

**MINNESOTA CERTIFICATE OF VETERINARY INSPECTION**  
 Revised August 2014

41- 1624564

10. Number in Shipment: **3**

11. Permit Number: (if required by state of destination) **N/A**

12. Herd or Flock Status: \_\_\_\_\_  
 Disease: \_\_\_\_\_  
 Status: \_\_\_\_\_  
 Status/Herd/Flock Number: \_\_\_\_\_  
 Date of last herd test: \_\_\_\_\_

5. Consignee's Name: **Tiny Oofa**

6. Consignee's Address: **Snow Mtn. WA 54321**

7. Destination: (if different than above) **Canterbury Park**

9. Carrier's Name and Address: **Oofa Trudyings 123 monster Road**

8. Reason for Movement:  
 Breeding  Slaughter  Feeding  
 Sale  Show/Exhibition  
 Travel  \_\_\_\_\_

Official Ear tag, Tattoo or Other Permanent ID	Description of Animal or Registry Name and Number	Age	Sex	Breed	Brucellosis Vacc.	Tattoo	Tuberculosis		Other Test		Other Vaccine or Treatment	
							Date Injected	Date Read	Tested for	Results	Date	Product
1 T12345	Big	1	B	FB	/	/	/	Temp	11117	100.6	* EHV-1	
2												
3 T67890	Teeny	1	F	FB	/	/	/	Temp	11117	99.0	VACCIN	
4												
5												
6 T54321	Mamma's Boy	1	C	FB	/	/	/	Temp	11117	100.0	date vaccinated	
7												
8												
9												
10												
11												
12												
13												
14												
15												

\* These horses were deemed healthy at time of examination & do not originate from a premises with known infections. I have written the said 30 dam

**Certificate of Issuing Veterinarian:** certify as an accredited veterinarian that the 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 vaccination 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 warranty is made or implied.

Accredited Veterinarian Signature: **Legible!**  
 Accredited Veterinarian Printed Name: \_\_\_\_\_  
 Date Inspected: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**Owner/Agent Signature** \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Date of Owner Signature: \_\_\_\_\_

**Vet Code #** \_\_\_\_\_

Blue & Pink - Copy to Board of Animal Health ( Submit within 7 days of Date Issued )  
 Yellow - Issuing Veterinarian