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## MISSOURI CERTIFICATE OF VETERINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate Validity

Missouri Department of Agriculture Division of Animal Health PO Box 630 Jefferson City, MO 65101 (573)751-3377

ENTRY PERMIT #.

43412111710523480 Certificate Number

FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM

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

																			ing my					
Small Animal	ansporter)					Zip Code Phone Number		Purpose of Movement	SALE	d)					ONS/IREATMENT.			:	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	e or implied.	/ahoo.com	Zip 64850		
	CARRIER (Transporter)	Name		Address		State Zip	OM.	ransport Method	<b>3</b>	tate   Intrastate	]				OTHER TESTS, VACCINATIONS/TREATMENT. PLEASE LIST DATE & PRODUCT USED				VETERINARY CERTIFICATION - I certify, as an accredited veterinarian that the above described animals have been inspected by me and that they signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are indicated on the certificate.	knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No further warranty is made or implied	Email yappydoggirl@yahoo.com	State MO	-	
OLarge Animal		Business Name		Physical Address		City		Transpor	TRUCK	X Interstate	]	<u>1</u>	70		RABIES SERIAL NUMBER				ed animals ha and results o	quirements.	) 451-7266			HEFLEY 5'00'
024	estination	3	AND/OR					County				Print	Reconsigned		RABIES TAG RA NUMBER				of the above describing). The vaccinations	federal interstate re	Phone (417) 451-7266	City NEOSHO	License # 2007036897	Digitally signed by TRISHA HEFLEY Date: 2024.03.15 12:24:40 -05'00'
03/18/2024	CONSIGNEE - Contact Person at Destination	Last Name						Zip Code	07748	Location ID#		ut)			RABIES BOOSTER DUE				veterinarian tha ept where note	lestination and	DVM	City N	П	Digitally s Date: 202
	- Contact	Last				Animals	Z	State	3			ee's Address (if different)			RABIES VACC DATE				accredited	he state of c	HEFLEY,		ense MO	
ENT DATE	SIGNEE			Vame	PUPPY	dress of	IGHWAY 35 N		Ž	ıber		s Addres			SEX	M			rtify, as an nunicable d	ate meet t	TRISHA		tate of Lic	LEY
SHIPMEN	ව්	First Name		<b>Business Name</b>	SELECT A PUPPY	Physical Address of Animals	1839 HIGH	City	MIDDLETOWN	Phone Number		Consignee <sup>1</sup>			AGE	8WK			ATION - I ce and/or comm	on this certific	Printed Name TRISHA HEFLEY, DVM		1211	
2024	t Origin		AND/OR						NEWTON	#					DESCRIPTION / BREED / MICROCHIP	o o			INARY CERTIFIC, infectious, contagious	ge, the animals listed	03/15/2024 F	Address 18200 HWY 59	USDA Accreditation # [0 4 1 1 2 1 1 1 1] State of License	IRISHA HEFL
03/12/2024	CONSIGNOR - Contact Person at Origin	Last Name						Zip Code	64850	Location ID#					SCRIPTION / B	SHIH TZU RD & WH, 956000015266819					Date	Addres	USDA /	Signature
ńί	R - Conta	Last				nimals		State	Q₩		6	if different			E BE	SHIH TZU RD&WH, 99			TEMENT nent are tho	his certifica				
ON DATE	ONSIGNO			ame	W PETS	dress of A	'L RD			iber	(417) 455-9159	: Address (		limation	# OF ANIMALS	-	1		ENT STA in this shipn	d listed on t				
INSPECTION DATE:	Q	First Name		Business Name	SOUTHPAW PETS	Physical Address of Animals	19614 OWL RD	City	NEOSHO	Phone Number	(41)	Consignor's Address (if different)		Weather Acclimation Statement	SPECIES	Canine	TOTAL	Date Field	OWNER/AGENT STATEMENT "The animals in this shipment are those	certified to and listed on this certificate."		DATE		SIGNATURE

Date 03/15/2024