

Department of Agricultu Charleston, WV 25305 1900 Kanawha Blvd., E **Animal Health Divisior** West Virginia

COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION GOOD FOR 30 DAYS

(Only good for 10 days for entry into West Virginia GHO tracks §178CSR2-12.6)

Date:

| | | • | | <u>a</u> |
|---------------|-------------------------|----------------------------|---|--------------------------------------|
| Premise ID #: | Parkeneling Wy 26101 | Address: 39 Al Parting | Name: Sumae Society of Phone: 422-5841 | 1. Seller/Exhibitor/Consigner/Owner: |
| Premise ID #; | Elizabet Rten PA. 17022 | Address: 636 mulberry hora | Name: 2-0 Chare 4 hille Phone: 575-8704 | 2. Purchaser/Name of Show/Consignee: |

| 304-558-2214 | Premise ID #: | □ # | HONG | | , | | | F | Premise ID #: | j. | | |
|---|---|---------------------------------|------------------------------|---|--|---|---------------------------------|--------------------------------|-------------------------------------|---|-----------|--|
| Species: One form per species Canine Feline Ferret Other | 4. Purpose of Movement: Pet Exhibition Travel with owner Other | vemen | t: □ Breeding □ Racing | eding | 5. Additional Comments: Thereby certify that the animal(s) in this shipment are, to the best of my knowledge, acclimated to air temperatures between 42°F and 87°F. | nments: that the anim acclimated to | al(s) in t | his ship perature | ment are, to | the best of 42°F and 87°F. | | 6. Carrier: Air Truck/Auto Rail Water |
| | | | | | | | | | | | | 7. Permit No. (if required) |
| . Individual Animal Identification: | cation: | | | | | 9. Rabies/Product: | roduct: | | | | | 12. Other Tests and Vaccination Status |
| ag Numbers, Tattoo, Other Permanent ID | Name | Age | Sex | Breed | Color | Date | Tag# | Lot# | Serial # | Bordetella | Temp | i.e., DHL, DHLP, Felv, FVR, FVRCP |
| 375 886 203 788 | Bureoli | N. TO | X | stra ptx | white Bear | hilph | 418 47 45 Ch | 548 | 2001 | | | Pare |
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| 13. Veterinary Certification: "I certify, as an accredited veterinarian, that the above described animal(s) have been inspected by me and that they are not showing signs of infectious, contagious, and/or communicable disease (except where noted). The vaccination and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirement. No | :: "I certify, as an acustic us, contagious, and tof my knowledge, moliad " | credited for cont the ani | d veter nmunic mals li | inarian, that able disease sted on this o | the above described (except where note ertificate meet the s | l animal(s) ha d). The vacci tate of destin | ve been nation a ation an | inspect nd resu d federa | ed by me ants of tests a interstate | y me and that they are tests are as indicated erstate requirement. No | | 14. State Certification |
| Signature of Issuing Accredited Veterinarian: | ted Veterinarian: | 1 | 15 | A | E E | | 649 | | Date: | 1/4/14 | | wast Juliah |
| Printed Name of Veterinarian: | Kount | 1 | 102 | J. | DVM Ph | Phone: 977 | 423 | 17 | cense# 2 | License# 2002 - 22 | | Commissioner of Agriculture |
| Full Address: 530 2 | 2420 St | and a | ELA | Bury, | WV 2610 | • | | | | | | |