

Contact State of destination for current movement requirements

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

Number  
**24GA504471**

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INDIVIDUAL ANIMAL IDENTIFICATION				TEST(S)				VACCINATION(S)		
FEDERAL EARTAC #, 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	Laboratory Key	Disease Key	PRODUCT INFO	DATE OF VACC.

Disease	Remarks	Accession	Serial #	Date Sampled	Lab	Results
A - Athens Diagnostic Laboratory, B - Athens Veterinary Diagnostic Lab						

Disease	Remarks	Accession	Serial #	Date Sampled	Lab	Results
		A24-54954		05/24/2024	B	N

Y	Dixie Diva	Spotted Saddle	8 Y	F	100.0	EIA	AGID	EIA	AGID

*Vaccinations 5/24/24  
 Rabies - Imbab Large Animal  
 West Nile Innovator  
 Fluvae Innovator 5*

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 diseases (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 VSPPS 07/15/2024 05:49 PM EDT  
 The issuing accredited veterinarian has been level-2-accredited and is accredited in the Issuing State.  
 The paper copy accompanying the shipment must be signed by the issuing veterinarian.  
 Donald Savage License # VET009944  
 Northeast Georgia Veterinary Services Nat'l Accred # 084975  
 Address 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."  
 S/ \_\_\_\_\_ Date \_\_\_\_\_

ISSUED  
 OSP E 02 73894