

Contact State of destination for current movement requirements.

STATE OF GEORGIA  
**CERTIFICATE OF VETERINARY INSPECTION**

Valid for 30 days following the date of inspection of the animal(s) identified on the document.

Number  
**24GA506838**

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Use Federal Forms for Foreign Shipments

**Origin**  
Double S Ranch  
4812 Bryant Quarter Rd  
Gillsville, GA 30543  
(678) 524-5204

**Destination**  
Janet M. Franklin / Reinbeau Ranch  
3909 N Campbell Rd  
Otis Orchards, WA 99027

**Carrier**

Inspection Date  
07/29/2024

Issue Date  
07/29/2024

Shipment Date

Entry Permit Number

**Consignor**  
Double S Ranch  
4812 Bryant Quarter Rd  
Gillsville, GA 30543  
(678) 524-5204

**Consignee**  
Janet M. Franklin / Reinbeau Ranch  
3909 N Campbell Rd  
Otis Orchards, WA 99027

SPECIES  
Equine /

PURPOSE OF SHIPMENT  
Interstate Transit

STATE/AREA STATUS

HERD/FLOCK STATUS

**INDIVIDUAL ANIMAL IDENTIFICATION**

FEDERAL EARTAG #, REGISTRATION TATTOO, OR OTHER PERMANENT IDENTIFICATION	REGISTRY NAME AND NUMBER OR DESCRIPTION AND REGISTERED OWNERSHIP BRAND	BREED	AGE	SEX	T E M P	Laboratory Key	Disease Key	TEST(S)	PRODUCT INFO.	DATE OF VACC.
1	Andre					A : Athens Diagnostic Laboratory, College of	EIA - Equine Infectious Anemia			
						Disease	Remarks	Accession	Serial#	Date Sampled
										Lab
										Results

5	Laboux	Tennessee Walker	12 Y	CM	100.2	EIA	AGID	A25-00969	1250838-6	06/28/2024		
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**STATE CERTIFICATION REQUIREMENTS**

**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 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.

Signature  
**Dr. Donald Savage**

Electronically signed through USDA VSPS 06:40 PM EDT  
07/29/2024

The issuing accredited veterinarian has been level 2 authenticated and is accredited in the issuing State. The paper copy accompanying the shipment must be signed by the issuing veterinarian.

Print Name  
**Donald Savage**

License #  
VET009944

Address  
Northeast Georgia Veterinary Services  
PO Box 319  
Clemont, GA 30527

Natl Accred #  
084975

Phone #  
(770) 535-2446

**OWNER/AGENT STATEMENT** (Where applicable)

The animals in this shipment are those certified to and listed on this certificate."

S/ ISSUED Date