

OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD & FORESTRY

CERTIFICATE OF VETERINARY INSPECTION

2800 N. Lincoln Blvd., Oklahoma City, OK 73105 • (405) 522-6141 • Fax (405) 522-0756

2446657

Permit Number

Name of Consignor/Owner Sandy Wisdom		Premise ID #		Name of Consignee Pinnacle Pet		Premise ID #	
Physical Address 9514 N 435 Rd		City Adair		Physical Address 11863 Kimpbi Ln		City Neosho	
Origin Address (if different from above)		State OK		State MO		Zip 64850	
Phone 918-373-4443		Zip 74330		Destination Address (if different from above)		Phone 417-451-0085	

NUMBER IN SHIPMENT = 4				Area Status		Herd Numbers		Purpose of Movement (check all that apply): <input checked="" type="checkbox"/> INTERSTATE <input type="checkbox"/> INTRASTATE						
<input type="checkbox"/> Mexican Cattle <input type="checkbox"/> Horse <input checked="" type="checkbox"/> Dog/Cat <input type="checkbox"/> Beef Cattle <input type="checkbox"/> Swine <input type="checkbox"/> Poultry <input type="checkbox"/> Dairy Cattle <input type="checkbox"/> Sheep/Goat <input type="checkbox"/> Other				<input checked="" type="checkbox"/> B Free <input type="checkbox"/> TB MAA <input checked="" type="checkbox"/> BR Free <input type="checkbox"/> BR A <input type="checkbox"/> Other		<input type="checkbox"/> Accredited # <input type="checkbox"/> Certified # <input type="checkbox"/> VQ # <input type="checkbox"/> Other <input type="checkbox"/> Herd Test Dates		<input type="checkbox"/> Breeding <input type="checkbox"/> Feeding <input type="checkbox"/> Grazing <input type="checkbox"/> Slaughter <input checked="" type="checkbox"/> Sale <input type="checkbox"/> Exhibition <input type="checkbox"/> Other						
Please do not extend mark beyond appropriate box for scanning reliability.								EIA		TB	Brucellosis	PRV	Other Test	
OFFICIAL/USDA EARTAG NUMBER OR OTHER OFFICIAL ID				BREED	SEX	AGE	VACCINATION		Negative Test Date	Accession #	Date of Negative Results (72 hrs)	Negative Test Date	Negative Test Date	Negative Test Date
1. Pup 1				French bull	M	8w								
2. Pup 2				French bull	M									
3. Pup 3				English bull	F									
4. Pup 4				English bull	F									
5.														
6.														
7.														
8.														
9.														
10.														

VETERINARY CERTIFICATION: I certify, as an accredited veterinarian, the above described animals have been inspected by me on (date) _____ and they were not showing signs of infectious, contagious, and/or communicable disease (except where noted). The vaccinations and results of test are as indicated on this certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No warranty is made or implied.

USDA Accreditation # **100022**
 Issued **09/19/23**
 Certifying Veterinarian (Print or Type) **Jennifer Prophet Nichols** Certifying Veterinarian (Signature) *Jennifer Prophet Nichols*
 Address: **1135 Hwy 20 W Pryor, OK 74361** Phone: **918-825-1717**

Owner/Agent Statement
 The animals in this shipment are those certified to and listed on this certificate

APPROVED BY STATE OR FEDERAL OFFICIAL

2446657

Owner/Agent Signature

ORIGINAL - RETURN TO ODAFF within 7 days of completion

PINK - ACCOMPANY SHIPMENT

GOLD - VETERINARIAN

This certificate is valid for 30 days