Utah Department of Agriculture and Food PO Box 146500, Salt Lake City, UT 84114-6500 (801) 982-2235

UTAH

87 SA 46021

COMPANION ANIMAL 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

INSPECTION DATE: 2-15-24 ISSUE DATE: 2-15-24 IMPORT PERMIT # (If applicable):										
NAME CONSIGNOR (Contact Person at Origin)	NAME	NAME CONSIGNEE (Contact Person at Destination)					RIER (Transporter)			
ORIGIN PHYSICAL ADDRESS	PHYSIC	PHYSICAL ADDRESS					Bedrock Transportion TYPE OF ANIMAL SHIPPED			
4911 4th Street	11	1123 Ranney HVE					Dog Cat Ferret Other			
ORIGIN CITY, STATE, ZIP, COUNTY		CITY, STATE, ZIP, COUNTY PHONE CODE GICARDEN MO 63703						SHIPMENT		
OWNER MAILING ADDRESS / CITY/ STATE / ZIP (if different than								turning to Utah Animals are traveling with owner		
above)						Not returning to Utah Shipping date: 3-16-24				
PHONE NUMBER 385-238-3425	PHONE	PHONE NUMBER 573-587-2069					Number of Animals in Shipment:			
L I INDIVIDUAL IDENTIFICATION N E (Name, Description of Markings, Microchip, etc.)	BREED	SEX	Rabies Vaccination Date	Rabies Vaccination Expiration Date	Product & Vaccine Producer	Serial Number	Other Vaccinations	Date Vaccinated	Product & Vaccine Producer	
1 Junior 30	Bully	m	2-15-24	2-15-27	700tis					
2				1	333		Dodpp	7.0.24	Elancho	
3							Borchtello	2-9-24	venguard	
4									0	
5	8.1			And The Table						
6										
7					mark and a second					
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.										
OWNER/AGENT STATEMENT: I certify the animal(s) in this shipment are as listed on this certificate.	OWNER	OWNER / AGENT SIGNATURE					y RECEIVED			
ACCREDITED VETERINARIAN SIGNATURE	I hereby certify that the animal(s) in this shipment are, to the best of					my	RECEIVE			
knowledge, acclimated to air temperatures between °F an °F.							FEB 22 REC'D			
VETERINARIAN'S PRINTED NAME	VETERI	/ETERINARIAN'S ADDRESS Baynew Arimal Hospital								
Michael Noves		VETERINARIAN'S ADDRESS BOLYNOW Animal Hospital 2215 W GLENTILE STREET						OFFICE OF STATE		
USDA ACCREDITATION (NVA)#							OFFICE OF STAN VETERINARIAN - UTAH			