Form DC-Certificate of Veterinary Inspection for Cats/Dogs

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Interstate Shipment			DEPARTMENT OF AGRICULTURE AND LAND STEWARDSHIP						4504	14
Exhibition	Ε	I	Bureau of Animal Industry							
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Owner or	Consigno	r <u> De</u>	Hij V	<u>Uelday</u>	Consignee	- Ma	<u> 1870</u>	Mac	<u> </u>	
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DESCRIPTION		aev.	AGE/ DOB	TATTOO MICROCHIP NUMBER	DARIES	RABIES VAC	CINATION TYPE	MANUFACTURER	SERIAL NUMBER]
	BREED/ COLOR	SEX			RABIES TAG NUMBER	.G Live/ 1 ye:	1 year 3 year			
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REMARKS:										
I hereby certify tha	t the animals	listed above	have been	examined by me an	d found to be free from	n contagious	and infectiou	s diseases to the be	st of my	
knowledge. To my	knowledge, t	he animals	listed have n	ot been exposed to	rabies and have not or	iginated from	n a rabies qua	rantine area.		
Signature of Licens	ed Veterinario	in <u>D</u>	liston	· Ph(L.t	Tod Iowa	Vet License <u>#</u>	261	H		
Typed or Printed N	ame DR.	WIM				ssued	<u> 3- 77</u>	<u>- 75</u>		
Name of Veterinary	Hospital/Clin		my	Villag		hone Number	1-1144	<u>/) メり</u> 	171	
Address 701		<u> </u>	<u>x</u>	_City <u>CrV</u>		State	Zip C		•	
riginal (Pink) copy i	to accompany	shipment. N	Iail two copi	es (White & Canar)	y) to the State Veterina	ian. Retain la	ist copy (Gree	n) unless required j	or air shipmen	nt)