

STATE OF CALIFORNIA  
 CERTIFICATE OF VETERINARY INSPECTION

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 981307

FOR LIVESTOCK AND POULTRY

ENTRY PERMIT NUMBER

INTERSTATE <input checked="" type="checkbox"/> INTRASTATE <input type="checkbox"/>	INSPECTION DATE: 04/13/2025	SHIPMENT DATE: 04/28/2025	BRAND INSPECTION #: None	BRAND INSPECTION DATE: None	ENTRY PERMIT NUMBER: None
NAME: Marie Dickerson	CONSIGNER/SHIPPER	NAME: All/Any Events	CONSIGNEE/RECEIVER	NAME: Marie Dickerson	CARRIER
PHYSICAL ADDRESS: 8707 Mesquite Rd		PHYSICAL ADDRESS: 8707 Mesquite Rd		PHYSICAL ADDRESS: 8707 Mesquite Rd	
CITY, STATE, ZIP: Phelan CA 92371	PHONE: 818-335-7538	CITY, STATE, ZIP: Phelan CA 92371	PHONE:	CITY, STATE, ZIP: Phelan CA 92371	PHONE:
ORIGIN (if different from above):	PREMISES ID #:	DESTINATION (if different from above):	PREMISES ID #:	TEST RECORDS - Are legible copies of official charts attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Record #:

<b>SPECIES &amp; NUMBER IN SHIPMENT</b> <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 Cattle # <input checked="" type="checkbox"/> Other (specify) # Camels - Alpaca	<b>MOVEMENT PURPOSE</b> Check all that apply <input type="checkbox"/> Breeding <input type="checkbox"/> Feeding <input type="checkbox"/> Slaughter <input type="checkbox"/> Sale <input checked="" 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	<b>STATE / AREA STATUS</b> 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 <input type="checkbox"/> Other (specify)	<b>HERD / FLOCK FREE FOR</b> <input type="checkbox"/> TB <input type="checkbox"/> Brucellosis <input type="checkbox"/> PRV <input type="checkbox"/> Scrapie <input type="checkbox"/> Johnes <input type="checkbox"/> NPPI <input type="checkbox"/> Other Herd/Flock # # Herd Test Dates	<b>CARRIER</b> <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
Total # in Shipment:				

L I N E #	INDIVIDUAL ANIMAL IDENTIFICATION OFFICIAL EAR TAG NUMBER, REGISTRATION TATTOO, OR OTHER PERMANENT IDENTIFICATION. REGISTERED NAME AND DESCRIPTION	B R E E D	A G E	S E X	BRUCELLOSIS		FB TEST	EIA TEST	OTHER TEST	EQUINE TEMP
					DATE	LAB				
1	Camels LAMAR Alpaca									
2	Chickens / Rabbits / Alpaca / Cattle / Sheep / Goats / Ducks / Rabbits / Miscellaneous - NO VACCINE									
3	Pigs - NO VACCINES									
4	Horses Ponys Donkeys VACCINATED ANNUALLY WITH TWAY VACCINE									
5	The above animals are healthy AND FREE OF ALL DISEASES									

<b>VETERINARY CERTIFICATION / TREATMENT STATEMENTS</b> The above animals meet the State Requirements for Recat Vaccines and/or other... <b>VETERINARY CERTIFICATION</b> - 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: R M Bradley PRINT NAME: R M Bradley ADDRESS: 10340 LA TUNNEY SUNNYSIDE CA 91357 EMAIL: RBHorseDoc@aol.com STATE LICENSE #: 3463 USDA ACCREDITATION #: 035762	<b>OWNER/AGENT STATEMENT</b> (where applicable) "The animals in this shipment are those certified to and listed on this certificate." SIGNATURE: [Signature] DATE: 04/28/2025	<b>ORIGIN STATE CERTIFICATION</b> [Blank area for origin state certification]
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DISTRIBUTION: PINK - Accompany Shipment  
 WHITE AND YELLOW - Mail to CA State Veterinarian's office within 7 days of issuance  
 GOLDENROD - Veterinarian Copy