

NAME: <b>Marie Girouard</b> SHIPPER		NAME: <b>Dr. Irwin F. Edwards</b> RECEIVER		CARRIER <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> AIR	
ADDRESS (MAILING): <b>8707 Mesquite St</b>		ADDRESS (MAILING): <b>8707 Mesquite St</b>		OTHER NAME AND ADDRESS	
CITY, STATE, ZIP: <b>Phelan CA 92371</b>	PHONE: <b>818 335-7538</b>	CITY, STATE, ZIP: <b>Phelan CA 92371</b>	PHONE CONTACT: <b>818 335-7538</b>		
ORIGIN ADDRESS (IF DIFFERENT FROM ABOVE)		DESTINATION (ADDRESS OR DESCRIPTION)			

Inspection Date: **8/6/17**  
Issue Date: **8/6/17**  
Shipment Date: **8/9/17**  
ENTRY PERMIT NUMBER

SPECIES <input checked="" type="checkbox"/> Cattle <input checked="" type="checkbox"/> Horses <input checked="" type="checkbox"/> Sheep <input type="checkbox"/> Swine <input checked="" type="checkbox"/> Poultry <input checked="" type="checkbox"/> Other (indicate)	PURPOSE(S) OF SHIPMENT <input checked="" type="checkbox"/> Interstate <input type="checkbox"/> Intrastate <input checked="" type="checkbox"/> Show <input type="checkbox"/> Sale <input type="checkbox"/> Ownership change <input checked="" type="checkbox"/> Other (indicate) <b>Exhibition</b>	STATE/AREA STATUS <u>Tuberculosis</u> <input type="checkbox"/> Free <input type="checkbox"/> Modified <input type="checkbox"/> Accredited  <u>Brucellosis</u> <input type="checkbox"/> Free <input type="checkbox"/> 'A' <input type="checkbox"/> 'B' <input type="checkbox"/> Other Status (indicate)	HERD/FLOCK STATUS <input type="checkbox"/> Accredited # <input type="checkbox"/> Certified # <input type="checkbox"/> Validated # <input type="checkbox"/> #	BRUCELLOSIS TEST CHARTS—Legible copies of official charts with individual animals identified and animals not shipped lined out are attached to both pink and white copies? <input type="checkbox"/> Yes <input type="checkbox"/> No
VACCINATED OR TREATED FOR: (except brucellosis) Disease _____ Date _____				Product(s) _____
QUALIFIED NEGATIVE HERD TEST DATES A. _____ B. _____ C. _____				

INDIVIDUAL ANIMAL IDENTIFICATION				BRUCELLOSIS TEST					TUBERCULOSIS TEST		OTHER TEST(S)	
FEDERAL EAR TAG #, REGISTRATION TATTOO, OR OTHER PERMANENT IDENTIFICATION	L I N E #	REGISTRY NAME AND NUMBER OR DESCRIPTION AND REGISTERED OWNERSHIP BRAND (All animals presented for test must be listed. Line out animals not shipped.)	B R E E D E X	Vaccination TATTOO Symbol	DATE OF TEST LABORATORY					DISEASE TESTED FOR		
					BAPA	CARD	SPT	RIV	TEST IN- TERP.	DATE HOUR	LAB	LAB
	1	4-CAMELS - vaccinated with CD										
	2											
	3	Cows/LAMAS/alpacas/Sheep/GOATS										
	4											
	5	Horses/Donkeys										
	6											
	7	Pigs										
	8											
	9	Assorted turtles/macaws/chickens/Ducks/Rabbits/Guinea Pigs										
	10											
	11	camels/alpacas/Lamas/Sheep/GOATS/Horses/Ponys/Donkeys										
	12											
	13											
	14	All of the Above Animals are in good health and Disease free										
	15											

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.

SIGNATURE: **Robert Bentley**  
ACCREDITED VETERINARIAN  
PRINT NAME: **Robert Bentley** LICENSE # **3463**  
ADDRESS: **20122 Summit Ave, CA 91353** PHONE **818 682 2184**

STATE OF DESTINATION REQUIREMENTS:

OWNER/AGENT STATEMENT (Where applicable)  
"The animals in this shipment are those certified to and listed on this certificate."  
**s/ Vaccination Record Visited**

DISTRIBUTION: WHITE AND YELLOW—Mail to Animal Health & Food Safety Services; SACRAMENTO;  
PINK—Accompany Shipment;  
GOLDENROD—Veterinarian Copy

ORIGIN STATE CERTIFICATION

OSP 00 39830