

Name of Consignor Yellowstone Bear World		Name of Consignee Greg Woody		Entry Permit No. 150351-WEB5242	
Physical Address 6010 South 4306 West		Physical Address 1909 Old Park Ave		Brand Inspection No.	Carrier Name and Address
City, State, Zip Rexburg ID 83440		City, State, Zip Mulberry Grove IL 62262		Date	

Species <input type="checkbox"/> Cattle <input type="checkbox"/> Horses <input type="checkbox"/> Sheep <input type="checkbox"/> Swine	Number of Animals Shipped 6	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 1. _____ 2. _____ 3. _____	VACCINATION and/or TREATMENT For _____ Date and Product _____
		County Madison				
<input type="checkbox"/> Poultry <input checked="" type="checkbox"/> Other Bears	Market					

INDIVIDUAL ANIMAL IDENTIFICATION AND TEST DATA				TUBERCULIN TEST (INTRADERMAL)		BRUCELLOSIS				OTHER TESTS			
OFFICIAL PERMANENT INDIVIDUAL IDENTIFICATION AND DESCRIPTION	AGE	BREED	SEX	I	Date	Lab (Name and Address)	BRUC. VACC. TATTOO SYMBOL	TEST	TEST	Test For	Test For		
				N	Hour			CARD	PLATE	RIV	CF	RESULTS	RESULTS
				O	Date							RESULTS	RESULTS
#1 american blk bears	2m	blk	M										
#4													
#5													
#6													
#8													
#11													
6hd													

VETERINARY CERTIFICATION 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.			OWNER/AGENT STATEMENT (Where applicable) "The animals in this shipment are those certified to and listed on this certificate."			State Verification
Signature Paul M. Tew		Date 3-20-20	Date		Owner/Agent	
Print Name Paul M Tew		License # V-1317	Date		Address	
Address 240 N 2nd E Ste 7 Rexburg Id 83440		Phone (208) 356-4271	Date		Address	