Owner/Consignor's Name:				5. Con	signee's N	ame:				10. Number in Shipment:					
	0.5-6			0											
MENNING ENTERPL Owner/Consignor's Address:	COE?				LAND signee's A	ddress.		11. Peri	mit Numbe	r: (if required by state	e of destination)				
	10 - 24 00	101					0100	55119							
269-165th AUE EdGERTON MN 5612S							St. PAU	C IVIA	100111	12 Hou	rd or Flock	Status:			
Origin Address: (if different than ab	pove)			7. Des	tination: (i	f different thar	1 above)			12. Herd or Flock Status:					
									Disease	e:					
Species: Cattle Horse 8. Reason for Movement:						9. Carrier's	Name and Ad	dress:		Status:					
☐ Swine ☐ Cat ☐ Dog ☐ Avian ☐ Breeding ☐ Slaughter ☐ Show/Exhibition			tion	□ Fee	eaing				Status/Herd/Flock Number:						
Goat Goat Sheep G	□ Travel □	V/LXIIIDI	uon				- 40				Date of last herd test:				
			T	I "		□ Air)ú C	al			Date of last herd test: Other Vaccine or Treatment					
Official Eartag, Tattoo or	Description of Animal or Registry			pe	ellosis		Tuberculosis			Other Test					
Other Permanent ID	Name and Number	Age	Sex	Breed	Brucello Vacc. Tattoo	Date injected	Date Read	Results	Tested for	Date	Results	Product	Date		
1 25987	Pomeranian	lows	F												
2 26009	Cocler Staniel	9wks	M												
3 2666	CockerSpaniel	9WKS	F												
4 20791	Chihuahua	8wks	M	7											
5 20792	Pomeranian	8WVS	M												
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7						1	hese d	200	all ux	according					
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9					1 A 1 A 1										
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best of my knowledge, the animals listed or	n this certificate meet the state of destina	tion and	Federal	Interstate	e requiremen	ts. No warranty	is made or impl	ied.				his shipment is (are),			
Accredited Veterinarian Signature Dr. Travis Freiwald							Vet Code #		knowledge, ad	climated to a	ir temperatu	res lower than 7.2°C (45° F).		
							03363	5	Owner/Age	er/Agent-Signature					
Accredited Veterinarian Printed Name	e	Addre							Printed Nan	ne			7		
DR. TRAVIS FREI W		ME	NN	ING	ENTE	RPRUSE	S		RON	MENTUTUS					
Date Inspected / B Date Issued / B Phone No.								149-3722 Date of Owner Signature							

Minnesota Board of Animal Health 125 Robert St. North St. Paul, MN 55155 651) 296-2942	MINNESOTA	CER	TIFI		E OF VE ed August 20		RY INSP	ECTIC	ON		58475				
I. Owner/Consignor's Name:				5. Cons	signee's Na	ame:				10. Nun	10. Number in Shipment:				
MENNING ENTERI	DRISES				TLANG										
2. Owner/Consignor's Address:				6. Cons	signee's A	ddress:		11. Peri	mit Number.	: (if required by state	e of destination)				
269= 165th Ave Ed	GERTION MN 5612	8		2123	Hudso	IN POAD S	+. PAUL A	un o	10/17						
3. Origin Address: (if different than ab	pove)			7. Dest	ination: (if	f different than	above)	12. He	rd or Flock S	Status:					
								Disease	ə:	1.7 And 1.					
4. Species: □ Cattle □ Horse	Species: ☐ Cattle ☐ Horse 8. Reason for Movement:					9. Carrier's N	lame and Ad	Status:							
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□ Swine □ Cat □ Dog □ Avian □ Goat □ Sheep □	La Guilo	v/Exhibiti	ion							Status/	Herd/Flock N	iumber:			
L Goat L Glicep L	□ Travel □					□ Truck □	□ Air 16 C	ar (_ Date of	last herd tes	st:			
	Description of Animal or Decistor			7.	osis		uberculosis			Other Test		Other Vaccine	e or Treatment		
Official Eartag, Tattoo or Other Permanent ID	Description of Animal or Registry Name and Number	Age	Sex	Breed	Brucello Vacc. Tattoo	Date injected	Date Read	Results	Tested for	Date	Results	Product	Date		
1 25849	CALOUM CE BY SI	SWKS	-												
2 20799	Am. ESKimo	9 wks	F				1								
3 2 D81444	Silveturer	SULS	F												
4 20814+	Am Esiz Isheltie	8015	M			- T									
5 20826	MIN PINSCER	8WKS	F			8-1-1-1					250	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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certificate of Issuing Veterinarian: i cert signs of infectious, contagious and/or com- best of my knowledge, the animals listed of									1 A			tified to and listed or is shipment is (are),			
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Accredited Veterinarian Signature	~ 10000	200					03303		Owner/Age	ent Signatu	re	1/)		
Accredited Veterinarian Printed Nam	Frewald, Dr.	M) Addre	SS						Printed Nar	me		1			
Accredited Veterinarian Printed Nam	Ar.D	ME	ENN	ING	ENTE	ERPRISE	5		ROU	MENA	SING (
Date Inspected	Date Issued	Phone	e No.						Phone 50 1-	442-37	122	Date of Owner Si	gnature 5		
US 00167-14 White	e - With Shipment Blue	& Pink -	Copy t	to Board	of Animal	Health (Subm	nit within 7 d	ays of Da	ate Issued)	,	ellow - Issuil	ng Veterinarian			

A. Species: Cattle Carrier Status Carrier C	Minnesota Board of Animal Health 625 Robert St. North St. Paul, MN 55155 (651) 296-2942	MINNESOT	A CE	RTIF		E OF V		ARY INSF	PECTI	ON	41- 1	5848	25				
3. Origin Address: (I different than above) 7. Destination: (If different than above) 12. Herd or Flock Status: Disease:	1. Owner/Consignor's Name:				5. Co	nsignee's N	Name:				10. Nur	10. Number in Shipment:					
3. Origin Address: (I different than above) 7. Destination: (If different than above) 12. Herd or Flock Status: Disease: Skew Cattle Horse Skew	MENNING ENTER 2. Owner/Consignor's Address:	eplises							11 Per	5							
3. Origin Address: (if different than above) 7. Destination: (if different than above) 8. Reason for Movement: Status:								. 0.0		111 5511		mit ivambe	. (Il required by state	e or destination)			
A. Species: Cattle Horse Singuister Singuister Status St	3 Origin Address (if different the	ERTON MN DIGITAL			010	13 Hue	JSON KO	AD JI. HA	hul 1	IN WI							
Status Gat Shoop Avian Gat Show Exhibition Status	3. Origin Address: (ii dilierent than a	pove)			7. Des	stination: (f different tha	n above)									
Sheep Cat Dog Avian Sheep Shauphter Feeding Shauphter Shau	4. Species: □ Cattle □ Horse	8. Reason for Movement:			25 mg		9. Carrier's	Name and Ad	ldress:		Ct-tur						
Status/Herd-Flock Number: Commonweight Commonw	□ Swine □ Cat 1 Dog □ Avian	□ Breeding □ Slau	ighter		□ Fe	eding					Status:						
Official Earlag, Tatoo or Other Fernanent ID Party Poduct Product Date of last herd test: Other Yaccine or Treatment Other Fernanent ID Product Date Official Earlag, Tatoo or Other Fest Other Yaccine or Treatment Date Injected Date Read Results Tested for Date Results Product Date Product	□ Goat □ Sheep □										Status/I	Status/Herd/Flock Number:					
Official Earlag, Tettoo or Other Permanent ID Description of Animal or Registry Name and Number Registry Name Accredited Veterinarian Printed Name Address Printed Name		□ Travel □					□ Truck	□ Air 💆 C	ar	o	_ Date of	last herd tes	st:				
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Minnesota Board of Animal Health 625 Robert St. North St. Paul, MN 55155 (651) 296-2942	MINNESOT	A CEI	RTIF		E OF V		ARY INSF	PECTI	ON	41- 15	848	18			
1. Owner/Consignor's Name:				5. Con	nsignee's l	Name:				10. Number in Shipment:					
MENNING ENTER 2. Owner/Consignor's Address:	RPRISES			PETU	AND					11. Permit Number: (if required by state of destination)					
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269-165+ AUE F	LGERTON MN 5	012	5	210:	3 Hud	San Poar	S. Au	MN.	55119						
3. Origin Address: (if different than above)						if different tha				12. Herd or Flock Status:					
							Disease								
4. Species: □ Cattle □ Horse	8. Reason for Movement:	TO LOCK			9. Carrier's	Name and Ac	ldress:								
□ Swine □ Cat Ď Dog □ Avian	□ Breeding □ Slau	ughter		□ Fe	eding					Status:					
□ Goat □ Sheep □		w/Exhibi	tion							Status/Herd/Flock Number:					
	□ Travel □					□ Truck	□ Air □ C	ar	0	_ Date of	last herd te	est:			
Official Eartag, Tattoo or	Description of Animal or Registry			n	osis .	Tuberculosis				Other Test Other Vaccin			e or Treatment		
Other Permanent ID	Name and Number	Age	Sex	Breed	Brucellosi Vacc. Tattoo	Date injected	Date Read	Results	Tested for	Date	Results	Product	Date		
1 26051	Shirtzu lyoricie	8WKS	M												
2 26804	Scoty/Bichon	9wks	M												
3 20827	Scotty Bichon	quies	F												
4 26694	Shihtzu	8 wks	M												
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Accredited Veterinarian Signature On Travis Free	00						Vet Code #			nt Signature		s lower than 7.2°C (4	5° F).		
Accredited Veterinarian Printed Name		Addres	c				033035	,	Printed Nam			11			
DR. TRAVIS FREI				11116	PIN	TERPRIS	FS			MENN	WG/				
Desite Inspected	Date Issued 8/15	Phone	No.	142-	3722				Phone	142-37	22	Date of Owner Sign			
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Minnesota Board of Animal Health 625 Robert St. North St. Paul, MN 55155 (651) 296-2942	MINNESOT	A CE	RTIF		TE OF V		ARY INSI	PECT	ON	41- 1	5848	309			
1. Owner/Consignor's Name:				5. Co	nsignee's l	Name:		10. Number in Shipment:							
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2. Owner/Consignor's Address:					nsignee's A	Address:		11. Pe	rmit Numb	er: (if required by sta	ate of destination)				
209-105th Ave Ed	GEPTON MN STOLAS			010	2 Hins	an Popp	St. PAUL	MNG	55119						
3. Origin Address: (if different than	above)					if different that		12. He	erd or Floci	k Status:					
4. Species: □ Cattle □ Horse	8. Reason for Movement:					9 Carrior's	Name and Ad	dress		Diseas	se:				
□ Swine □ Cat ☑ Dog □ Avian	□ Swine □ Cat ☑ Dog □ Avian □ Breeding □ Slaughter					3. Carrier S	Name and Ad	adress:		Status					
□ Goat □ Sheep □		w/Exhib	oition							Status/Herd/Flock Number:					
	□ Travel □					□ Truck	□ Air	ar	П	Data	f last herd te	set:			
Official Eartag, Tattoo or		T			. <u>s</u>		Tuberculosis				riast neru te	Other Vaccine or Treatment			
Other Permanent ID	Description of Animal or Registry Name and Number	Age	Sex	Breed	Brucellosis Vacc. Tattoo	Date injected		Results	Tested for	Other Test Date	Results	Product	Date		
1 20833	Pomeranian	9uus	F		<u> </u>										
2 2 le 108		SWKS	M												
3 26109	WEST HIGHLAND TERRIER	-	F												
4 26130	Shiba lamesk	SWYS											1000		
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Certificate of Issuing Veterinarian: I certify	as an accredited veterinarian that the de	escribed a	animals I	nave bee	n inspected b	ov me and that	they are not sho	wing	Certificate of 0	Owner/Agent					
igns of infectious, contagious and/or commu est of my knowledge, the animals listed on the									,			ed to armd listed on t	his certificate.		
		on and Fe	ederai in	terstate r	equirements.	. No warranty i	s made or implie	1	I hereby cert	tify that the an	imal(s) in this	shipmernt is (are), to	the best of my		
ccredited Veterinarian Signature	1						Vet Code #		knowledge, acc Owner/Agen			lower th an 7.2°C (4	βF).		
ccredited Veterinarian Printed Name	V.						033035		An	1/0		=1)			
DE TRAVIS FREIWALI	[2] [1] [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	Address		10 5	71 3m A A	1.525			Printed Name		/				
		Phone N	VO	10 t	WHEAR	ases			RON N		Do	te of wner Sign	ature		
a/3//5	a/3//5	Phone N 507	-44	2-37	22				Phone 507-44	12.312	2	wher sign	auro		
700107-14 White - \	With Shipment Blue & P	ink - Co	ppy to B	oard of	Animal Hea	alth (Submit	t within 7 day	s of Date	Issued)			Veterimarian			

Minnesota Board of Animal Health 625 Robert St. North St. Paul, MN 55155 (651) 296-2942	MINNESOT	ГА СЕ	RTIF		TE OF \vised August		ARY INS	PECT	ION	41-]	41- 1584801					
1. Owner/Consignor's Name: MENAUNG ENTER	PRISES			0	onsignee's	Name:				10. Number in Shipment:						
2. Owner/Consignor's Address:	-11000				nsignee's	Address:		11. F	11. Permit Number: (if required by state of destination)							
269-165" AVE ENGERTON MN 56128					13 Hud	SON ROAD	St. PAUL	MN	55119			,,, (,,,oqu,,o,o,,	no or destination)			
3. Origin Address: (if different than a	above)			7. De	stination: ((if different tha	an above)			12. Herd or Flock Status: Disease:						
4. Species: Cattle Horse	8. Reason for Movement:					9. Carrier's	Name and A	ddress:		Statu						
□ Swine □ Cat ☑ Dog □ Avian □ Breeding □ Slaughter □ Sale □ Show/Exhibition			ition	□ Fe	eeding											
□ Goat □ Sheep □	□ Travel □	, LAIIID	ALIOI I							Statu	Status/Herd/Flock Number:					
		T	1	1	Ι ω	□ Truck	□ Air 🗡 C	Car	<u> </u>	Date	of last herd to	est:				
Official Eartag, Tattoo or Other Permanent ID	Description of Animal or Registry Name and Number	Age	Sex	Breed	Brucellosi: Vacc. Tattoo		Tuberculosis	1		Other Test		Other Vaccine	or Treatment			
		- ĕ	Š	B	Bruc Va Tatto	Date injected	Date Read	Results	Tested for	Date	Results	Product	Date			
1 20830	POMERANIAN	lowes														
2 06119	DACH lear Terrer	9wks														
3 26146	Shintzu	BUXLS														
4 26147	Shhizu		M													
5 26156	Shih/Beussels Gergran	8MR2	F													
6 De163	Bostonterrier	8 WKS	M													
7 Delle	Bostowterner	SWKS	P													
140-793-122	RATTERRIER	TYPS	M			Th	ese dog	5 ar	Vx a	CORD	1106	- 38				
)						7 +0	ese dog	203	UX PI	lasatas						
10					4		7	'0		Covecos						
11																
2																
3																
4																
15 Certificate of Issuing Veterinarian: I certify signs of infectious, contagious and/or commu poest of my knowledge, the animals listed on the Accredited Veterinarian Signature Accredited Veterinarian Printed Name	inicable disease (except where noted). This certificate meet the state of destination	he vaccir on and Fe	nation and	d results erstate r	of tests are a equirements.	as indicated on No warranty is	the cortificate T	o the	Animals in I hereby ce knowledge, a Dwner/Age	ertify that the acclimated to an art Signatur	are those cert animal(s) in this ir temperatures	ified to and listed on this shipment is (are), to the lower than 7.2°C (45°	e best of my			
LE IRAUS FREIWAL	0	Phone N	0.	061	CHIER	PRISES				MENN &		10				
2/10/15	With Shipment Blue & P	Phone N 567	- 448 pv to Bo	0-37	Animal Hos	olth (Submit	within 7 days	F.	507-40	12-375	llow - Issua inc	Jele of Owner Signat	ure			