

STATE OF DESTINATION	PENNSYLVANIA DEPARTMENT OF AGRICULTURE COMPANION ANIMAL INTERSTATE CERTIFICATE OF VETERINARY INSPECTION	Certificate # SA 76513
AAI-14 REV 03/25/2015		

1. NAME/PHYSICAL ADDRESS/PHONE # OF OWNER: Matt Hutson 918-527-2826 6105 Lombard St. Chelverly MD 20785	2. NAME/PHYSICAL ADDRESS/PHONE # OF CONTACT AT DESTINATION: Leighton Harker 417-393-5138 300 Crystal View Dr. Cassville MO 65625	3. ADDRESS WHERE THIS ANIMAL INSPECTION WAS PERFORMED: Black Horse Animal Hospital 5081 Lincoln Hwy Kunzers PA 17535 717-442-0252
4. SPECIES: <input checked="" type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> FERRET <input type="checkbox"/> RABBIT <input type="checkbox"/> OTHER:	5. PERMIT #:	
6. ANIMAL 1 NAME: Blue	ANIMAL 2 NAME:	ANIMAL 3 NAME:
7. MICROCHIP/TATTOO: 992000002755981	MICROCHIP/TATTOO:	MICROCHIP/TATTOO:
8. AGE: 11-18.23 SEX: <input type="checkbox"/> MC <input type="checkbox"/> FS <input checked="" type="checkbox"/> M <input type="checkbox"/> F	AGE: SEX: <input type="checkbox"/> MC <input type="checkbox"/> FS <input type="checkbox"/> M <input type="checkbox"/> F	AGE: SEX: <input type="checkbox"/> MC <input type="checkbox"/> FS <input type="checkbox"/> M <input type="checkbox"/> F
COLOR:	COLOR:	COLOR:
9. BREED/DESCRIPTION: Golden Retriever/Miniature Poodle	BREED/DESCRIPTION:	BREED/DESCRIPTION:
10. RABIES VACCINATION DATE: 2-12-24	RABIES VACCINATION DATE:	RABIES VACCINATION DATE:
MANUFACTURER/PRODUCT NAME: NOB-VUL	MANUFACTURER/PRODUCT NAME:	MANUFACTURER/PRODUCT NAME:
SER/LOT#: 648624 DURATION OF IMMUNITY: 1 YR	SER/LOT#: DURATION OF IMMUNITY:	SER/LOT#: DURATION OF IMMUNITY:
11.: OTHER TESTS/VACCINATIONS/TREATMENTS:	OTHER TESTS/VACCINATIONS/TREATMENTS:	OTHER TESTS/VACCINATIONS/TREATMENTS:
DATE 12/10/2020 2/12	DATE FEB 16 2024	DATE

12. ADDITIONAL STATEMENTS: Ground Shipping	13. <input checked="" type="checkbox"/> I have verified the presence of a microchip if a microchip number is listed above.	14. <input checked="" type="checkbox"/> To my knowledge, the animal(s) described above originated from an area not quarantined for rabies and has(have) not been exposed to rabies.	15. <input checked="" type="checkbox"/> I have inspected the animal(s) described herein and found them to be free of any evidence of infectious, contagious, or communicable disease. The vaccinations, treatments, and results of tests are as indicated, and this certificate is issued in compliance with entrance requirements of the state of destination.	16. Date of Issue: 02/12/24 NAN: 043603 Printed Name of Issuing AV: Dr. Willard Stoltzfus VMD Address and Phone # of AV: 5081 Lincoln Hwy Kunzers PA 17535 717-442-0252	17. BUREAU USE ONLY: Director, PDA B.A.H.D.S. B.A.H.D.S. Agent
Date of Inspection: 02/12/24					