.213

Tempie
AC
Individual

animalfolksmn@aol.com
01/25/2011 10:47 AM

To foia.officer@aphis.usda.gov
cc
bcc
Subject Kathy Bauck Case # E11-054

January 24, 2011

Dr. Elizabeth Goldentyer
USDA/APHIS/Animal Care
920 Main Campus Drive, Suite 200
Raleigh, NC 27606-5210

RE: E11-054

Dear Dr. Goldentyer:

This letter is in reference to case # E11-054

Please find attached additional Certificates of Veterinary Inspection for puppies sold to pet stores in New York and New Jersey by Kathy Bauck (aka Kathy Cole, K.J. Cole, New York Kennel Club), formerly licensed with the USDA, In November and December 2011.

Please note, on some certificates a P. O. Box is listed, rather than the kennel address. Peggy Weise has also signed one of the certificates as owner/agent. Dr. Marcussen has signed all certificates as the veterinarian.

In addition to the New York Kennel Club and Canine Culture Club (previously submitted), two additional names are indicated on these certificates as consignee:

Saddle Lane Incorporation (Greenville, NY)
Puppy Love (Manorville, NY)

We have attempted to confirm if Kathy Bauck is owner or co-owner of these stores and if that allows this breeder to sell puppies to these stores without a USDA license. We have not been able to confirm ownership.

ALSO:
Per your response letter dated Dec. 16, 2010, we do wish to request the results of your investigation. Please send results to the address below or to ann@animalfolksmn.org.

Thank you for your attention to this matter.

Sincerely,

Ann Olson
Animal Folks MN
1043 Grand Ave #115
St. Paul MN 55105

FEB 23 2011

RECEIVED
JAN 25 2011

Minnesota Board of Animal Health
625 Robert St. North
St. Paul, MN 55155 (651) 296-2942

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION

Revised June 2007

41- 1385532

1. Owner/Consignor's Name: NEW YORK KENNEL CLUB
2. Owner/Consignor's Address: 51402 410th St NY.M. MN. 56567
3. Carrier Name and Address: ☒ Truck ☐ Air ☐ Rail ☐ Water ☐ Car
4. Species: ☐ Cattle ☐ Horse ☐ Swine ☐ Cat ☒ Dog ☐ Avian ☐ ____ ☐ Goat ☐ Sheep (Scrapie flock # ____)
5. Consignee's Name: NEW YORK KENNEL
6. Consignee's Address: 543 MAIN St Islip NY 11756
7. Destination (if different than above):
8. Reason for Movement: ☐ Breeding ☐ Slaughter ☐ Feeding ☒ Sale ☐ Show/Exhibition ☐ Travel ☐ ____
9. Origin of Shipment County: OTTER TAIL Market:
10. Number in Shipment: 42
11. Permit Number (if required by state of destination):
12. Herd or Flock Status: Disease: ____ Status: ____ Status/Herd Number: ____ Date of last herd test: ____

	Official Eartag, Tattoo or Other Permanent ID	Description of Animal or Registry Name and Number	Age WKS	Sex	Breed	Brucellosis Vacc. Tattoo	Tuberculosis Date injected	Tuberculosis Date read	Tuberculosis Results	Other Test Tested for	Other Test Date	Other Test Results	Other Vaccine or Treatment Product	Other Vaccine or Treatment Date
1	82881, 82, 83, 84,	PEAK APCO	8	3M	1F									
2	82885, 87	PEAK APOO	8	2F										
3	82919 82920	KING CHARLES C	8	2M										
4	82921, 22, 23	CHINESE SP. X BEAGLE	8	3M										
5	82924, 25, 26, 27	PUGGLE	8	3M	1F									
6	82928, 29, 30	PUGGLE	8	3F										
7	82940, 41, 42	POM X MALTESE	8	3M										
8	82943, 44,	POM X MALTESE	8	1M	1F									
9	82945, 46, 47	HAVANSE X SHIH	8	3M										
10	82948, 49, 50, 51	"	8	2M	2F									
11	82952, 53, 54	"	8	2F										
12	82956, 58, 59, 60	COCK APOO	8	2M	2F									
13	82955	"	8	1M										
14	82961, 62	SHIH X YORKIE	8	2M										
15	82963, 64, 65	"	8	3F										

Certificate of Issuing Veterinarian: I 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.

☐ I hereby certify that the animal(s) in this shipment is (are), to the best of my knowledge, acclimated to air temperatures lower than 7.2° C (45° F).

Accredited Veterinarian Signature: Dr. K. Marcusson
Vet Code #: 015216
Address: 28131 10 Staples MN 56479
Phone No.: 218-894-1775
Date Inspected: 11/18/10
Date Issued: 11/18/10

Certificate of Owner/Agent: The animals in this shipment are those certified to and listed on this certificate.

Owner/Agent Signature: [signature]
Owner/Agent Name: Kathy Bauck
Phone: 218-346-5465
Date of Owner Signature: 11/18/10

Minnesota Board of Animal Health
625 Robert St. North
St. Paul, MN 55155 (651) 296-2942

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION

Revised June 2007

41- 1385531

1. Owner/Consignor's Name: NEW YORK KENNEL CLUB

2. Owner/Consignor's Address: 51402 410TH ST NYM, MN. 56567

3. Carrier Name and Address:

☒ Truck ☐ Air ☐ Rail ☐ Water ☐ Car

5. Consignee's Name: NEW YORK, KENNEL

6. Consignee's Address: 543 Main St Islip NY 11756

7. Destination (if different than above):

10. Number in Shipment: 41

11. Permit Number (if required by state of destination):

4. Species: ☐ Cattle ☐ Horse ☐ Swine ☐ Cat ☐ Dog ☐ Avian ☐ _____ ☐ Goat ☐ Sheep (Scrapie flock # _____)

8. Reason for Movement: ☐ Breeding ☐ Slaughter ☐ Feeding ☒ Sale ☐ Show/Exhibition ☐ Travel ☐ _____

9. Origin of Shipment County: Otter Tail Market:

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

	Official Eartag, Tattoo or Other Permanent ID	Description of Animal or Registry Name and Number	Age (Weeks)	Sex	Breed	Brucellosis Vacc. Tattoo	Tuberculosis: Date injected	Tuberculosis: Date read	Tuberculosis: Results	Other Test: Tested for	Other Test: Date	Other Test: Results	Other Vaccine or Treatment: Product	Other Vaccine or Treatment: Date
1	82973, 74,	S HUSKY	8	2F										
2	82975	DACHSHUND	8	1F										
3	82976, 77, 78, 79	LAB	8	3M 1F										
4	82981, 85, 86, 87	KING CH X MALTE	8	1M 3F										
5	82988, 89, 90, 91	HAVANESE	8	3M 1F										
6	82992, 93, 94	HAVANESE	8	3F										
7	82995, 96, 97	SHIBA X CHIHUA	8	3M										
8	82998, 99, 83000	SHIBA X CHIHUA	8	3F										
9	83001, 02, 04, 05	AMER BullDog	8	4M										
10	83006, 07, 08, 09	AMER BullDog	8	4F										
11	83010, 11, 12, 13	AMER BullDog	8	4F										
12	83014	AMER BullDog	8	1F										
13	83016	COCK APOO	8	1F										
14	# 3 # 4	YORKIE	8	1M 1F										
15	# 5	MALTESE	8	1F										

Certificate of Issuing Veterinarian: I 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.

☐ I hereby certify that the animal(s) in this shipment is (are), to the best of my knowledge, acclimated to air temperatures lower than 7.2°C (45°F)

Accredited Veterinarian Signature: DVM

Vet Code #: 015216

Address: 2831 US 10 Staples MN 56479

Phone No.: 218-894-1775

Date Inspected: 11/18/10

Date Issued: 11/18/10

Certificate of Owner/Agent: The animals in this shipment are those certified to and listed on this certificate.

Owner/Agent Signature: Kathy Cole

Owner/Agent Name

Phone: 218-346-5465

Date of Owner Signature: 11/18/10

LS 00167-07 (6/07) White - with shipment Blue and Pink - copy to Board of Animal Health Yellow - copy to veterinarian

Minnesota Board of Animal Health
625 Robert St. North
St. Paul, MN 55155 (651) 296-2942

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION

Revised October 2009

41- 1416342

1. Owner/Consignor's Name: K.J. Cole

2. Owner/Consignor's Address: P.O. Box 272 Nevis MN 56467

3. Origin Address: (if different than above)

4. Species: ☐ Cattle ☒ Horse ☐ Swine ☐ Cat ☒ Dog ☐ Avian ☐ Goat ☐ Sheep ☐ _____

5. Consignee's Name: CARLENE SEPPALA

6. Consignee's Address: 34 Rockaway Valley Rd.

7. Destination: (if different than above) Boonton N.J. 07005

8. Reason for Movement: ☐ Breeding ☐ Slaughter ☐ Feeding ☐ Sale ☒ Show/Exhibition ☐ Travel Pet

9. Carrier's Name and Address: ☒ Truck ☐ Air ☐ Car ☐ _____

10. Number in Shipment: 1

11. Permit Number: (if required by state of destination)

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

	Official Eartag, Tattoo or Other Permanent ID	Description of Animal or Registry Name and Number	Age	Sex	Breed	Brucellosis Vacc. Tattoo	Tuberculosis: Date injected	Tuberculosis: Date Read	Tuberculosis: Results	Other Test: Tested for	Other Test: Date	Other Test: Results	Other Vaccine or Treatment: Product	Other Vaccine or Treatment: Date
1	033 309 528	SHIHAPOO	7/11/10		IMALE								Rabies VAX 10/27/10	
2	microchip #												by NY 004578	
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														

Certificate of Issuing Veterinarian: I 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 Dr. K. Marcusson

Vet Code # 015216

Address 2831 US 10 Staples MN 56479

Phone No. 218-894-1775

Date Inspected 12/2/10

Date Issued 12/8/10

Certificate of Owner/Agent:
☐ Animals in this shipment are those certified to and listed on this certificate.
☐ I hereby certify that the animal(s) in this shipment is (are), to the best of my knowledge, acclimated to air temperatures lower than 7.2°C (45° F).

Owner/Agent Signature K.J. Cole

Printed Name K.J. Cole

Phone 218 321 - 888

Date of Owner Signature 12/2/10

LS 00167-09 White - with shipment Blue and Pink - copy to Board of Animal Health Yellow - Issuing veterinarian

Minnesota Board of Animal Health
625 Robert St. North
St. Paul, MN 55155 (651) 296-2942

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION

Revised October 2009

41- 1416341

1. Owner/Consignor's Name: KS Cole

2. Owner/Consignor's Address: P.O Box 272

3. Origin Address: (if different than above) NEVIS MN. 56467

4. Species: ☐ Cattle ☐ Horse ☐ Swine ☐ Cat ☒ Dog ☐ Avian ☐ Goat ☐ Sheep ☐ _____

5. Consignee's Name: NEW YORK KENNEL

6. Consignee's Address: 543 MAIN STREET N.Y. 11756

7. Destination: (if different than above)

8. Reason for Movement: ☐ Breeding ☐ Slaughter ☐ Feeding ☒ Sale ☐ Show/Exhibition ☐ Travel ☐ _____

9. Carrier's Name and Address: A.R. BACK ☒ Truck ☐ Air ☐ Car ☐ _____

10. Number in Shipment: 23

11. Permit Number: (if required by state of destination)

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

	Official Eartag, Tattoo or Other Permanent ID	Description of Animal or Registry Name and Number	Age (WEEK)	Sex	Breed	Brucellosis Vacc. Tattoo	Tuberculosis: Date injected	Tuberculosis: Date Read	Tuberculosis: Results	Other Test: Tested for	Other Test: Date	Other Test: Results	Other Vaccine or Treatment: Product	Other Vaccine or Treatment: Date
1	83031, 032,	SIBERIAN HUSKY	8	2F										
2	83041	CHIHUAHUA X PUG	8	1F										
3	83047, 51, 54	COCKAPOO	8	1M 2F										
4	83060	MALTESE X LHASA	8	2F										
5	83063	MALTESE X DOXIE	8	1M										
6	83071, 72,	MALTESE X BICHON	8	2F										
7	83084, 85, 86 87	LABRADOODLE	8	3M 1F										
8	83089, 90, 97, 98,	LAB	8	2M 2F										
9	83101	GOLDEN X GERMAN	8	1F										
10	83113, 114,	GOLDEN RET	8	1M 1F										
11	83116	JACK X PUG	8	1F										
12														
13														
14														
15														

Certificate of Issuing Veterinarian: I 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 Dirk Marcus **Vet Code #** 015216

Address 28131 US 10 Staples MN 56479

Phone No. 218-894-1775 Date Inspected 12/2/10 Date Issued 12/2/10

Certificate of Owner/Agent:
☐ Animals in this shipment are those certified to and listed on this certificate.
☐ I hereby certify that the animal(s) in this shipment is (are), to the best of my knowledge, acclimated to air temperatures lower than 7.2°C (45° F).

Owner/Agent Signature KS Cole

Printed Name KS. Cole

Phone 218-371-8885 Date of Owner Signature 12/2/10

LS 00167-09 White - with shipment Blue and Pink - copy to Board of Animal Health Yellow - Issuing veterinarian

Minnesota Board of Animal Health
625 Robert St. North
St. Paul, MN 55155 (651) 296-2942

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION

Revised October 2009

41- 1416340

1. Owner/Consignor's Name: KJ Cole

2. Owner/Consignor's Address: P.O. Box 272

3. Origin Address: (if different than above) Nevis. MN. 56467

4. Species: ☐ Cattle ☐ Horse ☐ Swine ☐ Cat ☒ Dog ☐ Avian ☐ Goat ☐ Sheep ☐ _____

5. Consignee's Name: New York Kennel

6. Consignee's Address: 543 Main Street Ny. 11752

7. Destination: (if different than above)

8. Reason for Movement: ☐ Breeding ☐ Slaughter ☐ Feeding ☒ Sale ☐ Show/Exhibition ☐ Travel ☐ _____

9. Carrier's Name and Address: A.R. Back

☒ Truck ☐ Air ☐ Car ☐ _____

10. Number in Shipment: 24

11. Permit Number: (if required by state of destination)

12. Herd or Flock Status:

Disease: _____

Status: _____

Status/Herd/Flock Number: _____

Date of last herd test: _____

	Official Eartag, Tattoo or Other Permanent ID	Description of Animal or Registry Name and Number	Age (Weeks)	Sex	Breed	Brucellosis Vacc. Tattoo	Tuberculosis: Date injected	Tuberculosis: Date Read	Tuberculosis: Results	Other Test: Tested for	Other Test: Date	Other Test: Results	Other Vaccine or Treatment: Product	Other Vaccine or Treatment: Date
1	83026	Chihuahua	8	1F										
2	83030	Siberian Husky	8	1F										
3	83037, 38,	Puggles	9	2F										
4	83050, 52, [illegible]	Cockapoo	8	1M	1F									
5	83059	Maltese x Chihuahua	8	1F										
6	83062, 64,	Maltese x Doxie	8	1M	1F									
7	83079, 81	Havanese x King	8	1M	1F									
8	83082, 83, 88, 8	Labradoodle	8	3M	1F									
9	83092, 93, 94, 95	Lab		2M	2F									
10	83102	Golden x German	8	1F										
11	83110	Oldie Eng Bulldog	8	1M										
12	83111, 112,	Golden Ret.	8	2M										
13	83115	Jack x Pug	8	1F										
14														
15														

Certificate of Issuing Veterinarian: I 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: Dr K Marcum

Vet Code #: 01526

Address: 28131 US 10 Staples MN 56479

Phone No.: 218-894-1725

Date Inspected: 12/2/10

Date Issued: 12/2/10

Certificate of Owner/Agent:

☐ Animals in this shipment are those certified to and listed on this certificate.

☐ I hereby certify that the animal(s) in this shipment is (are), to the best of my knowledge, acclimated to air temperatures lower than 7.2°C (45° F).

Owner/Agent Signature: KJ Cole

Printed Name: KJ. Cole

Phone: 218-371-8885

Date of Owner Signature: 12/2/10

LS 00167-09 White - with shipment Blue and Pink - copy to Board of Animal Health Yellow - Issuing veterinarian

Minnesota Board of Animal Health
625 Robert St. North
St. Paul, MN 55155 (651) 296-2942

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION

Revised October 2009

41- 1416339

1. Owner/Consignor's Name: K.J. Cole

2. Owner/Consignor's Address: P.O. Box 272

3. Origin Address: (if different than above) NEVIS MN. 56467

4. Species: ☐ Cattle ☐ Horse ☐ Swine ☐ Cat ☒ Dog ☐ Avian ☐ Goat ☐ Sheep ☐ _____

5. Consignee's Name: SADDLE LANE INCORATION

6. Consignee's Address: 27 GLEN COVE RD.

7. Destination: (if different than above) GREEN VILLE N.Y. 12083

8. Reason for Movement: ☐ Breeding ☐ Slaughter ☐ Feeding ☒ Sale ☐ Show/Exhibition ☐ Travel ☐ _____

9. Carrier's Name and Address: ☒ Truck ☐ Air ☐ Car ☐ _____

10. Number in Shipment: 2 of 4

11. Permit Number: (if required by state of destination)

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

	Official Eartag, Tattoo or Other Permanent ID	Description of Animal or Registry Name and Number	Age (WEEK)	Sex	Breed	Brucellosis Vacc. Tattoo	Tuberculosis: Date Injected	Tuberculosis: Date Read	Tuberculosis: Results	Other Test: Tested for	Other Test: Date	Other Test: Results	Other Vaccine or Treatment: Product	Other Vaccine or Treatment: Date
1	1006	YORKIE	10	F										
2	1007	YORKIE	10	F										
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														

Certificate of Issuing Veterinarian: I 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 Dr. K Marcuson

Vet Code # 015216

Address 28131 MS 10 Staples, MN 56479

Phone No. 218-894-1775

Date Inspected 12/2/10

Date Issued 12/2/10

Certificate of Owner/Agent:
☐ Animals in this shipment are those certified to and listed on this certificate.
☐ I hereby certify that the animal(s) in this shipment is (are), to the best of my knowledge, acclimated to air temperatures lower than 7.2°C (45° F).

Owner/Agent Signature Peggy Weise

Printed Name PEGGY WEISE

Phone 218-652-2184

Date of Owner Signature 12/2/10

LS 00167-09 White - with shipment Blue and Pink - copy to Board of Animal Health Yellow - Issuing veterinarian

Minnesota Board of Animal Health
625 Robert St. North
St. Paul, MN 55155 (651) 296-2942

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION

Revised October 2009

41- 1416338

1. Owner/Consignor's Name: KS, Cole

2. Owner/Consignor's Address: P.O Box 272

3. Origin Address: (if different than above) Nevis MN. 56467

4. Species: ☐ Cattle ☐ Horse ☐ Swine ☐ Cat ☒ Dog ☐ Avian ☐ Goat ☐ Sheep ☐ _____

5. Consignee's Name: SADDLE LANE INCORPORATION

6. Consignee's Address: 27 GLEN COVE RD.

7. Destination: (if different than above) GREEN VILLE N.Y. 12083

8. Reason for Movement: ☐ Breeding ☐ Slaughter ☐ Feeding ☒ Sale ☐ Show/Exhibition ☐ Travel ☐ _____

9. Carrier's Name and Address: A.R. Bauk

☒ Truck ☐ Air ☐ Car ☐ _____

10. Number in Shipment: 5

11. Permit Number: (if required by state of destination)

12. Herd or Flock Status:

Disease: _____

Status: _____

Status/Herd/Flock Number: _____

Date of last herd test: _____

	Official Eartag, 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	Results	Tested for	Date	Results	Product	Date
1	83104, 05	ENG BullDog	8	2F										
2	83107, 108,	ODIE ENGLISH	8	2M	IF									
3	83104	Bull Doggie												
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														

Certificate of Issuing Veterinarian: I 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 Dr K. Marcuson

Vet Code # 015216

Address 28131 US 10 Staples MN 56479

Phone No. 218-894-1775

Date Inspected 12/2/10

Date Issued 12/2/10

Certificate of Owner/Agent:

☐ Animals in this shipment are those certified to and listed on this certificate.

☐ I hereby certify that the animal(s) in this shipment is (are), to the best of my knowledge, acclimated to air temperatures lower than 7.2°C (45° F).

Owner/Agent Signature KS Cole

Printed Name KS, Cole

Phone 218-371-8885

Date of Owner Signature 12/2/10

LS 00167-09 White - with shipment Blue and Pink - copy to Board of Animal Health Yellow - Issuing veterinarian

Minnesota Board of Animal Health
625 Robert St. North
St. Paul, MN 55155 (651) 296-2942

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION

Revised October 2009

41- 1416337

1. Owner/Consignor's Name: K.J. Cole

2. Owner/Consignor's Address: P.O. Box 272

3. Origin Address: (if different than above) Nevis MN. 56467

4. Species: ☐ Cattle ☐ Horse ☐ Swine ☐ Cat ☒ Dog ☐ Avian ☐ Goat ☐ Sheep ☐ _____

5. Consignee's Name: SADDLE LANE INCORPORATION

6. Consignee's Address: 27 GLEN COVE RD.

7. Destination: (if different than above) GREENVILLE N.Y. 12083

8. Reason for Movement: ☐ Breeding ☐ Slaughter ☐ Feeding ☒ Sale ☐ Show/Exhibition ☐ Travel ☐ _____

9. Carrier's Name and Address: A.R. BAUK

☒ Truck ☐ Air ☐ Car ☐ _____

10. Number in Shipment: 42

11. Permit Number: (if required by state of destination)

12. Herd or Flock Status:

Disease: _____

Status: _____

Status/Herd/Flock Number: _____

Date of last herd test: _____

	Official Eartag, Tattoo or Other Permanent ID	Description of Animal or Registry Name and Number	Age WEEK	Sex	Breed	Brucellosis Vacc. Tattoo	Tuberculosis Date Injected	Tuberculosis Date Read	Tuberculosis Results	Other Test Tested for	Other Test Date	Other Test Results	Other Vaccine or Treatment Product	Other Vaccine or Treatment Date
1	83020, 21, 23	PEAK X SHIH	8	1M2F										
2	83024, 25, 27	CHIHUAHUA	8	2M1F										
3	83028, 29	SIBERIAN HUSKY	8	1M1F										
4	83033	KING CHARLES X Bichon	8	1F										
5	83034, 35, 36	PUGGLES	8	2M1F										
6	83039, 40,	CHIHUAHUA X PUG	8	1M1F										
7	83042, 43, 44	CHIHUAHUA X PUG	8	3F										
8	83045, 46, 48	COCKAPOO	8	3M										
9	83049, 53,	COCKAPOO	8	1M1F										
10	83055, 56, 57, 58	MALTESE X LHASA	8	2M2F										
11	83065, 66, 67, 68	LHASA X SHIH	8	4F										
12	83069, 70, 73, 74	MALTESE X Bichon	8	4F										
13	83076, 77, 78, 80	HAVANESE X King	8	2M2F										
14	83091, 96,	LAB		1M1F										
15	83100, 83099	GOLDEN X GERMAN	9	1M1F										

Certificate of Issuing Veterinarian: I 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 Dr. K. Marcussen

Vet Code # 015216

Address 28131 US 10 Staples MN 56479

Phone No. 218-894-1775

Date Inspected 12/2/10

Date Issued 12/2/10

Certificate of Owner/Agent:

☐ Animals in this shipment are those certified to and listed on this certificate.

☐ I hereby certify that the animal(s) in this shipment is (are), to the best of my knowledge, acclimated to air temperatures lower than 7.2°C (45° F).

Owner/Agent Signature [signature]

Printed Name KJ COLE

Phone 218-371-8885

Date of Owner Signature 12/2/10

LS 00167-09 White - with shipment Blue and Pink - copy to Board of Animal Health Yellow - Issuing veterinarian

Minnesota Board of Animal Health
625 Robert St. North
St. Paul, MN 55155 (651) 296-2942

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION

Revised June 2007

41- 1385479

1. Owner/Consignor's Name: Kathy Cole

2. Owner/Consignor's Address: P.O. Box 272 Nevis MN. 56467

3. Carrier Name and Address:

☒ Truck ☐ Air ☐ Rail ☐ Water ☐ Car

4. Species: ☐ Cattle ☐ Horse ☐ Swine ☐ Cat ☒ Dog ☐ Avian ☐ _____ ☐ Goat ☐ Sheep (Scrapie flock # _____)

5. Consignee's Name: CANINE Culture CENTER

6. Consignee's Address: 36 EAST BROADWAY NEW YORK NY 10002

7. Destination (if different than above):

8. Reason for Movement: ☐ Breeding ☐ Slaughter ☐ Feeding ☒ Sale ☐ Show/Exhibition ☐ Travel ☐ _____

9. Origin of Shipment County: HUBBARD Market:

10. Number in Shipment: 26

11. Permit Number (if required by state of destination):

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

	Official Eartag, Tattoo or Other Permanent ID	Description of Animal or Registry Name and Number	Age in WEEKS	Sex	Breed	Brucellosis Vacc. Tattoo	Tuberculosis: Date Injected	Tuberculosis: Date Read	Tuberculosis: Results	Other Test: Tested for	Other Test: Date	Other Test: Results	Other Vaccine or Treatment: Product	Other Vaccine or Treatment: Date
1	83162, 163, 164	King x poodle	8	3M										
2	83165, 166	King x poodle	8	1M	1F									
3	83168	Pekingese	8	1F										
4	83174, 175	LAB	8	2M										
5	83176, 177	LAB	8	2F										
6	83183, 184, 185	golden	8	2M	1F									
7	83196, 197, 198	S. Husky	8	3M										
8	83199, 200, 201	S. Husky	8	3M										
9	83202 203, 204	S. Husky	8	2M	1F									
10	83205 206, 207	S. Husky	8	3F										
11	83208	S. Husky	8	1F										
12														
13														
14														
15														

Certificate of Issuing Veterinarian: I 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.

☐ I hereby certify that the animal(s) in this shipment is (are), to the best of my knowledge, acclimated to air temperatures lower than 7.2°C (45°F)

Accredited Veterinarian Signature: Dr. K. Marcus

Vet Code # 015216

Address: 28131 US 10 Staples MN 56479

Phone No: 218-894-1775

Date Inspected: 12/15/10

Date Issued: 12/15/10

Certificate of Owner/Agent: The animals in this shipment are those certified to and listed on this certificate.

Owner/Agent Signature: Kathy Cole

Owner/Agent Name: Kathy Cole

Phone: 218-371-8885

Date of Owner Signature: 12/15/10

LS 00167-07 (6/07) White - with shipment Blue and Pink - copy to Board of Animal Health Yellow - copy to veterinarian

Minnesota Board of Animal Health
625 Robert St. North
St. Paul, MN 55155 (651) 296-2942

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION

Revised June 2007

41- 1385478

1. Owner/Consignor's Name: Kathy Cole
2. Owner/Consignor's Address: P.O. Box 272 Nevis 56467
3. Carrier Name and Address: ☒ Truck ☐ Air ☐ Rail ☐ Water ☐ Car
4. Species: ☐ Cattle ☐ Horse ☐ Swine ☐ Cat ☒ Dog ☐ Avian ☐ ____ ☐ Goat ☐ Sheep (Scrapie flock # ____)
5. Consignee's Name: SADDLE LANE INC.
6. Consignee's Address: 27 GLEN COVE RD GREENVILLE NY 12083
7. Destination (if different than above):
8. Reason for Movement: ☐ Breeding ☐ Slaughter ☐ Feeding ☒ Sale ☐ Show/Exhibition ☐ Travel ☐ ____
9. Origin of Shipment: County: Hubbard Market:
10. Number in Shipment: 20
11. Permit Number (if required by state of destination):
12. Herd or Flock Status: Disease: ____ Status: ____ Status/Herd Number: ____ Date of last herd test: ____

	Official Eartag, Tattoo or Other Permanent ID	Description of Animal or Registry Name and Number	Age	Sex	Breed	Brucellosis Vacc. Tattoo	Tuberculosis: Date injected	Tuberculosis: Date read	Tuberculosis: Results	Other Test: Tested for	Other Test: Date	Other Test: Results	Other Vaccine or Treatment: Product	Other Vaccine or Treatment: Date
1	83120, 121	HAVANESE X YORKIE	8 WEEK	1M	1F									
2	83123, 124	MALTESE X YORKIE	8	1M	1F									
3	83135, 136	SHORKIE	8	1M	1F									
4	83140, 142	BEAGLE X SHAR	8	1M	1F									
5	83145, 146	YORKIE X C. CRESTED	8	1M	1F									
6	83151	HAVANESE X KING	8	1F										
7	83167	PEAKINGESE	8	1M										
8	83169	SHIH TZU	8	1M										
9	83171, 172	MALTESE	8	1M	1F									
10	83187, 188	GOLDEN RET	8	2F										
11	83195	BEAGLE	8	1F										
12	83209, 210	OLDIE Bull Dog	8	1M	1F									
13														
14														
15														

Certificate of Issuing Veterinarian: I 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.

☐ I hereby certify that the animal(s) in this shipment is (are), to the best of my knowledge, acclimated to air temperatures lower than 7.2°C (45°F)

Accredited Veterinarian Signature: Dr. K Marcus
Vet Code #: 015216
Address: 28131 US 10 Staples MN 56479
Phone No.: 218-894-1775
Date Inspected: 12/15/10
Date Issued: 12/15/10

Certificate of Owner/Agent: The animals in this shipment are those certified to and listed on this certificate.

Owner/Agent Signature: [signature]
Owner/Agent Name: Kathy Cole
Phone: 218-371-8885
Date of Owner Signature: 12/15/10

LS 00167-07 (6/07) White - with shipment Blue and Pink - copy to Board of Animal Health Yellow - copy to veterinarian

Minnesota Board of Animal Health
625 Robert St. North
St. Paul, MN 55155 (651) 296-2942

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION

Revised June 2007

41- 1385547

1. Owner/Consignor's Name: Kaaley Cole
2. Owner/Consignor's Address: 51402 410th St N.Y.M. MN. 56567
3. Carrier Name and Address: ☒ Truck ☐ Air ☐ Rail ☐ Water ☐ Car
4. Species: ☐ Cattle ☐ Horse ☐ Swine ☐ Cat ☒ Dog ☐ Avian ☐ ____ ☐ Goat ☐ Sheep (Scrapie flock # ____)
5. Consignee's Name: New York Kennel Club
6. Consignee's Address: 543 Main St Islip 1756
7. Destination (if different than above):
8. Reason for Movement: ☐ Breeding ☐ Slaughter ☐ Feeding ☒ Sale ☐ Show/Exhibition ☐ Travel ☐ ____
9. Origin of Shipment County: Other tail Market:
10. Number in Shipment: 14
11. Permit Number (if required by state of destination):
12. Herd or Flock Status: Disease: ____ Status: ____ Status/Herd Number: ____ Date of last herd test: ____

	Official Eartag, Tattoo or Other Permanent ID	Description of Animal or Registry Name and Number	Age (Week)	Sex	Breed	Brucellosis Vacc. Tattoo	Tuberculosis: Date injected	Tuberculosis: Date read	Tuberculosis: Results	Other Test: Tested for	Other Test: Date	Other Test: Results	Other Vaccine or Treatment: Product	Other Vaccine or Treatment: Date
1	83217, 216,	Eng Bulldog	8	2M	1F									
2	83215	x French Bull	8											
3	83134, 137	Shih x Yorkie	8	1M	1F									
4	83139, 141	Beagle x Sharpai	8	1M	1F									
5	83148, 152, 153	Havanese x King	8	1M	2F									
6	83189	Golden Ret	8	1F										
7	83191, 194,	Beagle	8	1M	1F									
8	83212	Labadoodle	8	1F										
9														
10														
11														
12														
13														
14														
15														

Certificate of Issuing Veterinarian: I 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.

☐ I hereby certify that the animal(s) in this shipment is (are), to the best of my knowledge, acclimated to air temperatures lower than 7.2°C (45°F)

Accredited Veterinarian Signature: Dr. R Marcus
Vet Code #: 015216
Address: 28131 US 10 Staples MN 56479
Phone No.: 218-894-1775
Date Inspected: 12/15/10
Date Issued: 12/15/10

Certificate of Owner/Agent: The animals in this shipment are those certified to and listed on this certificate.

Owner/Agent Signature: [signature]
Owner/Agent Name: Kaaley Cole
Phone: 218 371-8885
Date of Owner Signature: 12/15/10

LS 00167-07 (6/07) White - with shipment Blue and Pink - copy to Board of Animal Health Yellow - copy to veterinarian

Minnesota Board of Animal Health
625 Robert St. North
St. Paul, MN 55155 (651) 296-2942

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION

Revised June 2007

41- 1385546

1. Owner/Consignor's Name: NEW YORK KENNEL CLUB

2. Owner/Consignor's Address: 51402 410th St NY Mi MN. 56567

3. Carrier Name and Address:

☒ Truck ☐ Air ☐ Rail ☐ Water ☐ Car

5. Consignee's Name: NEW YORK KENNEL (R)

6. Consignee's Address: 543 MAIN STREET Islip N.Y. 11756

7. Destination (if different than above):

10. Number in Shipment: (14)

11. Permit Number (if required by state of destination):

4. Species: ☐ Cattle ☐ Horse ☐ Swine ☐ Cat ☒ Dog ☐ Avian ☐ _____ ☐ Goat ☐ Sheep (Scrapie flock #_____)

8. Reason for Movement: ☐ Breeding ☐ Slaughter ☐ Feeding ☒ Sale ☐ Show/Exhibition ☐ Travel ☐ _____

9. Origin of Shipment County: OTHER Market:

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

	Official Eartag, Tattoo or Other Permanent ID	Description of Animal or Registry Name and Number	Age Weeks	Age Years	Sex	Breed	Brucellosis Vacc. Tattoo	Tuberculosis: Date injected	Tuberculosis: Date read	Tuberculosis: Results	Other Test: Tested for	Other Test: Date	Other Test: Results	Other Vaccine or Treatment: Product	Other Vaccine or Treatment: Date
1	83132, 133, 138	SHIH x YORKIE	8		2M	IF									
2	83147, 149, 150	[illegible]	8		1M	2F									
3		HAVANESE x KING													
4	83159	POMERANIAN	8		1M										
5	83190	GOLDEN	8		1F										
6	83192, 193,	BEAGLE	8		1M	1F									
7	83211	LAB	8		1M										
8	83213, 214	OLDIE BULLDOG	8												
9	83218	FRENCH BULL	8		2M	1F									
10															
11															
12															
13															
14															
15															

Certificate of Issuing Veterinarian: I 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.

☐ I hereby certify that the animal(s) in this shipment is (are), to the best of my knowledge, acclimated to air temperatures lower than 7.2° C (45 °F)

Accredited Veterinarian Signature: [signature] Vet Code #: OIS216

Address: 2813 US 10 Staples MN 56479

Phone No.: 218-894-1775 Date Inspected: 12/15/10 Date Issued: 12/15/10

Certificate of Owner/Agent: The animals in this shipment are those certified to and listed on this certificate.

Owner/Agent Signature: [signature]

Owner/Agent Name: KATHY COLE

Phone: 218-371-8885 Date of Owner Signature: 12/15/10

LS 00167-07 (6/07) White - with shipment Blue and Pink - copy to Board of Animal Health Yellow - copy to veterinarian

Minnesota Board of Animal Health
625 Robert St. North
St. Paul, MN 55155 (651) 296-2942

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION

Revised June 2007

41- 1385530

1. Owner/Consignor's Name: NEW YORK KENNEL CLUB
2. Owner/Consignor's Address: 51402 410th St NY.M. MN. 56567
3. Carrier Name and Address: ☒ Truck ☐ Air ☐ Rail ☐ Water ☐ Car
4. Species: ☐ Cattle ☐ Horse ☐ Swine ☐ Cat ☒ Dog ☐ Avian ☐ ____ ☐ Goat ☐ Sheep (Scrapie flock # ____)
5. Consignee's Name: CANINE CULTURE CENTER
6. Consignee's Address: 36 EAST BROADWAY NY 10020
7. Destination (if different than above):
8. Reason for Movement: ☐ Breeding ☐ Slaughter ☐ Feeding ☒ Sale ☐ Show/Exhibition ☐ Travel ☐ ____
9. Origin of Shipment: County: Otter tail; Market:
10. Number in Shipment: 14
11. Permit Number (if required by state of destination):
12. Herd or Flock Status: Disease: ____ Status: ____ Status/Herd Number: ____ Date of last herd test: ____

	Official Eartag, Tattoo or Other Permanent ID	Description of Animal or Registry Name and Number	Age (wks)	Sex	Breed	Brucellosis Vacc. Tattoo	Tuberculosis: Date injected	Tuberculosis: Date read	Tuberculosis: Results	Other Test: Tested for	Other Test: Date	Other Test: Results	Other Vaccine or Treatment: Product	Other Vaccine or Treatment: Date
1	82918	GOLDEN DOODLE	8	M										
2	82966, 67, 68	HUSKY	8	3M										
3	82969, 70, 71	HUSKY	8	1M 2F										
4	82972	HUSKY	8	1F										
5	82982, 83, 84	King CH X MATTES	8	2M 1F										
6	83015, 17, 18	COCKAPOO	8	1M 2F										
7														
8														
9														
10														
11														
12														
13														
14														
15														

Certificate of Issuing Veterinarian: I 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.

☐ I hereby certify that the animal(s) in this shipment is (are), to the best of my knowledge, acclimated to air temperatures lower than 7.2°C (45°F)

Accredited Veterinarian Signature: Dr K. Marcus
Vet Code #: 015216
Address: 28131 US 10, Staples MN 56479
Phone No.: 218-894-1775
Date Inspected: 11/18/10
Date Issued: 11/18/10

Certificate of Owner/Agent: The animals in this shipment are those certified to and listed on this certificate.

Owner/Agent Signature: Kathy Cole
Owner/Agent Name: [signature]
Phone: 218 346 5465
Date of Owner Signature: 11/18/10

LS 00167-07 (6/07) White - with shipment Blue and Pink - copy to Board of Animal Health Yellow - copy to veterinarian

Minnesota Board of Animal Health
625 Robert St. North
St. Paul, MN 55155 (651) 296-2942

MINNESOTA CERTIFICATE OF VETERINARY INSPECTION

Revised June 2007

41- 1385480

1. Owner/Consignor's Name: NEW YORK KENNEL CLUB

2. Owner/Consignor's Address: 51402 410th St N.Y.M. MN. 56567

3. Carrier Name and Address:

☒ Truck ☐ Air ☐ Rail ☐ Water ☐ Car

5. Consignee's Name: PUPPY LOVE

6. Consignee's Address: 58 RIVER RD. MANORVILLE N.Y. 11949

7. Destination (if different than above):

10. Number in Shipment: (8)

11. Permit Number (if required by state of destination):

4. Species: ☐ Cattle ☐ Horse ☐ Swine ☐ Cat ☒ Dog ☐ Avian ☐ _____ ☐ Goat ☐ Sheep (Scrapie flock #_____)

8. Reason for Movement: ☐ Breeding ☐ Slaughter ☐ Feeding ☒ Sale ☐ Show/Exhibition ☐ Travel ☐ _____

9. Origin of Shipment County: OTTER Market:

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

	Official Eartag, Tattoo or Other Permanent ID	Description of Animal or Registry Name and Number	Age (WEEKS)	Sex	Breed	Brucellosis Vacc. Tattoo	Tuberculosis: Date injected	Tuberculosis: Date read	Tuberculosis: Results	Other Test: Tested for	Other Test: Date	Other Test: Results	Other Vaccine or Treatment: Product	Other Vaccine or Treatment: Date
1	83126, 127	HAVANESE	8	1M/1F										
2	83160, 161,	POMERANIAN	8	1M/1F										
3	83170	MALTESE	8	1M										
4	83182, 186	GOLDEN RET	8	1M/1F										
5													RABIES VACC.	12/15/10
6	165 6001	BOXER	16	1F										
7														
8														
9														
10														
11														
12														
13														
14														
15														

Certificate of Issuing Veterinarian: I 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.

☐ I hereby certify that the animal(s) in this shipment is (are), to the best of my knowledge, acclimated to air temperatures lower than 7.2° C (45° F)

Accredited Veterinarian Signature: Dr K Marcinson

Vet Code # 015216

Address: 38131 US 10 Staples, MN 56479

Phone No.: 218-894-1775

Date Inspected: 12/15/10

Date Issued: 12/15/10

Certificate of Owner/Agent: The animals in this shipment are those certified to and listed on this certificate.

Owner/Agent Signature

Owner/Agent Name: Kathy Cole

Phone: 218 371-8885

Date of Owner Signature: 12/15/10

LS 00167-07 (6/07) White - with shipment Blue and Pink - copy to Board of Animal Health Yellow - copy to veterinarian