

CERTIFICATE OF VETERINARY INSPECTION

82-294134

Name of Consignor <i>Yellowstone Bear World</i>		Name of Consignee <i>Maureen Clark - Clark's Trading Post</i>		Entry Permit No. <i>N/A</i>	
Physical Address <i>6010 South 4300 West</i>		Physical Address <i>110 US Route 3</i>		Brand Inspection No.	Carrier Name and Address
City, State, Zip <i>Keyburg Id 83410</i>		City, State, Zip <i>Lincoln NH 03251</i>		Date <i>Consignee</i>	

Species <input type="checkbox"/> Cattle <input type="checkbox"/> Horses <input type="checkbox"/> Sheep <input type="checkbox"/> Swine	Number of Animals Shipped <i>1</i>	ORIGIN OF SHIPMENT		Area Status <input checked="" type="checkbox"/> TB Free <input type="checkbox"/> TB Mod. Accred. <input checked="" type="checkbox"/> Brucellosis Free <input type="checkbox"/> Brucellosis A	Herd or Flock Status <input type="checkbox"/> Accredited Herd No. _____ <input type="checkbox"/> Certified Herd No. _____ <input type="checkbox"/> Validated Herd No. _____ <input type="checkbox"/> Other _____	QUAL. HERD TEST DATES	VACCINATION and/or TREATMENT
		County <i>Madison</i>	Market				
<input type="checkbox"/> Poultry <input checked="" type="checkbox"/> Other <i>Bear</i>						2.	Date and Product
						3.	

INDIVIDUAL ANIMAL IDENTIFICATION AND TEST DATA						BRUCELLOSIS				OTHER TESTS									
OFFICIAL PERMANENT INDIVIDUAL IDENTIFICATION AND DESCRIPTION	AGE	BREED	SEX	TUBERCULIN TEST (INTRADERMAL)		TEST				BRUC. VACC. TATTOO SYMBOL	Test For	Test For							
				I N J	O B S	Date	Lab (Name and Address)				Lab	Lab							
						Hour	TEST RESULTS	TEST RESULTS	Date		Date								
				Hour	CARD	PLATE	RIV	CF	Accession No.		Accession No.								
										RESULTS	RESULTS								
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>	<i>15</i>	<i>16</i>	<i>17</i>	<i>18</i>	<i>19</i>	<i>20</i>
<i>#4 Female Blk Bear Cub</i>																			
<i>USDA # 82-C-0042</i>																			

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VETERINARY CERTIFICATION <small>I certify, as an accredited veterinarian, that the above-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 vaccinations 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 further warranty is made or implied.</small>		OWNER/AGENT STATEMENT (Where applicable) "The animals in this shipment are those certified to and listed on this certificate."		State Verification
Signature <i>Paul M. Tew</i>	Date <i>4-1-21</i>	Date	Owner/Agent	
Print Name <i>Paul M. Tew DVM</i>	License # <i>V1317</i>	Address	Address	
Address <i>645 N 2nd St #1 Keyburg Id 83410</i>		Phone <i>208-356-4271</i>		