STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE
DIVISION OF ANIMAL HEALTH
SMALL ANIMAL HEALTH CERTIFICATE

DATE

TRANSPORTED BY

CAR	AIR	RAIL	TRUCK

CONSIGNOR

Your name/address here

CONSIGNEE

Buyers name/address here

ADDRESS

ADDRESS

CITY	STATE	ZIP	CITY	STATE	ZIP

SPECIES	BREED	AGE	SEX	DESCRIPTION	RABIES VACCINATION			OTHER VACC	
					DATE	TYPE	TAG #	DATE	TYPE
K9									

OTHER REMARKS: THESE ANIMALS ARE ACCLIMATED TO TEMPERATURES FROM 10F-90F.

I have inspected the animal described hereon and find them to be free from visible signs of infectious, contagious, or communicable disease. The vaccinations and results of tests are as indicated above.

	SAMUEL L. HARKEY, D.V.M.	ADDRESS: 6814 FR 2090 PURDY, MO 65734	VET AGREE CODE 021408