	STATE OF M DEPARTMEN DIVISION OF	NT OF AG	RICULTU	IRE	S 0452020						
	DATE 4-	23	TRANSPORT	ED BY	RAIL	☐ TRI	UCK				
CONSIGNOR	consignee Glen Swedlund										
ADDRESS	ADDRESS 4 Drake Ave										
CITY KIA	Centerville IA 52544						544				
ORIGIN ADDRESS IF DIFFERENT					DESTINATION ADDRESS IF DIFFERENT						
					B/	RABIES VACCINATION			OTHER VACCINATIONS		
SPECIES	BREED	AGE	SEX	DESCRIPTION	DATE	TYI		TAG NO.	DATE	62 15	TYPE
K-9	PoD	5-10-18	P	Wich	2-1-25	PFIL		MEC	EIVE	ED	
1								FEB	0 2223		
								AC	沙尼太		
from visible	signs of infe	ctious, co	ntagious,	on and find them to be fre or communicable disease indicated above.	e OTHER REMARK	KS					17
The vaccinations and results of tests are as indicated above. SIGNATURE OF VETERINARIAN					ADDRES Midway Veterinary Clinic 18200 Hwy 59						
PRINTED NAME	TELEPHONE NUMBERS TO MO 64850 USDA ACCREDITATION NUMBER 417-451-7266 JARIAN CANARY - ACCOMPANY SHIPMENT PINK - ISSUING VET FILE										
MO 350-0480 (9-1	8))	DISTRII	BUTION: WHITE - STATE VETERIN	ARIAN CANARY	- ACCOMPA	ANY SHIPMENT	FINK - 133011	VG VET TIEE		i.