

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION

Revised August 2014

41- 1584769

1. Owner/Consignor's Name:

MENNING ENTERPRISES

5. Consignee's Name:

PETLAND

10. Number in Shipment:

5

2. Owner/Consignor's Address:

2695-1165th AVE EDGERTON MN 56125

6. Consignee's Address:

2103 Hudson Road St. Paul MN 55119

11. Permit Number: (if required by state of destination)

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: ☐ Cattle ☐ Horse

☐ Swine ☐ Cat ☒ Dog ☐ Avian

☐ Goat ☐ Sheep ☐ _____

8. Reason for Movement:

☐ Breeding

☐ Slaughter

☐ Feeding

☒ Sale

☐ Show/Exhibition

☐ Travel

☐ _____

9. Carrier's Name and Address:

☐ Truck ☐ Air ☒ Car ☐ _____

Official Eartag, Tattoo or Other Permanent ID	Description of Animal or Registry Name and Number	Age	Sex	Breed	Brucellosis Vacc. Tattoo	Tuberculosis			Other Test			Other Vaccine or Treatment	
						Date injected	Date Read	Results	Tested for	Date	Results	Product	Date
1 25987	Pomeranian	10WKS	F										
2 26009	Cocker Spaniel	9WKS	M										
3 26016	Cocker Spaniel	9WKS	F										
4 20791	Chihuahua	8WKS	M										
5 20792	Pomeranian	8WKS	M										
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

These dogs are vx according to menning's vx protocol

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

Dr. Travis Freiwald

Vet Code #

033035

Accredited Veterinarian Printed Name

DR. TRAVIS FREIWALD

Address

MENNING ENTERPRISES

Date Inspected

11/6/15

Date Issued

11/6/15

Phone No.

507-442-3722

Owner/Agent Signature

RON MENNING

Phone

507-442-3722

Date of Owner Signature

1-6-15

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION

Revised August 2014

41- 1584759

1. Owner/Consignor's Name:

MENNING ENTERPRISES

2. Owner/Consignor's Address:

209-165th AVE EDGERTON MN 56128

3. Origin Address: (if different than above)

5. Consignee's Name:

PETLAND

6. Consignee's Address:

2123 HUDSON ROAD ST. PAUL MN 55119

7. Destination: (if different than above)

10. Number in Shipment:

45

11. Permit Number: (if required by state of destination)

12. Herd or Flock Status:

Disease: _____

Status: _____

Status/Herd/Flock Number: _____

Date of last herd test: _____

4. Species: ☐ Cattle ☐ Horse
☐ Swine ☐ Cat ☒ Dog ☐ Avian
☐ Goat ☐ Sheep ☐ _____

8. Reason for Movement:

☐ Breeding ☐ Slaughter ☐ Feeding
☒ Sale ☐ Show/Exhibition
☐ Travel ☐ _____

9. Carrier's Name and Address:

☐ Truck ☐ Air ☒ Car ☐ _____

Official Eartag, Tattoo or Other Permanent ID	Description of Animal or Registry Name and Number	Age	Sex	Breed	Brucellosis Vacc. Tattoo	Tuberculosis			Other Test			Other Vaccine or Treatment	
						Date injected	Date Read	Results	Tested for	Date	Results	Product	Date
1 25849	CAVALIER King Charles	8WKS	M										
2 20799	Am. Eskimo	9WKS	F										
3 20814	Silk Terrier	8WKS	F										
4 20814+	Am Esk / Sheltie	8WKS	M										
5 20826	MIN PINSCHER	8WKS	F										
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

These dogs are Ux according to Menning's Ux protocol

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.

Accredited Veterinarian Signature

Accredited Veterinarian Printed Name

Date Inspected

Date Issued

Address

Phone No.

Vet Code #

033035

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).

Owner/Agent Signature

Printed Name

Phone

Date of Owner Signature

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION

Revised August 2014

41- 1584825

1. Owner/Consignor's Name:

MENNING ENTERPRISES

5. Consignee's Name:

PETLAND

10. Number in Shipment:

5

2. Owner/Consignor's Address:

2109 165th Ave Edgerton MN 56128

6. Consignee's Address:

2123 HUDSON ROAD ST. PAUL MN 55119

11. Permit Number: (if required by state of destination)

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: ☐ Cattle ☐ Horse

☐ Swine ☐ Cat ☒ Dog ☐ Avian

☐ Goat ☐ Sheep ☐ _____

8. Reason for Movement:

☐ Breeding

☐ Slaughter

☐ Feeding

☒ Sale

☐ Show/Exhibition

☐ Travel

☐ _____

9. Carrier's Name and Address:

☐ Truck ☐ Air ☒ Car ☐ _____

Official Eartag, Tattoo or Other Permanent ID	Description of Animal or Registry Name and Number	Age	Sex	Breed	Brucellosis Vacc. Tattoo	Tuberculosis			Other Test			Other Vaccine or Treatment	
						Date injected	Date Read	Results	Tested for	Date	Results	Product	Date
1 26029	LHASA/Poo	8 WKS	F										
2 26031	PUG	8 WKS	M										
3 26036	PUG	8 WKS	F										
4 26043	min. Schrauzer	8 WKS	M										
5 26047	min. Schrauzer	8 WKS	F										
6													
7													
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13													
14													
15													

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.

Accredited Veterinarian Signature

Dr Travis Freiwald

Vet Code #

633035

Accredited Veterinarian Printed Name

DR TRAVIS FREIWALD

Address

MENNING ENTERPRISES

Date Inspected

1/20/15

Date Issued

1/20/15

Phone No.

507-442-3722

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).

Owner/Agent Signature

Ron Menning

Printed Name

RON MENNING

Phone

507-442-3722

Date of Owner Signature

1/20/15

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

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION

Revised August 2014

41- 1584818

1. Owner/Consignor's Name:

MENNING ENTERPRISES

2. Owner/Consignor's Address:

2609-165th AVE EDGERTON MN 56128

3. Origin Address: (if different than above)

5. Consignee's Name:

PETLAND

6. Consignee's Address:

2103 HUDSON ROAD ST. PAUL MN 55119

7. Destination: (if different than above)

10. Number in Shipment:

4

11. Permit Number: (if required by state of destination)

12. Herd or Flock Status:

Disease: _____

Status: _____

Status/Herd/Flock Number: _____

Date of last herd test: _____

4. Species: ☐ Cattle ☐ Horse

☐ Swine ☐ Cat ☒ Dog ☐ Avian

☐ Goat ☐ Sheep ☐ _____

8. Reason for Movement:

☐ Breeding

☐ Slaughter

☐ Feeding

☒ Sale

☐ Show/Exhibition

☐ Travel

☐ _____

9. Carrier's Name and Address:

☐ Truck ☐ Air ☒ Car ☐ _____

Official Eartag, Tattoo or Other Permanent ID	Description of Animal or Registry Name and Number	Age	Sex	Breed	Brucellosis Vacc. Tattoo	Tuberculosis			Other Test			Other Vaccine or Treatment	
						Date injected	Date Read	Results	Tested for	Date	Results	Product	Date
1 26051	SHITZU/YORKIE	8wks	M										
2 26804	SCOTTY/BICHON	9wks	M										
3 26827	SCOTTY/BICHON	9wks	F										
4 26094	SHITZU	8wks	M										
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

These dogs are Ux according to Menning's Ux protocol.

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.

Accredited Veterinarian Signature

DR. TRAVIS FREIWAUD

Accredited Veterinarian Printed Name

DR. TRAVIS FREIWAUD

Date Inspected

1/28/15

Date Issued

1/28/15

Address

MENNING ENTERPRISES

Phone No.

507-442-3722

Vet Code #

033035

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).

Owner/Agent Signature

ROU MENNING

Printed Name

507-442-3722

Phone

Date of Owner Signature

1/28/15

LS 00167-14

White - With Shipment

Blue & Pink - Copy to Board of Animal Health (Submit within 7 days of Date Issued)

Yellow - Issuing Veterinarian

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION

Revised August 2014

41- 1584809

1. Owner/Consignor's Name:

MENNING ENTERPRISES

5. Consignee's Name:

PETLAND

10. Number in Shipment:

4

2. Owner/Consignor's Address:

209-105th Ave EDGEMONT MN 56428

6. Consignee's Address:

2193 HUDSON ROAD ST. PAUL MN 55119

11. Permit Number: (if required by state of destination)

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: ☐ Cattle ☐ Horse
☐ Swine ☐ Cat ☒ Dog ☐ Avian
☐ Goat ☐ Sheep ☐ _____

8. Reason for Movement:

☐ Breeding ☐ Slaughter ☐ Feeding
☒ Sale ☐ Show/Exhibition
☐ Travel ☐ _____

9. Carrier's Name and Address:

☐ Truck ☐ Air ☒ Car ☐ _____

Official Eartag, Tattoo or Other Permanent ID	Description of Animal or Registry Name and Number	Age	Sex	Breed	Brucellosis Vacc. Tattoo	Tuberculosis			Other Test			Other Vaccine or Treatment	
						Date injected	Date Read	Results	Tested for	Date	Results	Product	Date
1 20833	Pomeranian	9wks	F										
2 26108	WEST HIGHLAND TERRIER	8wks	M										
3 26109	WEST HIGHLAND TERRIER	8wks	F										
4 26130	Shiba Inu	8wks	M										
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

These dogs are in accordance to Menning's Vx protocol.

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.

Accredited Veterinarian Signature

Dr. Freiwald

Accredited Veterinarian Printed Name

DR. TRAVIS FREIWALD

Date Inspected

2/3/15

Date Issued

2/3/15

Address

MENNING ENTERPRISES

Phone No.

507-442-3722

Vet Code #

033035

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).

Owner/Agent Signature

Printed Name

RON MENNING

Phone

507-442-3722

Date of Owner Signature

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION

Revised August 2014

41- 1584801

1. Owner/Consignor's Name:

MENNING ENTERPRISES

2. Owner/Consignor's Address:

269-165th AVE EDGERTON MN 56128

3. Origin Address: (if different than above)

5. Consignee's Name:

PETLAND

6. Consignee's Address:

2123 HUDSON ROAD ST. PAUL MN 55119

7. Destination: (if different than above)

10. Number in Shipment:

8

11. Permit Number: (if required by state of destination)

12. Herd or Flock Status:

Disease: _____

Status: _____

Status/Herd/Flock Number: _____

Date of last herd test: _____

4. Species: ☐ Cattle ☐ Horse

☐ Swine ☐ Cat ☒ Dog ☐ Avian

☐ Goat ☐ Sheep ☐ _____

8. Reason for Movement:

☐ Breeding

☐ Slaughter

☐ Feeding

☒ Sale

☐ Show/Exhibition

☐ Travel

☐ _____

9. Carrier's Name and Address:

☐ Truck ☐ Air ☒ Car ☐ _____

Official Eartag, Tattoo or Other Permanent ID	Description of Animal or Registry Name and Number	Age	Sex	Breed	Brucellosis Vacc. Tattoo	Tuberculosis			Other Test			Other Vaccine or Treatment	
						Date injected	Date Read	Results	Tested for	Date	Results	Product	Date
1 20830	Pomeranian	10WKS	F										
2 26112	DACH/ Rat Terrier	9WKS	F										
3 26146	Shih Tzu	3WKS	M										
4 26147	Shih Tzu	3WKS	M										
5 26156	Shih/Brussels Griffon	3WKS	F										
6 26163	Boston Terrier	3WKS	M										
7 26166	Boston Terrier	3WKS	F										
8 106-793-122	RAT TERRIER	7YRS	M										
9													
10													
11													
12													
13													
14													
15													

These dogs are Vx according to menning's Vx Protocol

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.

Accredited Veterinarian Signature

Dr. Travis Freiwald

Accredited Veterinarian Printed Name

DR. TRAVIS FREIWALD

Date Inspected

2/10/15

Date Issued

2/10/15

Address

MENNING ENTERPRISES

Phone No.

507-442-3700

Vet Code #

033035

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).

Owner/Agent Signature

Printed Name

RON MENNING

Phone

507-442-3700

Date of Owner Signature

2-10-15