			1	VEBR/	SKA	_		No. SA	23410	80
Animal and Plant Health Protection P.O. Box 94787				ood Life. Great Roots. DEPARTMENT OF AGRICULTURE ALL ANIMAL HEALTH CERTIFICATE				SALE BREEDING	EXHIBITION SALE BREEDING TRAVEL with OWNER	
Seller/Owner/ Exhibitor/Consignor Joggh Merman Purchaser/Name of Show/Consignee: Terri Edward S Physical Address: 280 3/180 Physical Address: 30/1 Sw 441 St City/State/Zip: Lee Sammit Mo 64063 To be shipped via Auto Air Other										
DESCRIPTION OF ANIMAL(S) VACCINATION										
	0.1	RABIES				OTHER				
Species	Age	Sex	Breed	Color or Ma Microchij		Date	Tag No.	Date	Specif	fy
K9	Sw	F	maltypo	Red	ip ID System	70 GO	angs	9-31-2	3 DA	1288
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Print Veterinarian Name	S (seases	et	Clinec	DVM DVM	Date Iss Address City/Stat		1/23 Sole wid (contagious, 1h 57 VE 68	1.632
WHITE - To State Office, Y	ELLOW - \	With Shi	pment, PINK - File C	opy Retain				WP_Form0	4.docx (Rev.	6/17)