

CERTIFICATE OF VETERINARY INSPECTION

82-233108

Name of Consignor Yellowstone BearWorld Rexburg ID 83440 6010 South 4300 W		Name of Consignee Greg Woody		Entry Permit No. 33116193	
Physical Address 6010 South 4300 W		Physical Address 1909 Old Park Avenue		Carrier Name and Address Consignee	
City, State, Zip Rexburg ID 83440		City, State, Zip Mulberry Grove, ID 82267			

Species <input type="checkbox"/> Cattle <input type="checkbox"/> Horses <input type="checkbox"/> Sheep <input type="checkbox"/> Swine <input type="checkbox"/> Poultry <input checked="" type="checkbox"/> Other Black Bear	Number of Animals Shipped 9	ORIGIN OF SHIPMENT County Madison Market		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	Brucellosis B <input type="checkbox"/> Brucellosis C <input type="checkbox"/> Other	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
		1.	For					
							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)				BRUC. VACC. TATTOO SYMBOL	Test For	Test For		
				I N J		Date			Lab (Name and Address)		Lab	Lab
				O B S		Date			TEST		Date	Date
						Hour			CARD	PLATE	RIV	CF
1 #1		2MBE	M									
2 #2		Bear	M									
3 #3			M									
4 #5			M									
5 #8			M									
6 #10			M									
7 #11			M									
8 #13			M									
9 #14			M									
10												
11												
12												
13												
14												
15												
16												
17												
18	Greg Woody's USDA # 33-C-0218											
19												
20												

REC'D MAR 30 2015

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 3/19/15	Date _____	Owner/Agent _____	
Print Name Paul M. Tew	License # 11317			
Address 840 N 2nd E #1 Rexburg ID 83440	Phone 208-356-4271	Address _____		

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