(A DEF A)	S 0452003 Date Transported by									
IORIUL PUR	2-3-2	3	CAR	☐ AIR	RAIL	TRUCK				
CONSIGNOR	CONSIGNEE WILLIAM & Mary Yoder									
ADDRESS	ADDRESS Harrest Ave									
Rocky	Cocky Confort Mo			U4801	Bloomfield I			F 53537		
ORIGIN ADDRES	DESTINATION ADDRESS IF DIFFERENT									
ODEOJEO.	DDEED	AGE	SEX	DESCRIPTION	RABIES VACCINATION OTHER VACCINATION					VACCINATION
SPECIES	BREED				DATE	TYPE	Т	AG NO.	DATE	TYPE
K-9	DAC	24-22	THE WAY	Various	2-1-23	PFE		/	TOE	MAN
K-9	DAC	1-23-33	100	Various	2-1-20	の主			-300	
49	DAC	F-14-93	TO LE	Vanous	5-1-33	題			CAS	
I have inspected the animals described hereon and find them to be free from visible signs of infectious, contagious, or communicable disease The vaccinations and results of tests are as indicated above.										
SIGNATURE OF VETERINARIAN					ADDRESS/IIdway Veterinary Clinic 18200 Hwy 59					
PRINTED NAME	TELEPHONE NO MO 64850 USDA ACCREDITATION NUMBER 417-451-7266									
MO 350-0480 (9-1	8)	- 22	DISTRI	BUTION: WHITE - STATE VETERINA	RIAN CANARY -	ACCOMPANY	SHIPMENT	PINK - ISSUING	3 VET FILE	