

Contact State of destination for current movement requirements.

STATE OF GEORGIA
CERTIFICATE OF VETERINARY INSPECTION
 Livestock and Poultry
 Use Federal Forms for Foreign Shipments

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

Number
 24GA504471

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

Destination
 Janet Franklin / Reinbeau Ranch
 3909 N Campbell Rd
 Otis Orchards, WA 98027
 (509) 921-1345

Carrier

Inspection Date
 07/15/2024

Issue Date
 07/15/2024

Shipment Date

Entry Permit Number

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

Consignee
 Janet Franklin / Reinbeau Ranch
 3909 N Campbell Rd
 Otis Orchards, WA 98027
 (509) 921-1345

STATE/AREA STATUS

HERD/FLOCK STATUS

SPECIES
 Equine /

NUMBER OF ANIMALS
 8

PURPOSE OF SHIPMENT
 Interstate Transit

INDIVIDUAL ANIMAL IDENTIFICATION

FEDERAL EARTAG #, REGISTRATION TATTOO, OR OTHER PERMANENT IDENTIFICATION	L I N E #	REGISTRY NAME AND NUMBER OR DESCRIPTION AND REGISTERED OWNERSHIP BRAND	BREED	AGE	SEX	T E M P	TEST(S)			Disease Key	Laboratory Key	A - Athens Diagnostic Laboratory, College of B - Athens Veterinary Diagnostic Lab	Date Sampled	Lab	Results	PRODUCT INFO.	DATE OF VACC.
							Disease	Remarks	Accession								
	1	Pope	Missouri Fox Trotting Horse	99.9	CM		EIA	A24-57137	1245337-9	06/04/2024	A	N					

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 08:49 PM EDT 07/15/2024
 The issuing accredited veterinarian has been level-2 authenticated and is accredited in the issuing State. The paper copy accompanying this shipment must be signed by the issuing veterinarian.

Print Name Donald Savage License # VE7009944
 Address Northeast Georgia Veterinary Services Nat'l Accred # 084975
PO Box 319 Phone # (770) 535-2446
Clermont, GA 30527

STATE CERTIFICATION REQUIREMENTS

OWNER/AGENT STATEMENT (Where applicable)
 The animals in this shipment are those certified to and listed on this certificate."

ISSUED
 _____ Date _____