



# WYOMING CERTIFICATE OF VETERINARY INSPECTION

Wyoming Livestock Board, 1934 Wyott Drive, Cheyenne, WY 82002 (307) 777-7515

Contact State of Destination for Movement Requirements and Certificate Validity

FOR FOREIGN SHIPMENTS(Outside United States or Leaving United States) USE FEDERAL FORM

No. **83-528215**

HEALTH INSPECTION DATE: <b>7/24/2023</b>	ISSUE DATE: <b>7/24/2023</b>	BRAND INSPECTION FORM:	ENTRY PERMIT NO:
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NAME <b>Sophie Simmet</b>	CONSIGNOR (Contact Person at Origin)	NAME <b>Sophie Simmet</b>	CONSIGNEE (Contact Person at Destination)	NAME <b>Sophie Simmet</b>	CARRIER (Transporter)
PHYSICAL ADDRESS <b>542 N Mabel Ave</b>		PHYSICAL ADDRESS <b>10504 Wheeling Rd</b>		PHYSICAL ADDRESS <b>542 N Mabel Ave</b>	
CITY, STATE, ZIP, COUNTY <b>Pinedale WY 82941 Sublette</b>	PHONE <b>307-231-3547</b>	CITY, STATE, ZIP, COUNTY <b>Carp Lake MI 49718 Emmet</b>	PHONE <b>307-231-3547</b>	CITY, STATE, ZIP <b>Pinedale, WY 82941</b>	PHONE <b>307-231-3547</b>
ORIGIN OF ANIMALS <input checked="" type="checkbox"/> Same as above	PREMISES ID#	DESTINATION OF ANIMALS <input checked="" type="checkbox"/> Same as above	PREMISES ID#	TEST RECORDS - Are legible copies of official charts (with individual animals identified and animals that are not shipped lined out) attached to all copies? <input type="checkbox"/> Yes <input type="checkbox"/> No Record #:	

<b>Species/Number in Shipment</b> <input type="checkbox"/> Beef Cattle # <input type="checkbox"/> Dairy Cattle # <input type="checkbox"/> Horses # <input type="checkbox"/> Sheep # <input type="checkbox"/> Goats # <input type="checkbox"/> Swine # <input type="checkbox"/> Poultry # <input checked="" type="checkbox"/> Other(specify): # <b>2 Canine</b>	<b>Purpose(s) of Movement</b> (check all that apply) <input checked="" type="checkbox"/> Interstate <input checked="" type="checkbox"/> Intrastate <input type="checkbox"/> Breeding <input type="checkbox"/> Grazing <input type="checkbox"/> Rodeo <input type="checkbox"/> Sale <input type="checkbox"/> Show <input type="checkbox"/> Feeding <input type="checkbox"/> Slaughter <input type="checkbox"/> Training <input type="checkbox"/> Race <input type="checkbox"/> Pet <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Other (specify):	<b>CARRIER</b> <input type="checkbox"/> Truck <input type="checkbox"/> Trail <input checked="" type="checkbox"/> Car <input type="checkbox"/> Mail <input type="checkbox"/> Rail <input type="checkbox"/> Boat <input type="checkbox"/> Air <input type="checkbox"/> Other (specify):	<b>Flock/Herd Free For:</b> <input type="checkbox"/> TB <input type="checkbox"/> Bruc. <input type="checkbox"/> PRV <input type="checkbox"/> Johne's <input type="checkbox"/> Scrapie <input type="checkbox"/> NPIP <input type="checkbox"/> Other (specify): Herd/Flock #	<b>Current State/Area Status</b> Tuberculosis: <input type="checkbox"/> Free <input type="checkbox"/> MAA <input type="checkbox"/> MA Brucellosis: <input type="checkbox"/> Free <input type="checkbox"/> Class A PRV Free: <input type="checkbox"/> Other (specify):
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## VETERINARY CERTIFICATION STATEMENTS

LINE #	OFFICIAL/FEDERAL EAR TAG # REGISTRATION TATTOO OR OTHER PERMANENT IDENTIFICATION	AGE	BREED	SEX	Bruc. Vacc. Status/Tattoo	IMPORT REQUIRED TESTS AND RESULTS Contact State of Destination for Requirements					TEMPERATURE (if required) VACCINATION AND/OR TREATMENT Please list Date, Product, and Reason for Vaccination/Treatment
						Date	Test	Accession #	Results +/-	Lab	
1	"mud" Blue Heeler	22m	Blue Heeler	MN		10-21-22	3yr Rabies vaccine, Bordetella				DHPPL
2	"River" Australian Cattle Dog	5y	ACD	MN		10-21-22	3yr Rabies vaccine, Bordetella				DHPPL
3											
4											
5											
6											
7											
8											
9											
10											



Reviewed by Colleen Phillipich

**RECEIVED**

By HarrisC24 at 8:24 am, Aug 02, 2023

<b>OWNER/AGENT STATEMENT</b> "The animals in this shipment are those certified to and listed on this certificate." SIGNATURE <b>Sophie Simmet</b> DATE <b>7/24/2023</b>	<b>VETERINARY CERTIFICATION</b> - 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. SIGNATURE <b>Kristina Gohlhausen DVM</b> DATE <b>7/24/2023</b> PRINT NAME <b>Kristina Gohlhausen DVM</b> PHONE: <b>301-367-4195</b> ADDRESS <b>43 S Madison PO Box 108 Pinedale WY 82941</b> USDA ACCREDITATION # <b>013796</b> WY LICENSE: # <b>1349</b> E-MAIL:	<b>OFFICIAL OFFICE USE ONLY</b>  Reviewed by Colleen Phillipich
<b>OFFICIAL USE ONLY</b> The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.		

DISTRIBUTION: WHITE: State Veterinarian - Origin CANARY: State Veterinarian - Destination PINK: Accompany Shipment GOLDENROD: Issuing Veterinarian