



CERTIFICATE OF VETERINARY INSPECTION

CERTIFICATE NUMBER

57-090833-376770-1

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 Hold

INSPECTION DATE

May 01 2024

ISSUE DATE

May 01 2024

SHIP DATE

ENTRY PERMIT #

BRAND INSPECTION FORM #

BRAND INSPECTION ISSUE DATE

NAME LAKE PARK VETERINARY CLINIC		PHONE # 229-559-3000	NAME PATTIE/JIM STRATE		PHONE # 386-855-1106	NAME CARRIER (Transporter)		PHONE #
PHYSICAL ADDRESS 3008 WEST MARION AVENUE		PREMISES I.D.	PHYSICAL ADDRESS 3535 NORTHWEST 61 COURT		PREMISES I.D.	PHYSICAL ADDRESS		
CITY LAKE PARK	STATE GA	ZIP 31636	CITY JENNINGS	STATE FL	ZIP 32053	CITY	STATE	ZIP
COUNTRY USA		EMAIL(S) LAKEPARKVETCLINIC@GMAIL.COM		COUNTRY USA		EMAIL(S)		
NAME PATTIE/JIM STRATE			NAME PATTIE/JIM STRATE			Origin of Shipment GPS Coordinates Latitude Longitude		
PHYSICAL ADDRESS 3535 NORTHWEST 61 COURT		COUNTRY USA	PHYSICAL ADDRESS 3535 NORTHWEST 61 COURT		COUNTRY USA	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 JENNINGS	STATE FL	ZIP 32053	CITY JENNINGS	STATE FL	ZIP 32053	Herd / Flock #	Record #:	<input type="checkbox"/> YES <input type="checkbox"/> NO
# in Shipment	4	<input type="checkbox"/> Small Animals	0	<input type="checkbox"/> Cervids	0	Purpose(s) of Movement (check all that apply)		Intra-state
<input type="checkbox"/> Beef Cattle	0	<input type="checkbox"/> Dairy Cattle	0	<input type="checkbox"/> Camelids	0	Show <input type="checkbox"/> Sale <input type="checkbox"/> Training <input type="checkbox"/> Grazing		Carrier
<input type="checkbox"/> Horses	0	<input type="checkbox"/> Sheep	0	<input type="checkbox"/> Semen/Embryos	0	Race <input type="checkbox"/> Breeding <input type="checkbox"/> Slaughter <input checked="" type="checkbox"/> Pet		<input type="checkbox"/> Air <input type="checkbox"/> Truck <input type="checkbox"/> Mail
<input type="checkbox"/> Goats	0	<input type="checkbox"/> Swine	0	<input type="checkbox"/> Aquaculture	0	Rodeo <input type="checkbox"/> Feeding <input type="checkbox"/> Medical		<input type="checkbox"/> Boat <input type="checkbox"/> Rail <input type="checkbox"/> Car
<input type="checkbox"/> Avian	0	<input checked="" type="checkbox"/> Dogs & Cats	4	<input type="checkbox"/> Other	0	Companion Animal <input type="checkbox"/> Personal Travel/Transit		<input type="checkbox"/> Land <input type="checkbox"/> Other
						Owner relocating <input type="checkbox"/> Other (specify below)		<input checked="" type="checkbox"/> Inter-state
								Flock / Herd Free For
								<input type="checkbox"/> TB Free <input type="checkbox"/> Johne's <input type="checkbox"/> NPPI
								<input type="checkbox"/> Bruc. <input type="checkbox"/> Scrapie <input type="checkbox"/> PRV
								<input type="checkbox"/> Trich <input type="checkbox"/> EIA <input type="checkbox"/> Other
								Current State / Area Status
								Tuberculosis <input type="checkbox"/> Free <input type="checkbox"/> MAA <input type="checkbox"/> MA <input type="checkbox"/> NA
								Brucellosis <input type="checkbox"/> Free <input type="checkbox"/> Class A <input type="checkbox"/> Class B
								<input type="checkbox"/> Class C <input type="checkbox"/> GYA, DSA (Class A)
								<input type="checkbox"/> PRV Free <input type="checkbox"/> Other

VETERINARY CERTIFICATION STATEMENTS:	PARVO/DISTEMPER VACCINES GIVEN 05/01/2024 TOO YOUNG FOR RABIES NO MICROCHIPS
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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	Rabies/Other
1	1	CAN	RED COLLAR, TAN & WHITE, WT: 1.4#, T: 101.5	7 W	CHIH	Male		05/01/2024	FECAL		N		
2	1	CAN	ROYAL BLUE COLLAR, TAN & WHITE, WT: 1.2#, T: 100.8	7 W	CHIH	Male		05/01/2024	FECAL		N		
3	1	CAN	TAN COLLAR, TRI-COLORED, WT: 1.2#, T: 101.2	7 W	CHIH	Male		05/01/2024	FECAL		N		
4	1	CAN	BABY BLUE COLLAR, TRI-COLORED, WT: 0.8#, T: 101.4	7 W	CHIH	Male		05/01/2024	FECAL		N		

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 Emily Wetherington	STATE OF LICENSE GA	
PHONE 2295593000	ADDRESS 3008 West Marion Avenue	LICENSE# VET010279	
E-MAIL lakeparkvetclinic@gmail.com	CATEGORY II		
DATE May 01 2024	USDA ACCR.# 090833	Lake Park GA 31636	

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V. Jul25 x'ed