # REGISTRATION TATTOO OR OTHER PERMANENT IDENTIFICATION *** You may place up to four unique animal identifiers with a comma between each entry ***	Age	Breed	Sex	Bruc Vac Tatto o	Test Date	Test	Accession #	Result +/-	Lab	Other
1	1	OTH	unnamed	10w	Dogue De Bordeaux	Male							

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.		OFFICIAL OFFICE USE ONLY	
SIGNATURE 		NAME Erin Carnes	
DATE Jan 02 2023		PHONE 4172355616	
USDA ACCR.# 082560		ADDRESS 215 Dairy St	
		E-MAIL monettvet@outlook.com	
		Monett	
		MO	
		65708	
		STATE OF LICENSE MO	
		LICENSE# 2017015790	
		CATEGORY I	