

RECORD OF SALE OF DOGS

SELLER				BUYER				DATE OF SALE		PAGE	
(b)(6)				(b)(6) & (b)(7)(f)				7-10-18		1 OF 1	
								McGuire VA Medical Center Research Service (151)			
DEALER'S LICENSE #		BUYER'S USDA LICENSE OR RES. FACIL REG #				ORD #		CUSTOMER PO#		QUANTITY SHIPPED	
(b)(6)		52V0003				(b)(6)		(b)(6)		6 Dogs: 0 Male, 6 Female	
DOG #	SEX	BIRTH	WGT-KG	TYPE	COLOR	DOG #	SEX	BIRTH	WGT-KG	TYPE	COLOR
↓ 153177	F	7-08-17	20.5	Hound Type	Redtick						
153207	F	7-08-17	20.3	Hound Type	Bluetick						
✓ 154734	F	7-31-17	22.7	Hound Type	BlakWhtTan						
✓ 154793	F	7-31-17	25.0	Hound Type	Bluetick						
✓ 155081	F	8-04-17	22.7	Hound Type	Redtick						
✓ 155307	F	8-04-17	25.0	Hound Type	Black&Brwn-White						
Delivery by: Truck Freight											
RECEIVED BY				SIGNATURE				TITLE		DATE	

This record is required by law (7 USC 2131-2156). (9 CFR, Subchapter A, Parts 1, 2 and 3). Failure to maintain this record can result in a suspension or revocation of license and/or imprisonment for not more than 1 year, or a fine of not more than \$1000., or both.

**NEW YORK STATE - DEPARTMENT OF AGRICULTURE AND MARKETS - DIVISION OF ANIMAL INDUSTRY
INTERSTATE/INTERNATIONAL HEALTH CERTIFICATE FOR DOGS**

Owner **(b)(6)** Consignee McGuire VA Medical Center

Address **(b)(6)** Address Research Service (151)
(b)(6) & (b)(7)(f)

Fed ID # **(b)(6)** USDA # **(b)(6)** Ship By TRUCK Order **(b)(6)** PO# **(b)(6)**

Breed of Dog	Tattoo Number	Sex	Birth Dt or age	Rabies Product	Date Given	Lot Number	Breed of Dog	Tattoo Number	Sex	Birth Dt or age	Rabies Product	Date Given	Lot Number
MONGREL	153177	F	7-08-17	RabVac3	5-22-18	4150449A							
MONGREL	153207	F	7-08-17	RabVac3	5-22-18	4150449A							
MONGREL	154467	F	7-20-17	RabVac3	10-31-17	4150439A							
MONGREL	154734	F	7-31-17	RabVac3	11-07-17	4150439A							
MONGREL	154793	F	7-31-17	RabVac3	11-07-17	4150439A							
MONGREL	155030	F	8-01-17	RabVac3	11-07-17	4150439A							
MONGREL	155081	F	8-04-17	RabVac3	11-07-17	4150439A							
MONGREL	155127	F	8-04-17	RabVac3	11-07-17	4150439A							
MONGREL	155307	F	8-04-17	RabVac3	11-07-17	4150439A							
MONGREL	159141	F	8-23-17	RabVac3	12-26-17	4150439A							

The above listed dogs did not originate within an area under quarantine for Rabies, or from a site where Rabies has been detected, and by reasonable investigation have not been exposed to Rabies, all within at least 6 months before shipment. These dogs were vaccinated for Rabies as shown above, with an inactivated or killed vaccine, and for canine distemper. They were found clinically free from symptoms of any contagious, infectious, or communicable disease. I also certify that the animals in this shipment are, to the best of my knowledge, acclimated to air temperatures as low as 10 degrees F.

(b)(6)
Signature of Veterinarian issuing chart

07/06/2018
Date

(b)(6)
N.Y.S. Vet. I.D. #

(b)(6)
Printed Name of Veterinarian

Approval of this certificate indicates our belief in the honesty and competency of the veterinarian signing same and is not a guarantee of health.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

FORM APPROVED OMB NO. 0579-0036

RECORD OF DISPOSITION OF DOGS AND CATS

1. DATE OF DISPOSITION

4/24/2018

2. PAGE

1 of 1

SALE EXCHANGE OR TRANSFER DONATION

INSTRUCTION: Complete applicable items 1 through 8. Original and USDA Copy to be retained by seller. Buyer's Copy to accompany shipment. It must be retained by Buyer.

3. SELLER OR DONOR (Name and Address)

4. BUYER OR RECEIVER (Name and Address)

(b)(6)

McQuire Research Center
(b)(6) & (b)(7)(f)

3A. DEALER'S LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (Seller) (b)(6)

4A. USDA LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (if any)

5. IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (See reverse for Breed Abbreviations for Dogs and Cats) *If mixed breed, list 2 dominant breeds

COMPLETE ITEMS A THRU G FOR EACH ANIMAL

IDENTIFICATION NUMBER A	DOG				CAT				AGE OR DATE OF BIRTH D	WT. E	BREED OR TYPE * F	DESCRIPTION OF ANIMAL (Color, Distinctive Marks, Hair, Tail, Tattoos, etc.) G
	B	C	M	F	M	F	M	F				
7118			X						8/14/17	43 lb.	Tri	
7167			X						9/18/17	45 lb.	Tri	
	M	F	M	F								
	M	F	M	F								
	M	F	M	F								
	M	F	M	F								
	M	F	M	F								
	M	F	M	F								
	M	F	M	F								
	M	F	M	F								
	M	F	M	F								
	M	F	M	F								
	M	F	M	F								
	M	F	M	F								
	M	F	M	F								

6. DELIVERY BY (Check one and complete applicable items 7 and 8)

COMMERCIAL SHIPPER BUYER'S VEHICLE SELLER'S VEHICLE

7. NAME AND ADDRESS OF COMPANY OR FIRM (Include Zip Code)

8. NAME AND BUSINESS ADDRESS OF TRUCK DRIVER (Include Zip Code)

(b)(6)

(b)(6)

9. RECEIVED BY

10. SIGNATURE

11. TITLE

12. DATE

4/24/2018