



CERTIFICATE OF VETERINARY INSPECTION

CERTIFICATE NUMBER

52-094667-349263-0

Contact State of Destination for Movement Requirements and Certificate Validity - Certificate is valid for thirty days from date of inspection

☐ INTERNATIONAL☐ REGULAR HEALTH MAINTENANCE PROGRAM☐ 72 Hour HoldINSPECTION DATE
Jul 15 2023ISSUE DATE
Jul 15 2023SHIP DATE
Jul 19 2023

ENTRY PERMIT #

BRAND INSPECTION FORM #

BRAND INSPECTION ISSUE DATE

NAME Anita Anderson		PHONE # 540-353-8662	NAME Anthony Galluzzo		PHONE # 916-207-3941	NAME American Airlines		PHONE #
PHYSICAL ADDRESS 4071 Barley Drive		PREMISES I.D.	PHYSICAL ADDRESS 95 Lexington Ave, Apt 3A		PREMISES I.D.	PHYSICAL ADDRESS		
CITY Salem	STATE VA	ZIP 24153	CITY Brooklyn	STATE NY	ZIP 11238	CITY	STATE	ZIP
COUNTRY USA		EMAIL(S) andersons4071@yahoo.com		COUNTRY USA		EMAIL(S)		COUNTRY USA
NAME CONSIGNOR PRESENT OWNER OF SHIPMENT Same as above - <input type="checkbox"/>			NAME CONSIGNEE "NEW OWNER" OF SHIPMENT Same as above - <input type="checkbox"/>			Origin of Shipment GPS Coordinates Latitude Longitude		
PHYSICAL ADDRESS		COUNTRY USA	PHYSICAL ADDRESS		COUNTRY USA	TEST RECORDS - Are legible copies of official charts (with individual animals identified and animals that are not shipped lined out) attached to all copies?		
CITY	STATE	ZIP	CITY	STATE	ZIP	Herd / Flock #	Record #:	<input type="checkbox"/> YES <input type="checkbox"/> NO
# in Shipment	1	<input type="checkbox"/> Small Animals	0	<input type="checkbox"/> Cervids	0	Purpose(s) of Movement (check all that apply)		Intra-state
<input type="checkbox"/> Beef Cattle	0	<input type="checkbox"/> Dairy Cattle	0	<input type="checkbox"/> Camelids	0	<input type="checkbox"/> Show	<input type="checkbox"/> Sale	<input type="checkbox"/> Training
<input type="checkbox"/> Horses	0	<input type="checkbox"/> Sheep	0	<input type="checkbox"/> Semen/Embryos	0	<input type="checkbox"/> Race	<input type="checkbox"/> Breeding	<input checked="" type="checkbox"/> Slaughter
<input type="checkbox"/> Goats	0	<input type="checkbox"/> Swine	0	<input type="checkbox"/> Aquaculture	0	<input type="checkbox"/> Rodeo	<input type="checkbox"/> Feeding	<input checked="" type="checkbox"/> Medical
<input type="checkbox"/> Avian	0	<input checked="" type="checkbox"/> Dogs & Cats	1	<input type="checkbox"/> Other	0	<input type="checkbox"/> Companion Animal	<input type="checkbox"/> Personal Travel/Transit	<input type="checkbox"/> Other (specify below)
						<input type="checkbox"/> Owner relocating	<input type="checkbox"/> Other (specify below)	<input checked="" type="checkbox"/> Inter-state
						<input checked="" type="checkbox"/> Carrier	<input type="checkbox"/> Air	<input type="checkbox"/> Truck
						<input type="checkbox"/> Boat	<input type="checkbox"/> Rail	<input type="checkbox"/> Car
						<input type="checkbox"/> Land	<input type="checkbox"/> Other	<input type="checkbox"/> Mail
						Flock / Herd Free For		<input type="checkbox"/> TB Free
								<input type="checkbox"/> John's
								<input type="checkbox"/> NPIP
						Current State / Area Status		<input type="checkbox"/> Tuberculosis
								<input type="checkbox"/> Free
								<input type="checkbox"/> MAA
								<input type="checkbox"/> MA
								<input type="checkbox"/> NA
								<input type="checkbox"/> Brucellosis
								<input type="checkbox"/> Free
								<input type="checkbox"/> Class A
								<input type="checkbox"/> Class B
								<input type="checkbox"/> Class C
								<input type="checkbox"/> GYA, DSA (Class A)
								<input type="checkbox"/> PRV Free
								<input type="checkbox"/> Other

VETERINARY CERTIFICATION STATEMENTS:	
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L i n e #	Q t y	S p e c i e s	OFFICIAL/FEDERAL EAR TAG # REGISTRATION TATTOO OR OTHER PERMANENT IDENTIFICATION *** You may place up to four unique animal identifiers with a comma between each entry ***	A g e	B r e e d	S e x	Bruc Vac Tatto o	Test Date	Test	Accession #	R e s u l t +/-	Lab	Other
1	1	CAN	gray with white on chest and toes on hind legs	8 w	italian greyhound	Male							

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.		OFFICIAL OFFICE USE ONLY	
SIGNATURE 	NAME Hannah Perez	STATE OF LICENSE VA	
PHONE 240-566-2600	ADDRESS 3153 w. Main St.	LICENSE# 0301205855	
E-MAIL hlperez@vt.edu	Salem	CATEGORY I	
DATE Jul 15 2023	USDA ACCR.# 094667	VA	24153