

Missouri Department of Agriculture
Division of Animal Health
PO Box 630 Jefferson City, MO 65101
(573)751-3377

MISSOURI 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
OFFICIAL USE ONLY: The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.

Certificate Number
43412111710523480

ENTRY PERMIT #		INSPECTION DATE: 03/12/2024		SHIPMENT DATE: 03/18/2024		<input type="radio"/> Large Animal <input checked="" type="radio"/> Small Animal	
CONSIGNOR - Contact Person at Origin		CONSIGNEE - Contact Person at Destination		CARRIER (Transporter)			
First Name		Last Name		First Name		Last Name	
Business Name		Business Name		Business Name		Business Name	
SOUTHPAW PETS		SELECT A PUPPY		AND/OR		AND/OR	
Physical Address of Animals		Physical Address of Animals		Physical Address		Physical Address	
19614 OWL RD		1839 HIGHWAY 35 N		City		State Zip Code Phone Number	
City		State		Zip Code		City	
NEOSHO		MO		64850		MO	
Phone Number		Location ID#		City		State Zip Code Phone Number	
(417) 455-9159		MIDDLETOWN		07748		SALE	
Consignor's Address (if different)		Phone Number		Location ID#		Transport Method	
						TRUCK	
Consignee's Address (if different)		Consignee's Address (if different)		Location ID#		Purpose of Movement	
						SALE	
Weather Acclimation Statement		Consignee's Address (if different)		Print		Intrastate	
				Reassigned			
SPECIES		DESCRIPTION / BREED / MICROCHIP		RABIES VACC DATE		RABIES TAG NUMBER	
Carine		SHIH TZU		8WK		RABIES SERIAL NUMBER	
TOTAL		1		8WK		OTHER TESTS VACCINATIONS/TREATMENT. PLEASE LIST DATE & PRODUCT USED	
Date Field							
OWNER/AGENT STATEMENT		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.					
DATE		Date 03/15/2024		Printed Name TRISHA HEFLEY, DVM		Phone (417) 451-7266	
SIGNATURE		Address 18200 HWY 59		City NEOSHO		State MO Zip 64850	
		USDA Accreditation # 0141211		State of License MO		License # 21007036897	
		Signature TRISHA HEFLEY		Digitally signed by TRISHA HEFLEY		Date: 2024.03.15 12:24:40 -05'00'	

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