

Minnesota Board of Animal Health
625 Robert St. North
St. Paul, MN 55155 (651) 296-2942

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION

Revised November 2012

41- 1553143

1. Owner/Consignor's Name: Clearwater Kennel Inc.		5. Consignee's Name: Menning Enterprises, Inc.		10. Number in Shipment: 507-442-7711 4	
2. Owner/Consignor's Address: 24302 Hwy 10 Cushing, MN 56443		6. Consignee's Address: 205 14th Street Edgerton MN		11. Permit Number: (if required by state of destination) 56128 USDA#: 41B0190	
3. Origin Address: (if different than above)		7. Destination: (if different than above)		12. Herd or Flock Status: Disease: _____ Status: _____ Status/Herd/Flock Number: _____ Date of last herd test: _____	
4. Species: <input type="checkbox"/> Cattle <input type="checkbox"/> Horse <input type="checkbox"/> Swine <input checked="" type="checkbox"/> Cat <input checked="" type="checkbox"/> Dog <input type="checkbox"/> Avian <input type="checkbox"/> Goat <input type="checkbox"/> Sheep <input type="checkbox"/> _____		8. Reason for Movement: <input checked="" type="checkbox"/> Breeding <input type="checkbox"/> Slaughter <input type="checkbox"/> Feeding <input checked="" type="checkbox"/> Sale <input type="checkbox"/> Show/Exhibition <input type="checkbox"/> Travel <input checked="" type="checkbox"/> * _____ Breeder		9. Carrier's Name and Address: <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Air <input type="checkbox"/> Car <input type="checkbox"/> _____	

Official Eartag, Tattoo or Other Permanent ID	Description of Animal or Registry Name and Number	Age	Weeks Sex	Breed	Brucellosis Vacc. Tattoo	Tuberculosis			Other Test			Other Vaccine or Treatment		
						Date injected	Date Read	Results	Tested for	Date	Results	Product	Date	
1	DH061714WKA1	Dachshund	Black/Tan LH	9-0	M								DA2P	8-5-14
2	DH061714WKB1	Dachshund	Red LH	9-0	M								DA2P	8-5-14
3	DH062514KKA1	Dachshund	Black/Tan Silver	7-6	M								DA2P	8-13-14
4	DH062514KKB1	Dachshund	Black/Tan Silver	7-6	M								DA2P	8-13-14
5														
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These puppies will be 8 weeks of age when shipped

Certificate of Issuing Veterinarian: I certify as an accredited veterinarian that the 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 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 requirements. No warranty is made or implied.

Certificate of Owner/Agent:

Animals in this shipment are those certified to and listed on this certificate.
 I hereby certify that the animal(s) in this shipment is (are), to the best of my knowledge, acclimated to air temperatures lower than 7.2°C (45° F).

Accredited Veterinarian Signature <i>Kathy Marcussen</i>		Vet Code # 015216
Accredited Veterinarian Printed Name Kathy Marcussen, DVM	Address 28131 US Hwy 10, Staples, MN 56479	
Date Inspected 8/19/14	Date Issued 8/19/14	Phone No.

Owner/Agent Signature <i>Wanda Kretzman</i>
Printed Name Wanda Kretzman
Phone
Date of Owner Signature 8/19/14