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UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
UNITED STATES INTERSTATE AND INTERNATIONAL  
CERTIFICATE OF HEALTH EXAMINATION  
FOR SMALL ANIMALS

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)  
CAMO Rescue - M. Camp  
15014 MYSTIC BLUE TRAIL  
CYPRESS TX 77433  
881-725-8677

7. ANIMAL IDENTIFICATION  
USDA License/Registration Number (if applicable)  
Labeled on X

NAME AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1) KLOVIN	Labeled on X	10M	MM	9910200594
(2)				
(3)				
(4)				
(5)				
(6)				

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

6. NAME, ADDRESS AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)  
SOSARL - E. DAWLEY  
33 PROSPECT AVENUE  
WAKEFIELD, RI 02879  
401-200-0727

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY  
RABIES VACCINATION  
 1 YEAR  2 YEARS  3 YEARS  
Vaccination Date: 10/27/12 Product: NOLVAC-213103-352411/2413 Date: 10/27/12  
OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS  
Product Type and/or Results: FELVAC-10/27/12 - Negative

VETERINARY CERTIFICATION: I certify that the animal(s) described in box 7 have been examined by me this date, that the information provided in box 8 is true and accurate to the best of my knowledge, and that the following findings have been made (X = applicable statements).  
 I have verified the presence of the microchip, if a microchip is listed in box 7.  
 I certify that the animal(s) described above and on continuation sheet(s), if applicable, have been inspected by me on this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animal or other animals or would endanger public health.  
 To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and handlers had been exposed to rabies.

ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)  
PRINTED NAME OF USDA VETERINARIAN

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here DATE

APHIS Form 7001 (NOV 2010)

This certificate is valid for 30 days after issuance

NOTE: International shipments may require certification by an accredited veterinarian.  
SIGNATURE OF ISSUING VETERINARIAN  
KLOVIN B. KING  
134th University Blvd Ste 108  
Spartanburg, SC 29177  
(201) 207-9468  
DATE: 11/24/2017

LICENSE NUMBER AND STATE  
9X12340  
Accredited Yes  No   
If yes, please complete below  
NATIONAL ACCREDITATION NUMBER  
079931

OMB APPROVED  
0579-0038  
0579-0533