

CONTACT THE STATE OF
 DESTINATION FOR ENTRY
 REQUIREMENTS

STATE OF CALIFORNIA
CERTIFICATE OF VETERINARY INSPECTION
 FOR LIVESTOCK AND POULTRY
 USE FEDERAL FORMS FOR ALL FOREIGN SHIPMENTS

VALID FOR 30 DAYS FROM THE DATE
 OF INSPECTION OF THE ANIMAL(S)
 IDENTIFIED ON THIS DOCUMENT

93 981301

ENTRY PERMIT NUMBER

INTERSTATE <input type="checkbox"/>	INTRASTATE <input checked="" type="checkbox"/>	INSPECTION DATE: Jan 16 2025	SHIPMENT DATE: Jan 16 2025	BRAND INSPECTION #: None	BRAND INSPECTION DATE: None	ENTRY PERMIT NUMBER: None
NAME: Marie Dickenson		NAME: Amy Bucht		NAME: Marie Dickenson		CARRIER
PHYSICAL ADDRESS: 8707 Mesquite Rd		PHYSICAL ADDRESS:		PHYSICAL ADDRESS: 8707 Mesquite Rd		PHONE: 818 335 7538
CITY, STATE, ZIP: Phelan CA 92371		CITY, STATE, ZIP:		CITY, STATE, ZIP: Phelan CA 92371		PHONE: 818 335 7538
ORIGIN (if different from above):		DESTINATION (if different from above):		TEST RECORDS - Are legible copies of official charts attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Record # _____ # _____

SPECIES & NUMBER IN SHIPMENT <input checked="" type="checkbox"/> Sheep # _____ <input checked="" type="checkbox"/> Goats # _____ <input checked="" type="checkbox"/> Horses # _____ <input checked="" type="checkbox"/> Swine # _____ <input checked="" type="checkbox"/> Poultry # _____ <input type="checkbox"/> Dairy Cattle # _____ <input type="checkbox"/> Beef Cattle # _____ <input type="checkbox"/> Mexican Origin _____ <input type="checkbox"/> Cattle # _____ <input type="checkbox"/> Other (specify) # _____ Total # in Shipment: _____		MOVEMENT PURPOSE Check all that apply <input type="checkbox"/> Breeding <input type="checkbox"/> Feeding <input type="checkbox"/> Slaughter <input type="checkbox"/> Sale <input type="checkbox"/> Grazing <input checked="" type="checkbox"/> Show <input type="checkbox"/> Ownership Change <input type="checkbox"/> Race <input type="checkbox"/> Rodeo <input type="checkbox"/> Pet <input type="checkbox"/> Medical <input checked="" type="checkbox"/> Other: Events		STATE / AREA STATUS Tuberculosis <input type="checkbox"/> Free <input type="checkbox"/> Modified Accredited Advanced <input type="checkbox"/> Modified Accredited Brucellosis <input type="checkbox"/> Free <input type="checkbox"/> Class "A" PRV <input type="checkbox"/> Free Other (specify) _____		HERD / FLOCK FREE FOR <input type="checkbox"/> TB <input type="checkbox"/> Brucellosis <input type="checkbox"/> PRV <input type="checkbox"/> Scrapie Herd/Flock # _____ # _____ Herd Test Dates _____		CARRIER <input type="checkbox"/> Car <input type="checkbox"/> Air <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Trail <input type="checkbox"/> Boat <input type="checkbox"/> Other _____	
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LINE #	INDIVIDUAL ANIMAL IDENTIFICATION OFFICIAL EAR TAG NUMBER, REGISTRATION TATTOO, OR OTHER PERMANENT IDENTIFICATION. REGISTERED NAME AND DESCRIPTION	BREED	AGE	SEX	BRUCELLOSIS		TB TEST		EIA TEST		OTHER TEST DISEASE TESTED FOR		EQUINE TEMP DATE	
					DATE	LAB	DATE	LAB	DATE	LAB	DATE	LAB	TEMPERATURE FOR EACH HORSE	
1	CAMELS LLAMAS ALPACAS GOATS SHEEP													
2	CHICKENS / ROOSTERS CD/T VACCINE ANNUALLY													
3	REBBITS - MISCELLANEOUS - NO VACCINE													
4	PIGS - NOT VACCINATED													
5	HORSES PONYS DONKEYS - VACCINATED FOR EQUINE ANNUALLY													
6	THE ABOVE ANIMALS HEALTHY AND FREE OF ALL DISEASES													

VETERINARY CERTIFICATION / TREATMENT STATEMENTS
 These animals meet the state requirements for records, vaccines and visual exam

VETERINARY CERTIFICATION - As an accredited veterinarian, I certify 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 Beadley Jan 16 2025
Accredited Veterinarian Issue Date

PRINT NAME: Robert Beadley PHONE: 818 292 1328

ADDRESS: 10040 LATUNE CYP SUN VALLEY CA 91352
Street City State Zip

EMAIL: RbBeadley@gmail.com

STATE LICENSE #: 3463 USDA ACCREDITATION #: 035762

OWNER/AGENT STATEMENT (where applicable)
 "The animals in this shipment are those certified to and listed on this certificate."

SIGNATURE: Marie Dickenson

DATE: 1-16-2025

DISTRIBUTION: PINK - Accompany Shipment
 WHITE AND YELLOW - Mail to CA State Veterinarian's office within 7 days of issuance
 GOLDENROD - Veterinarian Copy

ORIGIN STATE CERTIFICATION