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...cate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore Brian, S.
2. CERTIFICATE NO.: L060608
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8/23/10
5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.
8. CONSIGNOR'S CITY (or Town): Jonestown
12. CONSIGNOR'S STATE: Pennsylvania
13. STATE CODE: 42
14. ZIP CODE:
9. SEMEN ("X" if yes): [ ]
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean
16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavel Canada Export Inc. 577 Rang St. Jidinest-St Andre-Avellin
DESTINATION COUNTRY: Canada
ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore Brian S.
94 Hoover Dr.
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION
(Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USPA 5030	12	F	QH											
5031	7	F												
5032	5	F												
5033	10	F												
5034	5	N												
5035	5	N												
5036	2	F												
5037	10	N												
5038	12	N												
5039	10	F												
5040	9	F												
5041	7	F												
5042	14	F												
5043	12	F												
5044	11	F												
5045	9	F												
5046	7	N												
5047	6	F												

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animals were to the best of the knowledge and belief of James Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:
3. The animal has resided in the United States or Canada since birth
Or
4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 8-26-10
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): Holt, James S.
21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 horses
23. Signature of Endorsing Federal Veterinarian: RD Blown
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): RD Blown Jr VMO
25. SIGNATURE OF ISSUING VETERINARIAN: JS Holt B0070326 Acct# 5204

VS FORM 17-140 (MAR 98) Previous edition may be used.

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*

2. CERTIFICATE NO. FROM VS FORM 17-140

3. PAGE NO. ___ OF ___

16. CONSIGNEE'S NAME

NEGATIVE TUBERCULIN READING: 48 HRS. ☐ 72 HRS. ☐

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, or business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USDA 5048	3	F	[illegible]											
5049	11	F	HW											
5050	16	F	QH											
[illegible]	2	M	[illegible]											
[illegible]	11	M	QH											
[illegible]	2	F	QH											
[illegible]	2	M	Milk											
[illegible]	12	M	A											
5056	[illegible]	F	[illegible]											
[illegible]	[illegible]	F	QH											
[illegible]	[illegible]	M	QH											
5059	[illegible]	M	QH											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000002

VS FORM 17-140A
(MAY 89)

Previous edition may be used.

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): [illegible]
2. CERTIFICATE NO.: L060609
3. PAGE NO.: 1 OF [illegible]

4. DATE ISSUED: [illegible]
5. U.S. PORT OF EMBARKATION (City and State): Junction PA
6. STATE CODE: [illegible]
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): [illegible]
8. CONSIGNOR'S CITY (or Town): Junction
12. CONSIGNOR'S STATE: Pennsylvania
13. STATE CODE: [illegible]
14. ZIP CODE: 17038
9. SEMEN ("X" if yes): [ ]
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean
16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): [illegible]
DESTINATION COUNTRY: Canada
ENTER CODE: [illegible]

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USFA 5090	5	N	SN								
5091	7	N	QH								
5092	10	N	QH								
[illegible]	10	F	AP								
5094	10	N	SN								
5095	10	F	SN								
5096	10	F	TH								
5097	10	N	QH								
5098	10	N	QH								
5099	10	F	QH								
5100	10	F	PN								
5101	10	F	TH								
5102	5	F	QH								
5103	10	F	QH								
5104	10	F	QH								
5105	10	F	QH								
5106	7	N	QH								
5107	10	F	QH								

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animals were to the best of the knowledge and belief of James Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:
3. The animal has resided in the United States or Canada since birth

Or
4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 8-26-10
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): H. H. James S.
21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 11-318000003
23. Signature of Endorsing Federal Veterinarian: [signature]
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): F D BROWN JR DVM
25. SIGNATURE OF ISSUING VETERINARIAN: [signature]

VS FORM 17-140 (MAR 98) Previous edition may be used.

BEST COPY AVAILABLE

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*

2. CERTIFICATE NO FROM VS FORM 17-140

3. PAGE NO

16. CONSIGNEE'S NAME

NEGATIVE TUBERCULIN READING
☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

18. INDIVIDUAL IDENTIFICATION

—— CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O

11-318000004

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

The certificate is authorized by law 21 U SC 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): [illegible]

2. CERTIFICATE NO: G 29799

3. PAGE NO.: 1 OF

4. DATE ISSUED: [illegible]

5. U.S. PORT OF EMBARKATION (City and State): Houlton ME

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): [illegible]

8. CONSIGNOR'S CITY (or Town): [illegible]

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: [illegible]

14. ZIP CODE: [illegible]

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean ☑

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): [illegible]

DESTINATION COUNTRY: Canada

ENTER CODE: [illegible]

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☑ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
[illegible]	5	F	QH								
[illegible]	11	F	QH								
[illegible]	6	F	QH								
[illegible]	11	F	QH								
[illegible]	11	F	QH								
[illegible]	[illegible]	N	QH								
[illegible]	1	F	TB								
[illegible]	6	F	TB								
[illegible]	5	F	TB								
[illegible]	4	F	TB								
[illegible]	6	N	SN								
[illegible]	7	N	QH								
[illegible]	[illegible]	N	QH								
[illegible]	[illegible]	N	QH								
[illegible]	[illegible]	N	SN								
[illegible]	11	F	SN								
[illegible]	[illegible]	N	SN								
[illegible]	11	F	SN								

1.. The animals were inspected bt James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED:

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): [illegible]

21. STATUS: ☐ 2 Federal ☐ 1 State ☑ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos from all attached VS Forms 17-140A): 11-318000005

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): [illegible]

25. SIGNATURE OF ISSUING VETERINARIAN: [illegible]

23. Signature of endorsing federal veterinarian

VS FORM 17-140 (MAR 98) Previous edition may be used.

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READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Ware, Brian S.

2. CERTIFICATE NO. FROM VS FORM 17-140: G29779

3. PAGE NO.: 2-2

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED — CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

Owner's name	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Ware, Brian S.	4778	14	F	AS				5							
[illegible]	4779	16	F	SN											
[illegible]	4780	10	N	SN											
	4781	14	F	OH											
	4782	15	N	KL				6							
	4783	16	N	OH											
	4784	10	N	TH											
	4785	14	F	DL											
	4786	11	F	SN											
	4787	10	F	TH											
	4788	9	F	TH				7							
	4789	8	F	OH											
								8							

11-318000006

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

BEST COPY AVAILABLE

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.

2. CERTIFICATE NO.: L061367

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8/9/10

5. U.S. PORT OF EMBARKATION (City and State): Junction PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Moore Dr

8. CONSIGNOR'S CITY (or Town): Junction

9. SEMEN ("X" if yes): —

10. NO. DOSES OF SEMEN: —

11. TRANSPORTATION CLASS: 1 - Rail; 3 - Air; X 2 - Truck; 4 - Ocean

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17025

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Carol Canada Export Inc. 51 Kent St. St. Julie est 51 Avellin Avenue

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): 01 BOVINE; 02 PORCINE; 03 OVINE; 04 CAPRINE; X 05 EQUINE; 08 OTHER WILDLIFE - MAMMAL; 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: 48 HRS; 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore, Brian S.											
94 Moore Dr											
Junction PA 17025											
USA 4700	7	M	QH								
4701	4	M	QH								
4702	9	F	QH								
4703	12	F	QH								
4704	12	F	QH								
4705	12	F	QH								
4706	7	F	QH								
4707	14	F	QH								
4708	12	N	QN								
4709	14	F	QH								
4710	9	F	QH								
4711	8	F	QH								
4712	5	F	QH								
4713	11	F	QH								
4714	14	F	QH								
4715	12	F	QH								
4716	9	N	QH								
4717	15	F	QH								

1. The animals were inspected by James S. Holt within 30 days prior to the exxport and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of Jameas S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

3. Either:
The animal has resided in the United States or Canada since birth
Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 8/9/10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): Holt James S

21. STATUS: 2 Federal; 1 State; X 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 11-318000007

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): DARRYL R. [illegible]

25. SIGNATURE OF ISSUING VETERINARIAN: [signature] DMVM 70501 A.M.S. 2004

VS FORM 17-140 (MAR 98) Previous edition may be used.

BEST COPY AVAILABLE

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): Marc Bruce

16. CONSIGNEE'S NAME: Canad Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: LU61367

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Marc Bruce	4718	15	F	BL								
21 Main Dr.	4719	10	N	QH								
Tamaqua PA 17038	4720	12	N	QH								
	4721	7	F	QH								
	4722	5	N	QH								
	4723	6	N	QH								
	4724	14	N	QH								
	4725	3	F	QH								
	4726	14	F	QH								
	4727	9	F	QH								
	4728	7	N	QH								
	4729	5	F	QH								

5. The animals at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be causing the animal to suffer.

11-318000008

VS FORM 17-140a (MAR 2005)

Previous edition may be used.

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

BEST COPY AVAILABLE

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)

2. CERTIFICATE NO. L061366

3. PAGE NO. 1 OF

4. DATE ISSUED

5. U.S. PORT OF EMBARKATION (City and State) PA

6. STATE CODE 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)

8. CONSIGNOR'S CITY (or Town)

12. CONSIGNOR'S STATE

13. STATE CODE

14. ZIP CODE

9. SEMEN ("X" if yes)

10. NO. DOSES OF SEMEN

11. TRANSPORTATION CLASS
- [ ] 1 - Rail
- [ ] 3 - Air
- [x] 2 - Truck
- [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)

DESTINATION COUNTRY Canada

ENTER CODE Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
- [ ] 01 BOVINE
- [ ] 02 PORCINE
- [ ] 03 OVINE
- [ ] 04 CAPRINE
- [x] 05 EQUINE
- [ ] 08 OTHER WILDLIFE - MAMMAL
- [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING
- [ ] 48 HRS
- [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION
(Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USFA 4730	10	M	SN								
4731	1	N	SN								
4732	1	N	SN								
4733	11	N	SN								
4734	1	N	SN								
4735	1	N	SN								
4736	1	N	SN								
4737	1	F	SN								
4738	1	N	AS								
4739	1	N	OR								
4740	2	F	[illegible]								
4741	1	N	[illegible]								
4742	1	N	AO								
4743	1	F	MJG								
4744	2	N	SN								
4745	1	N	SN								
4746	1	N	SN								
4747	12	N	SN								

1.. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

3. ~~The animal has resided in the United States or Canada since birth~~ Either

Or

4. ~~The animal has met all of the import requirements of the United States of America and has resided in the United States for past 60 days.~~

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)

21. STATUS
- [ ] 2 Federal
- [ ] 1 State
- [x] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (include nos. from all attached VS Forms 17-140A)

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of Endorsing Federal Veterinarian

11-318000009

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): ~~Geo~~ Mark, B.S.

BEST COPY AVAILABLE

2. CERTIFICATE NO FROM VS FORM 17-140: L061366

3. PAGE NO.: 2 of 2

16. CONSIGNEE'S NAME: Caval Canada Export Inc.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

CERTIFIED BRUCELLOSIS FREE AREA ——

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USFA4748	7	N	SN								
4749	13	N	SN								
4750	9	N	SN								
4751	17	N	SN								
4752	8	N	SN								
4753	7	N	SN								
4754	16	N	SN								
4755	9	F	SN								
4756	11	F	SN								
4757	14	F	SN								
4758	7	N	SN								
4759	15	N	SN								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render the animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000010

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

...not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
Moore [illegible] S	L061364	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
[illegible]	[illegible]	PA (42)	94 Hoover Dr.	[illegible]

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean	Pennsylvania	[illegible]	[illegible]

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Pavel Canada Export Inc 47 Reg 9 [illegible] Aylmer	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
Moore [illegible]	MSPD 4640	10	M	QH											
94 Hoover Dr.	4641	7	N	QH											
[illegible] PA 17026	4642	10	N	SN											
	4643	15	F	SN											
	4644	10	N	SN											
	4645	11	F	BL											
	4646	15	F	BL											
	4647	10	N	SN											
	4648	9	N	SN											
	4649	6	F	SN											
	4650	10	N	SN											
	4651	12	N	SN											
	4652	10	N	QH											
	4653	4	F	QH											
	4654	17	N	SN											
	4655	11	F	QH											
	4656	2	F	QH											
	4657	14	F	QH											

1. The animals were inspected by James S. Holt within 30 days prior to the export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth

or

4. The animal has met all the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (include nos. from all attached VS Forms 17-140A)
08/03/2010	H. H. James S.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	Dr. Paul Smiley, AAVIC	[illegible]

11-318000011

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: [illegible]

Best Copy Available

2. CERTIFICATE NO. VS FORM 17-140: LC[illegible]

3. PAGE NO.: [illegible]

16. CONSIGNEE'S NAME: Lord Canada Export Inc.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

CERTIFIED BRUCELLOSIS FREE AREA ——

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
[illegible]	[illegible]	F	QH								
[illegible]	[illegible]	N	QH								
[illegible]	[illegible]	F	QH								
[illegible]	[illegible]	N	BL								
[illegible]	[illegible]	N	CN								
[illegible]	[illegible]	N	CN								
[illegible]	[illegible]	N	CN								
[illegible]	[illegible]	F	CN								
[illegible]	[illegible]	F	BL								
[illegible]	[illegible]	N	[illegible]								
[illegible]	[illegible]	F	QH								
[illegible]	[illegible]	F	QH								

5. The animals at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. ~~The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.~~

7. ~~During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.~~

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be causing the animal to suffer.

11-318000012

VS FORM 17-140a (MAR 2005)

Previous edition may be used.

...is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Ellis S
2. CERTIFICATE NO: E 29800
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8/3/10
5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Moore Dr
8. CONSIGNOR'S CITY (or Town): Jonestown
12. CONSIGNOR'S STATE: Pennsylvania
13. STATE CODE: 42
14. ZIP CODE: 17038

9. SEMEN (Check if yes): ☐
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): Coval Canada Export Inc. 517 Rue St. Julien est St Andre-Avellin
DESTINATION COUNTRY: Canada
ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

Moore E S
94 Moore Dr
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USFA 4670	10	F	KL								
4671	10	N	SN								
4672	12	N	SN								
4673	12	N	TH								
4674	12	N	SN								
4675	10	N	SN								
4676	10	F	TH								
4677	12	N	QH								
4678	5	F	SN								
4679	6	N	SN								
4680	10	N	KL								
4681	10	N	KL								
4682	10	F	SN								
4683	12	F	KL								
4684	12	N	KL								
4685	12	N	SN								
4686	15	N	SN								
4687	10	N	TH								

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. ~~The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.~~

Either:
3. The animal has resided in the United States or Canada since birth

Or
4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 08/03/2010
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): Holt James S.
21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited
22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (include nos from all attached VS Forms 17-140A): 11-318000013
23. Signature of endorsing federal veterinarian
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Dr. Paul Smiley, AAVIC
25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse si

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Marc Brian S.

16. CONSIGNEE'S NAME: Cavel Canada Export Inc

2. CERTIFICATE NO FROM VS FORM 17-140: C29800

3. PAGE NO: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ✓ ___ CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Marc Brian S. USA	4688	7	F	TH											
24 Manor Dr	4689	7	F	TH											
Downtown PA 17038	4690	10	F	TH											
	4691	7	F	TH											
	4692	7	F	TH											
	4693	10	F	TH											
	4694	12	F	TH											
	4695	12	F	QH											
	4696	15	F	QH											
	4697	15	F	QH											
	4698	10	F	QH											
	4699	10	F	TH											

5. The animals at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury, or any other condition that could be causing the animal to surfer.

APPROVED

11-318000014

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore Brian S.

2. CERTIFICATE NO.: L060602

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8/17/10

5. U.S. PORT OF EMBARKATION (City and State): Jamestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hover Dr

8. CONSIGNOR'S CITY (or Town): Jamestown

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN ("X" if yes): ___

10. NO. DOSES OF SEMEN: ___

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavel Canada Export Inc. 517 Rang St. Julie - St Andre - Avellin

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore Brian S.
94 Hover Dr.
Jamestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFA 4880	10	F	QH											
4881	8	N	QH											
4882	12	F	QH											
4883	9	F	QH											
4884	10	N	QH											
4885	11	F	QH											
4886	9	N	AP											
4887	14	F	QH											
4888	10		QH											
4889	12		QH											
4890	9		QH											
4891	7		PN											
4892	11		QH											
4893	6		QH											
4894	12		QH											
4895	10		PN											
4896	10		TH											
4897	10		TH											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 8/17/10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 31-31 Horses

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): F.D. BROWNER DVM

25. SIGNATURE OF ISSUING VETERINARIAN: J S Holt

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (*last name, first name, middle initial or business name*): Moir, Brian S.

16. CONSIGNEE'S NAME: Covel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060602

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name (*Last name, two initials, & business name*)
Owner's street address
Owner's city/town, state code & zip code

Moir Brian S
94 Moir Dr
Tamaqua PA 17038

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USFA 4898	10	F									
4899	10	F									
4900	12	F									
4901	10	F									
4902	10	F									
4903	10	N									
4904	14	F									
4905	10	N									
4906	12	F									
4907	10	N									
4908	10	F									
4909	10	F									

5. The animals, at the thime of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been asvised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000016

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
Moore, Brian S.	L061357	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
8/12/10	Jonestown PA	42	94 Hoover Dr	Jonestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	42	17036

9. SEMEN (X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
		1 - Rail; 3 - Air; X 2 - Truck; 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Coul Canada Export Inc. 417 Rang St Julien at St Aurélien Arthabaska	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
01 BOVINE; 02 PORCINE; 03 OVINE; 04 CAPRINE; 05 EQUINE; 08 OTHER WILDLIFE - MAMMAL; 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: 48 HRS; 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION
(Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
Moore, Brian S.	USFA 4790	15	N	BL											
94 Hoover Dr	4791	10	F	QH											
Jonestown PA 17036	~~4792~~	~~10~~	~~F~~	~~AH~~											
	4793	9	F	TH											
	4793	10	F	PN											
	4794	8	F	PN											
	4795	14	N	SN											
	4796	10	N	QH											
	4797 ~~4799~~	6	N	AP											
	4798	9	F	QH											
	4799 ~~4800~~	7	F	QH											
	4800	14	F	QH											
	4801	6	F	QH											
	4802	7	F	QH											
	4803	10	N	QH											
	4804	15	F	Mule											
	4805	7	N	QH											
	4806	7	F	QH											

(1) The animals were inspected by [illegible] within 30 days prior to export and found to be healthy and free of communicable disease.

(2) The animals were to the best of the knowledge and belief of Jonestown Hill not exposed to any communicable disease within 60 days preceding the date of inspection.

(3) The animals have resided in the U.S. or Canada since birth (or)

(4) The animals have met all requirements for the U.S. and resided in the USA for the 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
8/12/10	[illegible] Jones S.	☐ 2 Federal ☐ 1 State ☑ 3 Accredited	30 [illegible]

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
[illegible] DVM	[illegible] D. Rennie DVM	[illegible] Accredited Vet

VS FORM 17-140 (MAR 98) Previous edition may be used. 11-318000017

PART 2 - PORT VETERINARIAN

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

16. CONSIGNEE'S NAME: Coval Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L061357

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore Brian S. USA	4808	10	F	QH								
24 Clover Dr.	4809	6	F	QH								
Jonestown, PA 17038	4810	5	F	TH								
	4811	10	F	TH								
	4812	4	N	QH								
	4813	12	F	QH								
	4814	6	F	QH								
	4815	9	N	QH								
	4816	6	N	QH								
	4817	6	F	QH								
	4818	10	F	QH								
	4819	5	F	QH								
	4807	16	N	QH								

(5) The animals at the time of the inspection were found to be healthy and in a physical condition fit to be transported.

(6) The exporter has been advised that any deterioration in the health or physical condition of the animals that may render animals unfit for transport that may result in the shipment to be refused entry to Canada.

(7) During the previous 21 days the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona

(8) Fit to be transported means that on the day of inspection, no animals have an identifiable illness, injury or any other condition that will be aggravated when the animals are being transported and causing the animals to suffer

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

11-318000018

PART 3 - PORT VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
Moore Brian S	L060604	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
4 11	Junction PA	42	211 Clover Dr	Jonestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	42	17027

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Carol Canada Export Inc 57 [illegible]	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS ☐ 72 HRS	CERTIFIED BRUCELLOSIS FREE AREA	DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN (Owner's name (Last name, two initials, or business name); Owner's street address; Owner's city/town, State code (FIPS code on reverse) & zip code)	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse) ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
[illegible]	[illegible]	[illegible]	M	QH											
[illegible]	[illegible]	2	M	QH											
[illegible]	[illegible]	4	M	QH											
	[illegible]	[illegible]	F	QH											
	[illegible]	[illegible]	M	QH											
	[illegible]	[illegible]	F	QH											
	[illegible]	[illegible]	F	SN											
	[illegible]	2	M	TH											
	[illegible]	7	F	QH											
	[illegible]		F	QH											
	[illegible]	2	F	QH											
	[illegible]	[illegible]	F	QH											
	[illegible]	11	F	QH											
	[illegible]	7	M	TH											
	[illegible]	4	F	SN											
	[illegible]	[illegible]	M	QH											
	[illegible]	2	M	QH											
	[illegible]	10	F	QH											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S.Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

3. Either The animal has resided in the United States or Canada since birth

Or

4. ~~The animal has met all of the import requirements of the United States of America hand has resided in the United States for the past 60 days.~~

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
8 17 10	H. H. Jones S	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN	
[signature]	F D BROWN JR DVM	[signature]	11-318000019-5

VS FORM 17-140 (MAR 98) Previous edition may be used.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Kevin S.

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM: L060404

3. PAGE NO.: 2 OF 2

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NEGATIVE TUBERCULIN READING: 48 HRS. ☐ 72 HRS. ☐

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN

Owner's name *(Last name, two initials, or business name)*
Owner's street address
Owner's city/town, state code & zip code

Moore Kevin S.
211 Hunter Dr
Jamestown PA 17038

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION (A)	AGE (B)	SEX (C)	BREED (D)	✓ (E)	DATE (F)	✓ (G)	DATE (H)	VAC. (I)	1/25 (J)	1/50 (K)	1/100 (L)	DISEASE / TYPE TEST / DATE (M)	DISEASE / TYPE TEST / DATE (N)	DISEASE / TYPE TEST / DATE (O)
USFA 4838	7	F	QH											
4839	9	F	PN											
4840	11	F	QH											
4841	11	F	QH											
4842	12	F	QH											
4843	10	F	QH											
4844	16	F	AP											
4845	18	N	QH											
4846	9	F	QH											
4847	10	N	QH											
4848	12	F	QH											
4849	10	F	PN											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported causing the animal to suffer.

11-318000020

VS FORM 17-140A
(MAY 89)

Previous edition may be used.

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Holt, James S.

2. CERTIFICATE NO.: L060601

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7/11/10

5. U.S. PORT OF EMBARKATION (City and State): Jamestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hawk Dr

8. CONSIGNOR'S CITY (or Town): Jamestown

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN ("X" if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: ☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Canada Canada Expo 2010 [illegible] St Andre-Avellin

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): ☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL ☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

CERTIFIED BRUCELLOSIS FREE AREA

√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Holt James S
94 Hawk Dr
Jamestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F
USA 4850	7	N	QH		1.
4851	6	N	SN		
4852	8	N	QH		
4853	5	F	QH		
4854	6	N	QH		2.
4855	4	M	TH		
4856	7	N	TH		
4857	6	F	TH		
4858	5	F	TH		
4859	7	N	TH		3.
4860	10	F	TH		
4861	4	M	QH		
4862	3	M	QH		4.
4863	12	F	TH		
4864	10	F	QH		
4865	10	F	QH		
4866	10	F	TH		
4867	10	F	QH		

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 8/1/10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): Holt, James S.

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 11-31800021

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): F D BROWNER DVM

25. SIGNATURE OF ISSUING VETERINARIAN: [signature] [illegible]

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Marc Brian S.

2. CERTIFICATE NO. FROM VS FORM 17-140: LOB0001

3. PAGE NO.: 2 of 2

16. CONSIGNEE'S NAME: Coral Canada Export Inc

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ✓ ____ CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ____

18. INDIVIDUAL IDENTIFICATION

Owner's name	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Marc Brian S	USA 4868	12	F	TH								
" "	4869	12	F	TH								
Jonathan A 17058	4870	12	F	TH								
	4871	12	F	QH								
	4872	10	F	QH								
	4873	10	N	TH								
	4874	20	N	SN								
	4875	15	F	TH								
	4876	7	F	TH								
	4877	10	F	TH								
	4878	10	F	TH								
	4879	10	F	TH								

5. The animals, at the time of inspection, were found to be healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000022

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

The certificate is authorized by law 21 U.SC 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): [illegible]

2. CERTIFICATE NO: [illegible] 29798

3. PAGE NO.: 1 OF [illegible]

4. DATE ISSUED: 7/17/10

5. U.S. PORT OF EMBARKATION (City and State): [illegible] PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): [illegible]

8. CONSIGNOR'S CITY (or Town): [illegible]

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: [illegible]

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: ☑ 4

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): [illegible]

DESTINATION COUNTRY: [illegible]

ENTER CODE: [illegible]

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☑ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	N	[illegible]								
[illegible]	[illegible]	N	[illegible]								
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	N	[illegible]								
[illegible]	[illegible]	N	[illegible]								
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	L	[illegible]								
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	N	[illegible]								
[illegible]	[illegible]	N	[illegible]								
[illegible]	[illegible]	N	[illegible]								
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	N	[illegible]								

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. ~~The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.~~

Either:

3. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

Or

4. ~~The animal has resided in the United States or Canada since birth.~~

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian: [illegible]

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 7/20/2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): [illegible]

21. STATUS: ☐ 2 Federal ☐ 1 State ☑ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 11-318000023

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): D Brian Dell

25. SIGNATURE OF ISSUING VETERINARIAN: [illegible]

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Marc Bouc

16. CONSIGNEE'S NAME: Cool Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: 619728

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
46 28	12	N	SN								
46 29	14	N	AS								
46 30	10	N	TH								
46 31	12	N	AS								
46 32	12	N	SN								
46 33	12	N	AS								
46 34	6	N	TH								
46 35	10	M	TH								
46 36	5	F	TH								
46 37	8	F	TH								
[illegible]	9	F	TH								
46 39	6	F	TH								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render the animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the staes of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000024

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

This certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): [illegible]
2. CERTIFICATE NO: G 29797
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: [illegible]
5. U.S. PORT OF EMBARKATION (City and State): [illegible] HA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 [illegible] Dr
8. CONSIGNOR'S CITY (or Town): [illegible]
12. CONSIGNOR'S STATE: Pennsylvania
13. STATE CODE: [illegible]
14. ZIP CODE: [illegible]

9. SEMEN (Check if yes): ☐
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): [illegible] Export [illegible] 117 Range [illegible] St Andre [illegible]
DESTINATION COUNTRY: Canada
ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☑ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USA 4[illegible]	[illegible]	F	QH								
4521	1	N	[illegible]								
4522	[illegible]	F	[illegible]								
4523	[illegible]	N	[illegible]								
4524	7	N	[illegible]								
4525	[illegible]	M	[illegible]								
4526	[illegible]	N	[illegible]								
4527	[illegible]	F	[illegible]								
4528	[illegible]	F	[illegible]								
4529	7	F	[illegible]								
4530	[illegible]	F	[illegible]								
4531	11	N	[illegible]								
4532	12	N	[illegible]								
4533	10	[illegible]	QH								
4534	7	F	QH								
4535	11	F	[illegible]								
4536	7	N	[illegible]								
4537	[illegible]	F	QH								

1. The animals were inspected by James S. Holt within 30days prior to export and found to be healthy and free from communicable disease evidence.

2.. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

3. Either:
The animal has resided in the United States or Canada since birth
Or

4. ~~The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.~~

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 7-15-2010
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): [illegible]
21. STATUS: ☐ 2 Federal ☐ 1 State ☑ 3 Accredited
22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 11-318000025
23. Signature of endorsing federal veterinarian: [illegible]
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): FD BROWN DVM
25. SIGNATURE OF ISSUING VETERINARIAN: [illegible]

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Mace, Brian S.

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: C29727

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
[illegible]	11	F	QH								
[illegible]	9-99	10	M	TH							
[illegible]	9600	4	F	TH							
	9601	6	F	TH							
	9602	4	F	QH							
	9603	6	N	TH							
	9604	5	N	TH							
	9605	7	N	TH							
	9606	4	M	[illegible]							
	9607	4	F	TN							
	9608	7	F	[illegible]							
	9609	4	N	[illegible]							

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000026

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

The certificate is authorized by law 21 U.S.C 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Holt James S.

2. CERTIFICATE NO: [illegible]

3. PAGE NO. 1 OF 2

4. DATE ISSUED: 7/13/10

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 711 Hill Dr.

8. CONSIGNOR'S CITY (or Town): Jonestown

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): Cavel Canada Export Inc. Surge 517 King St Julian st 1 Andre Allen

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): ☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☐ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL ☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

Holt, James S.
711 Hill Dr.
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFA 4550	18	M	QH											
4551	5	M	QH											
4552	7	N	TH											
4553	6	F	TH											
4554	1	F	TH											
4555	2	N	TH											
4556	4	F	TH											
4557	11	F	QH											
4558	9	F	QH											
4559	10	F	QH											
4560	12	N	QH											
4561	14	N	QH											
4562	4	F	QH											
4563	6	F	TH											
4564	14	F	QH	HN										
4565	13	F	AN											
4566	5	N	SH											
4567	6	F	TH											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exxposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 7/13/10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt James S.

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 11-318000027

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): ED BROWN DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: 629796

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore, Brian S.	US FA 4568	12	F	QH								
21 Moore Rd.	4569	10	F	QH								
Jonestown PA 17038	4570	7	N	QH								
	4571	12	F	QH								
	4572	6	F	TH								
	4573	12	F	TH								
	4574	14	F	QH								
	4575	12	F	MuM								
	4576	14	N	MuM								
	4577	15	N	AS								
	4578	12	N	SN								
	4579	7	F	PN								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000028

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

The certificate is authorized by law 21 U.S.C 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.

2. CERTIFICATE NO: [illegible]

3. PAGE NO.: 1 OF 3

4. DATE ISSUED: 6/18/10

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 911 Hoover Dr.

8. CONSIGNOR'S CITY (or Town): Jonestown

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): ☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☑ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL ☐ 09 OTHER (Specify)

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): Canal Canada Export Inc 517 Rang St Julien St Norbert Quebec

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

Moore, B.S.
911 Hoover Dr.
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFA 4190	7	F	QH											
4191	8	N	QH											
4192	7	F	BL											
4193	6	F	QH											
4194	10	F	BL											
4195	5	F	BL											
4196	11	F	SN											
4197	8	F	QH											
4198	12	F	SN											
4199	15	F	SN											
4200	12	N	QH											
4201	10	F	TH											
4202	4	F	TH											
4203	5	F	TH											
4204	11	F	QH											
4205	7	F	TH											
4206	13	F	TH											
4207	10	F	TH											

CERTIFIED BRUCELLOSIS FREE AREA

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days prededing the date of inspection.

Either

3. The animal has resided in the United States or Canada since birth

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 6/18/10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.

21. STATUS: ☐ 1 State ☐ 2 Federal ☑ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 11-31800029

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): FD BROWN JR DVM

25. SIGNATURE OF ISSUING VETERINARIAN: [signature]

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): Marc, Brian S.

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: G29785

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Marc, Brian S. 211 Hoyt Dr Jamestown ND 1038	USFA4208	5	F	TH											
	4209	7	N	QH											
	4210	9	N	TH											
	4211	6	F	TH											
	4212	10	N	TH											
	4213	12	F	QH											
	4214	6	N	QH											
	4215	8	N	QH											
	4216	11	N	QH											
	4217	9	N	HeCross											
	4218	14	N	SN											
	4219	6	N	TH											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas or New Mexico, or Arizona. JGD

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000030

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Hall Brian S.
2. CERTIFICATE NO.: 1061363
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7/8/10
5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 90 Kline Dr
8. CONSIGNOR'S CITY (or Town): Jonestown
9. SEMEN ("X" if yes): —
10. NO. DOSES OF SEMEN: —
11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean
12. CONSIGNOR'S STATE: Pennsylvania
13. STATE CODE: 42
14. ZIP CODE: 17038
15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [ ] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)
16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavel Canada Export Inc. 517 Rang St Julie-est-Saint Avellin
DESTINATION COUNTRY: Canada
ENTER CODE: Canada

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Hall Brian S.
90 Kline Dr
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USA 4520	10	N	SN											
4521	5	F	Mule											
4522	5	M	QH											
4523	10	N	PL											
4524	12	N	SN											
4525	12	N	SN											
4526	10	N	SN											
4527	12	N	SN											
4528	12	F	QH											
4529	10	N	AS											
4530	14	N	SN											
4531	14	N	SN											
4532	12	F	AS											
4533	12	F	SN											
4534	7	F	SN											
4535	10	N	QH											
4536	10	N	QH											
4537	7	N	TH											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. ~~The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.~~

Either:

3. The animal has resided in the United States or Canada since birth

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 7/8/10
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Hall James S.
21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 11-318000031
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): F.D. BKUNJ VMO
25. SIGNATURE OF ISSUING VETERINARIAN: B00070322 Ad 1452 4

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S

2. CERTIFICATE NO. FROM VS FORM 17-140: L061363

3. PAGE NO: 2 of 2

16. CONSIGNEE'S NAME: Covel Canada Export Inc.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

Owner's name / street / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore, Brian S	USA 4538	10	N	TH								
21 Hunter Dr	4539	10	F	TH								
Jonestown PA 17038	4540	5	F	TH								
	4541	10	F	TH								
	4542	12	N	SN								
	4543	7	F	QH								
	4544	10	N	QH								
	4545	10	N	QH								
	4546	10	N	QH								
	4547	4	N	TH								
	4549	5	N	TH								
	4550	10	N	SN								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000032

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

The certificate is authorized by law 21 U.SC 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Marc, Gerard S.

2. CERTIFICATE NO: E 29193

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6/29/10

5. U.S. PORT OF EMBARKATION (City and State): Jamestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Marc Dr.

8. CONSIGNOR'S CITY (or Town): J...

12. CONSIGNOR'S STATE: Kingston, PA

13. STATE CODE: 42

14. ZIP CODE: 18704

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): Canada Export Inc. 517 Kings Sideroad St Anne Antillia

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFA 4440	10	N	SN											
4441	7	F	QH											
4442	10	F	QH											
4443	10	F	SN											
4444	6	F	QH											
4445	4	F	QH											
4446	2	F	QH											
4447	10	F	TH											
4448	9	F	TH											
4449	6	F	TH											
4450	5	F	TH											
4451	11	F	SN											
4452	10	N	SN											
4453	6	N	QH											
4454	10	F	QH											
4455	6	F	QH											
4456	5	N	Mule											
4457	12	F	QH											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 7/01/2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): Holt James S

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 11-318000033

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): TD Brown DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Mare, Brian S.

16. CONSIGNEE'S NAME: Caud Canada Export Inc

2. CERTIFICATE NO. FROM VS FORM 17-140: 62979

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE	DATE	DATE
M	N	O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
4478	14	N	QH								
4479	7	N	Mule								
4480	12	F	QH								
4481	16	N									
4482	15	N									
4483	4	F									
4484	15	F									
4485	70	F									
4486	16	F									
4487	7	N									
4488	6	F									
4489	4	F									

—— CERTIFIED BRUCELLOSIS FREE AREA

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of thes animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury, or any other condition that could be a aggravated when the animal is being transported, causing the animal to suffer.

11-318000034

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

...is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Holt, Brian S.

2. CERTIFICATE NO: G 29792

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6/28/10

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 911 Flower Dr.

8. CONSIGNOR'S CITY (or Town): Jonestown

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean: 2

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): ☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL ☐ 09 OTHER (Specify)

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): Covd Canada Export Inc. 512 Km 54 St Julien et St Andre-Avellin

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

Holt BS
911 Flower Dr
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFA 4430	16	N	SN											
4431	12	F	QH											
4432	18	N	SN											
4433	10	F	AS											
4434	7	F	QH											
4435	18	N	BL											
4436	14	F	BL											
4437	9	F	QH											
4438	15	F	QH											
4439	3	F	QH											
4440	7	N	TH											
4441	6	N	TH											
4442	4	F	TH											
4443	7	N	TH											
4444	16	F	SN											
4445	10	F	SN											
4446	9	F	TH											
4447	7	N	QH											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth

Or

4. The animal has met all of the import requirements of the United States of America and has resideddin the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 6-29-10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): Holt, James S.

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 11-318000035

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)

25. SIGNATURE OF ISSUING VETERINARIAN: Holt BRUCELLOSIS AUTHORIZED

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (*last name, first name, middle initial or business name*): Moore, Brian S

16. CONSIGNEE'S NAME: Caval Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: 629772

3. PAGE NO: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name (*Last name, two initials, & business name*)
Owner's street address
Owner's city/town, state code & zip code

Moore B.S.
7 Moore Dr
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB) ——

18. INDIVIDUAL IDENTIFICATION

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USFA 4448	6	F	QH								
4449	8	F	QH								
4450	14	N	QH								
4451	12	F	QH								
4452	9	F	QH								
4453	10	N	QH								
4454	4	M	QH								
4455	14	N	SN								
4456	10	F	SN								
4457	12	N	SN								
4458	12	N	QH								
4459	8	M	TH								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been int the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

6-29-10

11-318000036

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

...is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.

2. CERTIFICATE NO.: L061391

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6/28/10

5. U.S. PORT OF EMBARKATION (City and State): Jonestown, pA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.

8. CONSIGNOR'S CITY (or Town): Jonestown

9. SEMEN ("X" if yes):

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail; 3 - Air; X 2 - Truck; 4 - Ocean

12. CONSIGNOR'S STATE: Pensylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): 01 BOVINE; 02 PORCINE; 03 OVINE; 04 CAPRINE; X 05 EQUINE; 08 OTHER WILDLIFE - MAMMAL; 09 OTHER (Specify)

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavel Canada Export Inc.
517 Rang St.Julie est St. Andre-Avellin

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

NEGATIVE TUBERCULIN READING: 48 HRS; 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore, Brian S.
94 Hoover Dr.
Jonestown, PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USFA 4400	15	F	BL											
4401	9	F	QH											
4402	16	N	QH											
4403	12	F	SN											
4404	10	F	QH											
4405	8	N	SN											
4406	11	N	SN											
4407	7	N	SN											
4408	8	F	AS											
4409	14	N	SN											
4410	18	F	DOH											
4411	20	F	BL											
4412	16	N	SN											
4413	10	N												
4414	13	N												
4415	14	F												
4416	11	F												
4417	8	N												

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable diseases and exposure there to.
2. ~~The animals were to the best of the knowledge an belief of James S. Holt were not exposed to any communicable disease within 60 days preceding the date of inspection.~~
3. The animals have resided in the USA and ~~xxxx xx~~ Canada since birth (or).
4. The animals have met all of the import requirements of the USA and have resided in the USA for the past 60 days

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 6/28/10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.

21. STATUS: 2 Federal; 1 State; X 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): F.D. BROWN VMO

25. SIGNATURE OF ISSUING VETERINARIAN: Brown

31-318000037

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (*last name, first name, middle initial or business name*): Moore, Brian S.

2. CERTIFICATE NO. FROM VS FORM 17-140: L061391

3. PAGE NO.: 2 of 2

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (*Last name, two initials, & business name*)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

18. INDIVIDUAL IDENTIFICATION

——— CERTIFIED BRUCELLOSIS FREE AREA

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USFA	4418	12	F	N											
Moore, Brian S.	4419	15	N	CN											
94 Hoover Dr.	4420	14	N	CN											
Jonestown, PA 17038	4421	7	N	CN											
	4422	5	N	TH											
	4423	11	F	CN											
	4424	19	N	CN											
	4425	16	F	OH											
	4426	14	F	CN											
	4427	70	N	OH											
	4428	2	F	CN											
	4429	6	F	TH											

5. During the previous 21 days the animals have not been in ;the states of Texas, New Mexico and Arizona.

6. The animals at the time ofthe inspection weree found to be healthy and in a physical condition fit to be transprted.

7. The exprter has been advised tht any deterioration in the health or physical condition ofthe anihals that may render them unfit for transport may result in the shipment to be refused entry to CANADA.

8. Fit to be transprted denas that onthe day of inspection no animals have an infirmity, illness, injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.

11-318000038

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

... required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Where Friend

2. CERTIFICATE NO.: L061397

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: June

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.

8. CONSIGNOR'S CITY (or Town): Jonestown

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Canal Canada Export Inc 517 King St. Julian St Anne Acadia

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION
(Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFA4340	5	M	TH											
4341	5	N	TH											
4342	10	F	QH											
4343	10	N	QH											
4344	10	N	TH											
4345	5	N	SN											
4346	10	N	QH											
4347	10	N	QH											
4348	10	F	TH											
4349	5	N	QH											
4350	5	N	QH											
4351	7	N	QH											
4352	7	N	QH											
4353	10	N	QH											
4354	10	N	QH											
4355	10	F	TH											
4356	10	F	TH											
4357	10	F	TH											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 6/23/10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): MD BROWN DVM

25. SIGNATURE OF ISSUING VETERINARIAN: [signature] Accredited Veterinarian

11-318000030

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)* Moore, Brian

2. CERTIFICATE NO. FROM VS FORM 17-140 [illegible]

3. PAGE NO. 2 of 2

16. CONSIGNEE'S NAME Cavel Canada Export Inc

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
[illegible]	10	F	[illegible]											
[illegible]	12	F	TH											
[illegible]	[illegible]	F	[illegible]											
[illegible]	10	F	[illegible]											
[illegible]	7	N	[illegible]											
[illegible]	10	N	[illegible]											
[illegible]	12	N	[illegible]											
[illegible]	12	N	[illegible]											
[illegible]	7	N	[illegible]											
[illegible]	7	N	TH											
[illegible]	12	F	[illegible]											
[illegible]	12	N	TH											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas or New Mexico or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000040

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

The certificate is authorized by law 21 U.SC 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO	3. PAGE NO.
Holt, James	E 29771	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
6/23/10	Fredonia PA	42	24 11 [illegible]	[illegible]

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
[illegible]	[illegible]	[illegible]

9. SEMEN (Check if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Canada Export Inc [illegible] Jackson Markham Ontario	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS. ☐ 72 HRS.		DISEASE / TYPE TEST	DISEASE / TYPE TEST	DISEASE / TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
4[illegible]	[illegible]	M	[illegible]											
4211	[illegible]	F												
4212	[illegible]	F												
4213	[illegible]	F												
4214	[illegible]	F												
4215	[illegible]	F												
4216	[illegible]	F												
4217	7	F	[illegible]											
4218	[illegible]	N	[illegible]											
4219	[illegible]	F	[illegible]											
4220	[illegible]	F	[illegible]											
4221	[illegible]	F												
4222	[illegible]	F												
4223	[illegible]	N												
4224	[illegible]	F												
4225	7	F												
4226	[illegible]	N	[illegible]											
4227	7	N	[illegible]											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exxposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
6/23/10	Holt James S	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
[illegible]	[illegible] Veterinarian Accredited

11-318000041

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Mac Farms

16. CONSIGNEE'S NAME: Cavel Canada Export Inc

2. CERTIFICATE NO. FROM VS FORM 17-140: 62771

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
[illegible]	7	F	SN								
[illegible]	8	N	SN								
[illegible]	9	N	MAL								
[illegible]	12	F	SN								
[illegible]	15	N	[illegible]								
[illegible]	12	N	SN								
[illegible]	11	F	SN								
[illegible]	7	M	TH								
[illegible]	7	N	MN								
[illegible]	8	F	SN								
[illegible]	12	F	TH								
[illegible]	5	N	SM								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas or New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000042

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
Moore, Brian S	061400	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
6/14/10	Jonestown PA	42	94 Hoover Dr.	Jonestown

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
—		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean	Pennsylvania	42	17038

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Laval Canada Export Inc. 417 Rang St Julien St Andre-Avellin	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore, Brian S
94 Hoover Dr
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFA4280	9	F	PE											
4281	12	F	SN											
4282	10	N	QH											
4283	10	F	QH											
4284	5	N	QH											
4285	15	N	ISL											
4286	3	F	PN											
4287	5	F	QH											
4288	12	F	PN											
4289	10	F	QH											
4290	10	F	QH											
4291	10	N	QH											
4292	6	F	QH											
4293	3	F	QH											
4294	3	M	QH											
4295	10	F	TH											
4296	10	N	SN											
4297	10	N	SN											

1. The animals were inspected bt James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. ~~The animals were to the best of the knowledge and belief of James S. Holt, not exposed to~~ any communicable disease within 60 days preceding the date of inspection.

Either:
3. The animal has resided in the United States or Canada since birth

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
6-15-10	Holt, James S.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	11-318000043

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
FD Brown	FD BROWN DVM	Holt

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

2. CERTIFICATE NO. FROM VS FORM 17-140: 061400

3. PAGE NO: 2 of 2

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED — CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore Brian S.														
21 Moore Dr.														
Tonawanda NY 14238														
USFA4298	10	N	QH											
4299	10	F	QH											
4300	10	F	QH											
4301	5	N	TH											
4302	4	F	TH											
4303	10	F	SN											
4304	12	N	SN											
4305	14	F	TH											
4306	20	F	SN											
4307	20	N	SN											
4308	5	F	PN											
4309	6	F	AP											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

66 The exporter has been advised that any deterioraation in health of physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas or New Mexico. or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000044

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

The certificate is authorized by law 21 U.SC 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Miller, Kevin S
2. CERTIFICATE NO
3. PAGE NO. 1 OF

4. DATE ISSUED: 6-24-10
5. U.S. PORT OF EMBARKATION (City and State): Junction PA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 241 Hunter Dr
8. CONSIGNOR'S CITY (or Town): Junction
12. CONSIGNOR'S STATE: Pennsylvania
13. STATE CODE: 42
14. ZIP CODE: 17028

9. SEMEN (Check if yes): ☐
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2
16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): Canada Export Inc [illegible]
DESTINATION COUNTRY: Canada
ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN (Owner's name (Last name, two initials, or business name); Owner's street address; Owner's city/town, state code (FIPS code on reverse) & zip code)	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse) ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
Miller, Kevin S	USA 4[illegible]	11	F	QH		1									
241 Hunter Dr	4[illegible]71	[illegible]	F	TH											
Junction PA 17028	4[illegible]72	7	F	QH											
	4[illegible]76	10	F	QH											
	4[illegible]11	[illegible]	N	TH											
	4[illegible]75	[illegible]	N	TH											
	4[illegible]76	7	F	QH											
	4[illegible]77	10	N	TH											
	4[illegible]72	10	N	QH											
	4[illegible]79	10	N	QH											
	4[illegible]	4	F	QH											
	4[illegible]11	10	N	AF											
	4[illegible]	10	F	QH											
	4[illegible]	20	N	TH											
	4[illegible]	2	F	QH											
	4[illegible]	10	F	QH											
	4[illegible]	2	F	QH											
	4[illegible]87	10	F	QH											

1. The animal was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.
2. The animal was to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; Either:
3. a) The animal has resided in the United States or Canada since birth;
Or
4. b) The animal has met all of the import requirements of the United States of America and has resided in the United States of America for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 6-24-10
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): Miller, Kevin S
21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited
22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos from all attached VS Forms 17-140A): 11-318000045
23. Signature of endorsing federal veterinarian
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): D Brown DVM
25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*

16. CONSIGNEE'S NAME: Cow Canada Export Inc

2. CERTIFICATE NO. FROM VS FORM 17-140: 6 2776

3. PAGE NO.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
4277	2	F	JH				5							
4279	10	N	TH											
4280	10	N	TH											
4281	12	N	QH											
4282	7	N	TH											
4283	7	F	JH											
4284	7	N	QH											
4285	10	F	QH											
4286	10	N	TH											
4287	10	F	QH											
4288	15	N	QH											
4289	7	N	QH											

11-318000046

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

This certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Mure Brian S.

2. CERTIFICATE NO.: L061361

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7/5/10

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 91 Manor Dr

8. CONSIGNOR'S CITY (or Town): Jonestown

9. SEMEN ("X" if yes): —

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Great Canada Export Inc. 67 Rue St Julien St Andre-Avellin

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Mure Brian S.
91 Manor Dr
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFA 4490	2	M	QH											
4491	7	F	TH											
4492	11	F	TH											
4493	12	F	TH											
4494	14	F	QH											
4495	10	F	QH											
4496	16	N	QH											
4497	10	F	TH											
4498	4	F	TH											
4499	15	F	SN											
4500	12	F	TH											
4501	14	F	SN											
4502	12	N	SN											
4503	10	F	QH											
4504	11	N	SN											
4505	14	F	QH											
4506	8	F	TH											
4507	7	N	Hafling											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 7-6-2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 11-318000047

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): FD BROWN VMO

25. SIGNATURE OF ISSUING VETERINARIAN: Electronic Authorization

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: [illegible]

16. CONSIGNEE'S NAME: Canal Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: [illegible]

3. PAGE NO.: [illegible]

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
4-08	10	F	SN								
4-09	6	F	TH								
4-10	10	F	SN								
4-11	8	F	SN								
4-12	6	N	SN								
4-13	10	F	SN								
4-14	7	N	SN								
4-15	10	F	SN								
4-16	7	N	SN								
4-17	9	N	SN								
4-18	12	N	SN								
4-19	11	N	SN								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000048

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

The certificate is authorized by law 21 U.SC 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Marc Brian S.

2. CERTIFICATE NO: [illegible]791

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6/11/10

5. U.S. PORT OF EMBARKATION (City and State): Junction PA

6. STATE CODE: [illegible]

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hawk Dr

8. CONSIGNOR'S CITY (or Town): Junction

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): Cavalo Canada Export Inc. 317 Rang St Julie et J. Andre Avellin

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Marc Brian S.	USFA 4220	6	F	QH			(1)	The animals							
94 Hawk Dr	4221	7	F	QH				were tested							
Junction PA 17038	4222	4	N	TH				Brucellosis							
	4223	2	F	TH				and exposure							
	4224	4	M	QH			(2)	The animals							
	4225	2	F	TH				and tested							
	4226	11	F	TH				herd							
	4227	10	N	QH				preceding							
	4228	15	1	QH											
	4229	14	F	QH			(3)	The animals							
	4230	14	F	QH				USA or Canada							
	4231	10	N	SN											
	4232	20	N	BL			(4)	The animals							
	4233	15	N	BL				requirements							
	4234	15	F	TH				in the USA							
	4235	12	F	QH											
	4236	12	F	QH											
	4237	6	N	QH											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 6/10/10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Hall, James S.

21. STATUS: ☐ 1 State ☐ 2 Federal ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 11-318000049

23. Signature of endorsing federal veterinarian:

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp):

25. SIGNATURE OF ISSUING VETERINARIAN: [signature]

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Mure Ranch

16. CONSIGNEE'S NAME: Rural Ranch Export Inc

2. CERTIFICATE NO. FROM VS FORM 17-140: 09721

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
[illegible] USA 4238	[illegible]	F	[illegible]								
[illegible] 4239	[illegible]	N	TH								
[illegible] 4240	[illegible]	F	QH								
4241	[illegible]	N	SN								
4242	[illegible]	F	QH								
4243	[illegible]	N	QH								
4244	[illegible]	F	SN								
4245	[illegible]	N	SN								
4246	[illegible]	N	SN								
[illegible]	[illegible]	F	QH								
4247	[illegible]	M	QH								
4249	[illegible]	M	QH								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas or New Mexico.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000050

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
Moore, Brian S.	L061399	1 OF 1

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
6/14/10	Jonestown PA	42	94 Hoover Dr	Jonestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	42	17038

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Quebec Export Inc 217 King St. St-Louis de Gonzague	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION
(Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
Moore Brian S.	USA 4250	20	N												
94 Hoover Dr.	4251	7	F												
Jonestown PA 17038	4252	6	F												
	4253	10	F												
	4254	12	N												
	4255	7	F												
	4256	7	F												
	4257	4	F												
	4258	6	N												
	4259	5	F												
	4260	12	F												
	4261	11	F												
	4262	10	N												
	4263	3	F												
	4264	3	N												
	4265	4	F												
	4266	3	F												
	4267	2	M												

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
6-15-2010	Holt, James S.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	20 horses

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	FD BROWN JR VMO	

VS FORM 17-140 (MAR 98) Previous edition may be used. 11-318000051

PART A - FIELD STATION

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: [illegible]

2. CERTIFICATE NO. FROM VS FORM 17-140: L06[illegible]

3. PAGE NO: [illegible]

16. CONSIGNEE'S NAME: [illegible] Canada Export Inc

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

Owner's name	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
[illegible]	[illegible]	4	M	[illegible]											
[illegible]	[illegible]	1	F	[illegible]											
[illegible]	[illegible]	12	F	[illegible]											
	[illegible]	11	M	[illegible]											
	[illegible]	12	[illegible]	[illegible]											
	[illegible]	10	F	[illegible]											
	[illegible]	6	F	[illegible]											
	[illegible]	10	F	[illegible]											
	[illegible]	1	M	[illegible]											
	[illegible]	1	M	[illegible]											
	[illegible]	10	F	[illegible]											
	[illegible]	10	F	[illegible]											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas or New Mexico. or ARIZONA

8. Fit to be transported means that on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

11-318000052

This certificate is authorized by law 21 U.S.C 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)

2. CERTIFICATE NO: G 29787

3. PAGE NO.: 1 OF

4. DATE ISSUED

5. U.S. PORT OF EMBARKATION (City and State)

6. STATE CODE

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)

8. CONSIGNOR'S CITY (or Town)

9. SEMEN (Check if yes) ☐

10. NO. DOSES OF SEMEN

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean

12. CONSIGNOR'S STATE

13. STATE CODE

14. ZIP CODE

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☐ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)

DESTINATION COUNTRY

ENTER CODE

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
FA 4	4	F	[illegible]											
[illegible]	[illegible]	M	[illegible]											
[illegible]	[illegible]	F	[illegible]											
[illegible]	[illegible]	M	[illegible]											
[illegible]	[illegible]	M	[illegible]											
[illegible]	[illegible]	M	[illegible]											
[illegible]	[illegible]	M	[illegible]											
[illegible]	[illegible]	F	[illegible]											
[illegible]	[illegible]	F	[illegible]											
[illegible]	[illegible]	F	[illegible]											
[illegible]	[illegible]	M	[illegible]											
[illegible]	[illegible]	F	[illegible]											
[illegible]	[illegible]	F	[illegible]											
[illegible]	[illegible]	M	[illegible]											
[illegible]	[illegible]	F	[illegible]											
[illegible]	[illegible]	M	[illegible]											
[illegible]	[illegible]	F	[illegible]											
[illegible]	[illegible]	F	[illegible]											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either

3. The animal has resided in the United States or Canada since birth

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)

21. STATUS ☐ 1 State ☐ 2 Federal ☐ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of endorsing federal veterinarian

11-318000053

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: [illegible]

16. CONSIGNEE'S NAME: Paul Canada Exp Inc

2. CERTIFICATE NO FROM VS FORM 17-140: 6027[illegible]

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ✓ ☐ CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
[illegible]	12	N	QH								
4149	4	N	QH								
4150	12	N	QH								
4151	12	N	SN								
4152	15	F	TH								
4153	4	F	TH								
4154	10	F	TH								
4155	15	F	SN								
4156	11	F	TH								
4157	2	N	TH								
4158	12	N	[illegible]								
4159	4	F	[illegible]								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas or New Mexico or Arizona

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000054

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
Moore, Brian S.	051393	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
5/27/10	Jonestown PA	42	94 Hoover Dr.	Jonestown

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
		1 - Rail; 3 - Air; X 2 - Truck; 4 - Ocean	PA	42	17038

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Cavel Canada Export Inc. 517 Rang St. Julie est.st. Andre-Avellin	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
- 01 BOVINE
- 02 PORCINE
- 03 OVINE
- 04 CAPRINE
- X 05 EQUINE
- 08 OTHER WILDLIFE - MAMMAL
- 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: 48 HRS / 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore, Brian S.
94 Hfoover Dr.
Jonestown, Pa 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
[illegible]	11	[illegible]	[illegible]								
[illegible]	4	[illegible]									
[illegible]	[illegible]	[illegible]									
[illegible]	[illegible]	[illegible]									
[illegible]	[illegible]	[illegible]									
[illegible]	7	[illegible]									
[illegible]	[illegible]	[illegible]									
[illegible]	11	[illegible]	[illegible]								
[illegible]	[illegible]	[illegible]	[illegible]								
[illegible]	7	[illegible]	[illegible]								
[illegible]	6	[illegible]	[illegible]								
[illegible]	[illegible]	[illegible]	[illegible]								
[illegible]	7	[illegible]	[illegible]								
[illegible]	[illegible]	[illegible]	[illegible]								
[illegible]	[illegible]	[illegible]	[illegible]								
[illegible]	[illegible]	[illegible]	[illegible]								
[illegible]	7	[illegible]	[illegible]								
[illegible]	13	F	[illegible]								

1.. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of Jamess S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

3. The animal has resided in the United Staes or Canada since or birth.

4. The animal ahs met all of the import requirements of the United Staes of American and has redided in the United Staes for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
5/28/10	H.H. J.	☐ 2 Federal ☐ 1 State ☑ 3 Accredited	30

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	F.D. Brown DVM	

VS FORM 17-140 (MAR 98) Previous edition may be used. 11-318000055

PART 3 - PORT VETERINARIAN

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

2. CERTIFICATE NO. FROM VS FORM 17-140: L061393

3. PAGE NO.: 2 of 2

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

CERTIFIED BRUCELLOSIS FREE AREA

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USFA	4058	12	N	SN											
Moore, B.S.	4059	2	F	JH											
94 Hoover Dr.	4060	2	F	OH											
Jonestown, PA 17038	4061	16	N	SN											
	4062	16	F	OH											
	4063	15	F	TH											
	4064	11	F	TH											
	4065	10	F	TH											
	4066	12	F	TH											
	4067	5	F	TH											
	4068	8	F	TH											
	4069	1	N	SN											

5. ~~The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.~~

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals(s) in this shipment have not been in the states of Texas or New Mexico.

8. ~~Fit to be transported means tht, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.~~

...required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO	3. PAGE NO.
		1 OF

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)

9. SEMEN (Check if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean ☑			

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☑ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS. ☐ 72 HRS.		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST
		DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION
(Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	F	[illegible]								
[illegible]	[illegible]	F	[illegible]								

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
6-01-10		☐ 2 Federal ☐ 1 State ☑ 3 Accredited	

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
FD BROWN JR	

11 318000057

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 9 - ISSUING VETERINARIAN

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*

2. CERTIFICATE NO. FROM VS FORM 17-140

3. PAGE NO.

16. CONSIGNEE'S NAME

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L

—— CERTIFIED BRUCELLOSIS FREE AREA

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas or New Mexico. and Arizona

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000058

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 5 – ISSUING VETERINARIAN

...requires a response, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Mare, Brian S.

2. CERTIFICATE NO

3. PAGE NO. 1 OF 2

4. DATE ISSUED: 5/31/10

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr

8. CONSIGNOR'S CITY (or Town): Jonestown

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17027

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): Equi Canada Export Inc. 517 Rang St Juliette St Andre Avellin

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

Mare, Brian S.
94 Hoover Dr
Jonestown PA 17027

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC	1/25 J	1/50 K	1/100 L
USFA 4070	4	N	BL								
4071	12	F	Mule								
4072	15	F	SN								
4073	13	N	AS								
4074	10	N	SN								
4075	6	F	SN								
4076	5	N	QH								
4077	9	F	SN								
4078	11	N									
4079	16	F									
4080	8	N									
4081	20	N									
4082	12	N									
4083	14	N									
4084	13	N									
4085	10	N									
4086	8	N									
4087	11	N									

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 6-01-10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): Holt, James S.

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 horses

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): F.D. BROWN JR VMO

25. SIGNATURE OF ISSUING VETERINARIAN: 2K0703 K And 45204

VS FORM 17-140 (MAR 98) Previous edition may be used.

11-318000059

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

16. CONSIGNEE'S NAME: Carel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: 629769

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

Moore, B. S.
94 Weber Dr.
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USFA 4088	9	N	SN								
4089	5	F	QH								
4090	9	F	QH								
4091	13	N	SN								
4092	6	F	QH								
4093	15	N	QH								
4094	12	F	SN								
4095	9	F	SN								
4096	16	F	BL								
4097	13	N	SN								
4098	10	F	SN								
4099	8	F	QH								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas or New Mexico. and Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

11-318000060

You are not required to respond; no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO	3. PAGE NO.
Moore, Brian S	0789	1 OF 3

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
6/7/10	Jonestown PA	42	24 Moore Dr	Jonestown

9. SEMEN (Check if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]	Pennsylvania	42	

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Equi Canada Export Inc 17 Prince St Tillsonburg St Anne Ardbo	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

Moore, Brian S
24 Moore Dr
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USFA 4160	5	N	TH								
4161	6	F	TH								
4162	2	N	QH								
4163	7	N	WH								
4164	12	F	QH								
4165	14	N	RL								
4166	[illegible]	N	QH								
4167	7	F	QH								
4168	9	F	WH								
4169	11	F	WH								
4170	16	N	WH								
4171	16	F	QH								
4172	[illegible]	F	WH								
4173	7	F	Belg								
4174	9	N	WH								
4175	6	N	WH								
4176	14	F	QH								
4177	[illegible]	F	WH								

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.
2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.
Either:
3. The animal has resided in the United States or Canada since birth
Or
4. The animal has met all the import requirements of the United Staes of America and has resided in the United States of America for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos from all attached VS Forms 17-140A)
6/8/10	H. James S.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	

23. Signature of endorsing federal veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	[illegible]	

VS FORM 17-140 (MAR 98) Previous edition may be used.

11-310000061

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112); while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

2. CERTIFICATE NO. FROM VS FORM 17-140: 629786

3. PAGE NO: 2 of 2

16. CONSIGNEE'S NAME: Caval Canada Export Inc.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore, B.S. USA	4178	7	F	QH											
24 Hoover Dr.	4179	10	N	QH											
Jonestown PA 17038	4180	8	F	QH											
	4181	12	F	QH											
	4182	10	F	QH											
	4183	7	F	TH											
	4184	8	F	TH											
	4185	10	N	TH											
	4186	14	N	TH											
	4187	5	F	TH											
	4188	7	N	TH											
	4189	6	M	TH											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas or New Mexico, or Arizona. BSM

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

11-318000062

PART 2 - PORT INFORMATION

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
Moore, [illegible]	061398	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
4/26/10	Jonestown PA	42	24 Marr Dr.	Jonestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	42	17038

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
[ ]		[ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Coral Canada Export Inc. 517 King St. Julian at St Andrews	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
[ ] 48 HRS [ ] 72 HRS		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN (Owner's name (Last name, two initials, or business name); Owner's street address; Owner's city/town, State code (FIPS code on reverse) & zip code)	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse) ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
Moore, Brian S	USFA 3800	10	F	QH				(1) The animals were inspected within 30 days							
24 Marr Dr.	3801	7	F	QH				prior to export and found to be free							
Jonestown PA 17038	3802	1	F	QH				and free from evidence of communicable							
	3803	1	F	TH				disease and exposure thereto.							
	3804	[illegible]	F	TH				(2) The animals were to the best of the							
	3805	4	F	TH				knowledge and belief of Jon Smith							
	3806	4	F	TH				were not exposed to any communicable							
	3807	11	F	TH				diseases within 30 days preceding the date of							
	3808	11	F	QH				inspection.							
	3809	14	N	QH				(3) The animals have resided in the USA or							
	3810	[illegible]	F	QH				Canada since birth (or)							
	3811	11	N	QH				(4) The animals have not left Canada except							
	3812	11	F	QH				requirements of the USA or have been							
	3813	11	F	QH				in the USA for the past 30 days.							
	3814	15	F	AS				(5) During the previous 30 days the animals							
	3815	15	N	SN				were not kept in the vicinity of Texas							
	3816	16	N	AS				or New Mexico.							
	3817	14	N	SN											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
4/27/10	Hill, James S	[ ] 2 Federal [ ] 1 State [X] 3 Accredited	30 horses

NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
[illegible] Wood DVM	[signature]

23. Signature of Endorsing Federal Veterinarian

VS FORM 17-140 (MAR 98) Previous edition may be used. 11-318000063

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore Brian S.

2. CERTIFICATE NO. FROM VS FORM 17-140: [illegible]

3. PAGE NO.: 2 of 2

16. CONSIGNEE'S NAME: Cool Canada Export Inc.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore Brian S.	3618	15	N	BN				(6)	The animals						
11 Moore Dr	3619	[illegible]	N	[illegible]					[illegible]						
Jonesboro GA 17022	3620	[illegible]	[illegible]	WH					[illegible]						
	3621	6	F	TH				(7)	The [illegible]						
	3622	1	N	WH					[illegible]						
	3623	[illegible]	[illegible]	WH					[illegible]						
	3624	6	F	WH					[illegible]						
	3625	4	F	BN					[illegible]						
	3626	10	N	WH					[illegible] Canada						
	3627	11	F	WH											
	3628	11	M	WH				(8)	not to be transported [illegible]						
	3629	12	F	WH					The [illegible] of [illegible] are [illegible]						
									[illegible]						
									[illegible]						
									[illegible]						
									[illegible]						
									[illegible]						

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

11-318000064

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
Moore, Brian S.	061395	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
4/26/10	Jonestown PA	42	211 Hoover Dr	Jonestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	42	17038

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
—		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Coval Canada Export Inc. 517 Pang St. Julian's Park Antigonish	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore, Brian S
211 Hoover Dr.
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USFA 3770	12	N	SN								
3771	11	N	SN								
3772	11	F	SN								
3773	12	N	BL								
3774	14	F	QH								
3775	12	F	SN								
3776	14	N	SN								
3777	10	N	AS								
3778	2	N	SN								
3779	15	N	BL								
3780	11	N	SN								
3781	14	N	QH								
3782	4	F	AS								
3783	5	F	AS								
3784	20	F	BL								
3785	7	F	QH								
3786	17	N	QH								
3787	20	N	QH								

CERTIFIED BRUCELLOSIS FREE AREA

(1) The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.
(2) The animals were to the best of the knowledge and belief of Jonestown PA not exposed to any communicable disease within 60 days preceding the date of inspection.
(3) The animals have resided in the USA or Canada since birth (or)
(4) The animals have met all of the import requirements of the USA and have resided in the USA for the past 60 days.
(5) During the previous 21 days the animals have not been in the state of Texas or Nuevo Leon.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated - semen) (Include nos. from all attached VS Forms 17-140A)
4/27/10	Hill, James S.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30 horses

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
Chrislyn Wood DVM	Chrislyn Wood DVM	

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): Moore, Brian S.

16. CONSIGNEE'S NAME: Covel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L061395

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

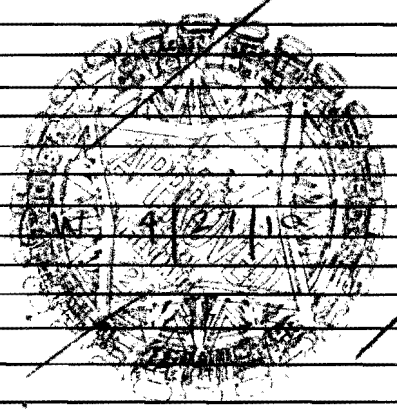
18. INDIVIDUAL IDENTIFICATION

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore, Brian S. USFA	3788	7	F	TH											
94 Hooker Dr	3789	9	F												
Jonestown PA 17038	3790	10	F												
	3791	12	F												
	3792	11	F												
	3793	8	F												
	3794	7	F	↓											
	3795	6	N	SN											
	3796	5	N	SN											
	3797	10	F	SN											
	3798	12	N	QH											
	3799	14	N	QH											

(6) The animals at the time of the inspection were found healthy and in a physical condition fit to be transported.

(7) The exporter has been advised that any deterioration in the health or physical condition of the animals that may render them unfit for transport may result in the shipment to be refused entry to Canada.

(8) Fit to be transported means that on the day of inspection no animals have any infectious illness, injury or any other condition that could be aggravated when the animals are being transported including them to either



VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

11-318000066

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
Moore, Brian S.	L061372	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
4/26/10	Jonestown PA	42	94 Hoover Dr.	Jonestown

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
—		1 - Rail; 3 - Air; X 2 - Truck; 4 - Ocean	Pennsylvania	42	17038

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Equi Canada Export Inc. 517 Rang St. Julien est St. Andre Avellin	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
- 01 BOVINE
- 02 PORCINE
- 03 OVINE
- 04 CAPRINE
- X 05 EQUINE
- 08 OTHER WILDLIFE - MAMMAL
- 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: 48 HRS / 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore Brian S	USFA 3740	9	M	QH							
94 Hoover Dr	3741	11	F	QH							
Jonestown PA 17038	3742	6	F	TH							
	3743	9	F	TH							
	3744	7	F	TH							
	3745	4	F	TH							
	3746	12	F	TH							
	3747	14	F	QH							
	3748	8	N								
	3749	9	F								
	3750	10	F								
	3751	14	F								
	3752	16	F								
	3753	6	N								
	3754	9	F								
	3755	4	N								
	3756	12	F								
	3757	8	F	SN							

1. During the previous twenty one days the animals in this shipment have not been in the state of Texas or New Mexico.
2. The animals being presented must have been either resident in the USA for at least sixty days immediately prior to the date of exportation or resident since birth.
3. The animals were inspected by James S. Holt within thirty days preceding the date of importation.
4. The animals were found by James S. Holt to be free from any communicable disease.
5. The animals were to the best of the knowledge and belief of James S. Holt not exposed to any communicable disease within sixty days preceding the date of inspection.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
4/27/10	Holt, James S.	☐ 2 Federal ☐ 1 State ☑ 3 Accredited	30 horses

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	Charsly Wood DVM	J Holt

VS FORM 17-140 (MAR 98) Previous edition may be used.

11-318000067

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READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L061372

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ✓ ____ CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ____

18. INDIVIDUAL IDENTIFICATION

Owner's name, street address, city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore Brian S. USA	3758	7	F	QH								
94 Hope Dr.	3759	12	F	QH								
Jonestown PA 17038	3760	4	N	QH								
	3761	12	N	AS								
	3762	11	N	QH								
	3763	15	N	BL								
	3764	17	F	SN								
	3765	11	F	SN								
	3766	14	F	QH								
	3767	12	F	BL								
	3768	15	F	QH								
	3769	10	M	QH								

6. The animals at the time of the inspection were found healthy and in a physical condition fit to be transported.

7. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

8. Fit to be transported means that on the day of inspection no animals have an infirmity illness injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.

...(Public Law 104-13). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Hill, Brian S.
2. CERTIFICATE NO
3. PAGE NO. 1 OF 2

4. DATE ISSUED: 5/5/10
5. U.S. PORT OF EMBARKATION (City and State): Junction PA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 911 Hoover Dr.
8. CONSIGNOR'S CITY (or Town): Junction
12. CONSIGNOR'S STATE: Pennsylvania
13. STATE CODE: 42
14. ZIP CODE: [illegible]

9. SEMEN (Check if yes): ☐
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): Paul Cavalli & Son Inc. 317 Pangs St. Island St Andre Avellin
DESTINATION COUNTRY: Canada
ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☑ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.
BRUCELLOSIS BLOOD SAMPLE COLLECTED
NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN (Owner's name (Last name, two initials, or business name); Owner's street address; Owner's city/town, state code (FIPS code on reverse) & zip code)	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse) ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Hill, Brian S.	USEA 3280	20	F	PL											
911 Hoover Dr.	[illegible]	20	F	PL											
Junction PA 17[illegible]	[illegible]	12	N	SN											
	[illegible]	14	N	SN											
	3530	10	N	SN											
	[illegible]	10	F	SN											
	[illegible]	11	N	SN											
	[illegible]	9	F	SN											
	[illegible]	12	F	SN											
	[illegible]	14	F	SN											
	[illegible]	9	F	QH											
	[illegible]	15	F	SN											
	[illegible]	7	N	TH											
	[illegible]	11	F	SN											
	[illegible]	14	N	SN											
	[illegible]	11	F	SN											
	[illegible]	12	N	SN											
	3797	14	N	SN											

1. The animal was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.
2. The animal was to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days prededing the date of inspection.

Either:

3. a) The animal has resided in the United States or Canada since birth;

Or

4. b) The animal has met all of theimport requirements of the United States of America and has resided in the United States of America for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 5/5/2010
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): Hill, James S.
21. STATUS: ☐ 2 Federal ☐ 1 State ☑ 3 Accredited
22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): [illegible]
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): D. Brumbaugh
25. SIGNATURE OF ISSUING VETERINARIAN: [signature] 4-14-2011

11-318000069

VS FORM 17-140 (MAR 98) Previous edition may be used.

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READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

16. CONSIGNEE'S NAME: Cool Canada Export Inc

2. CERTIFICATE NO. FROM VS FORM 17-140: G27744

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ☐ CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore, Brian S.														
21 Hover Dr.														
Freeport ME 04032														
NSFA3616	13	M	GN											
3643	12	M	GN											
3650	15	N	GN											
3651	14	N	GN											
3652	16	F	GN											
3653	11	F	GN											
3654	7	F	TH											
3655	12	M	JR											
3656	7	N	GN											
3657	7	F	GN											
3658	6	F	GN											
3659	14	F	GN											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.
6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
7. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas or New Mexico.
8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the aaimal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

11-318000070

PART 1 - FIELD COPY

This certificate is authorized by law 21 U.S.C 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore Brian S.

2. CERTIFICATE NO: G 29781

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/5/10

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.

8. CONSIGNOR'S CITY (or Town): Jonestown

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): ☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL ☐ 09 OTHER (Specify)

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): Covel Canada Export Inc. 517 Rang St Julie est St Andre Avellin

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

Moore Brian S.
94 Hoover Dr
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USFA 3860	12	N	QH											
3861	20	F	BL											
3862	20	F	QH											
3863	10	F	AP											
3864	15	F	BL											
3865	10	F	QH											
3866	7	F	SN											
3867	14	N	QH											
3868	4	N	TH											
3869	6	F	TH											
3870	8	F	QH											
3871	16	N	SN											
3872	7	F	QH											
3873	12	F	QH											
3874	6	F	TH											
3875	14	F	QH											
3876	13	F	QH											
3877	18	F	TH											

1. The animal was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.

2. The animal was to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection either:

3. a) The animal has resided in the United States or Canada since birth;

Or

b) The animal has met all of the import requirements of the United States of America and has resided in the United States of America for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 5-4-2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 11-3180000 Horses

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): F.D BROWN DVM

25. SIGNATURE OF ISSUING VETERINARIAN: BW007032L Acct 155204

VS FORM 17-140 (MAR 98) Previous edition may be used.

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READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Mure Ranch S

16. CONSIGNEE'S NAME: Coral Canada Export Inc

2. CERTIFICATE NO. FROM VS FORM 17-140: G09781

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ✓ ____ CERTIFIED BRUCELLOSIS FREE AREA ✓

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Mure Ranch S														
[illegible]														
[illegible] 17027														
[illegible]	6	N	TH											
[illegible]	9	N	TH											
[illegible]	12	F	SN											
[illegible]	10	N	QH											
[illegible]	15	F	QH											
[illegible]	11	F	QH											
[illegible]	9	F	SN											
[illegible]	[illegible]	F	QH											
[illegible]	8	N	QH											
[illegible]	10	F	TH											
[illegible]	14	F	QH											
[illegible]	17	F	SN											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.
6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
7. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas or New Mexico.
8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000072

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

[illegible] authorized by law (21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. [illegible]

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore Bruce S.
2. CERTIFICATE NO: [illegible]
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/17/10
5. U.S. PORT OF EMBARKATION (City and State): Junction PA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Howe Dr
8. CONSIGNOR'S CITY (or Town): Junction
12. CONSIGNOR'S STATE: Pennsylvania
13. STATE CODE: 42
14. ZIP CODE: 17028
9. SEMEN (Check if yes): ☐
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2
16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): [illegible] Expo Inc, 17 Hwy 31 Julianna [illegible]
DESTINATION COUNTRY: Canada
ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore Bruce S.														
94 Howe Dr														
Junction PA 17028														
USFA 970	6	M	QH											
2951	4	F	QH											
2952	2	F	TH											
2953	6	F	QH											
2954	4	M	QH											
2955	11	M	QH											
2956	7	M	QH											
2957	5	M	QH											
2958	1	M	QH											
2959	12	M	QH											
2960	12	M	TH											
2961	11	M	TH											
2962	14	M	QH											
2963	15	F	QH											
2964	6	F	QH											
2965	12	F	QH											
2966	10	M	[illegible]											
2967	6	M	[illegible]											

1. The animal was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.
2. The animal was to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. a) The animal has resided in the United States or Canada since birth;

Or

4. b) The animal has met all of the import requirements of the United States of America and has resided in the United States of America for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 5-18-2010
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Hill, James S.
21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited
22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): [illegible]
23. Signature of endorsing federal veterinarian
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): M D Brown DVM
25. SIGNATURE OF ISSUING VETERINARIAN: [signature] Accredited

11-318000073

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

16. CONSIGNEE'S NAME: Carol Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: E29777

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

Owner's name	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore, Brian S. USA	3968	15	F	OH								
24 Hoover Dr.	3969	10	F									
Jonestown PA 17038	3970	12	F									
	3971	8	F									
	3972	10	N									
	3973	7	F									
	3974	12	F									
	3975	10	F									
	3976	10	N									
	3977	9	N									
	3978	14	N									
	3979	7	M									

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals(s) in this shipment have not been in the states of Texas and New Mexico.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

11-318000074

PART 2 - POST VETERINARIAN

The certificate is authorized by law 21 U.SC 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020

U S DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore Brian S.

2. CERTIFICATE NO: 29779

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/10/10

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 24 Hoover Dr

8. CONSIGNOR'S CITY (or Town): Jonestown

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): Cavel Canada Export Inc. 517 Rang St-Julien et St-Andre-Avellin

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

Moore, Brian S.
24 Hoover Dr
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USA 3920	10	F	QH								
3921	14	F	QH								
3922	12	F	QH								
3923	7	F	QH								
3924	6	N	QH								
3925	4	F	QH								
3926	14	N	TH								
3927	15	N	QH								
3928	15	F	SN								
3929	14	N	SN								
3930	12	F	SN								
3931	9	F	TH								
3932	12	N	SN								
3933	7	F	QH								
3934	7	F	QH								
3935	10	N	QH								
3936	7	N	QH								
3937	11	F	QH								

1. The animal was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.
2. The animal was to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth;

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States of America for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 5/11/2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Hall, James S.

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 horses

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): DR. DAVID BLAHNA, DVM

25. SIGNATURE OF ISSUING VETERINARIAN: JS Hall

11-348000075

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): Moore, Brian S.

16. CONSIGNEE'S NAME: Carl Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: G29779

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

Moore, Brian S.
94 Hoover Dr.
Jonstown PA 17038

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USA 3938	13	N	QH								
3939	15	F	QH								
3940	12	F	QH								
3941	11	N	QH								
3942	15	N	SN								
3943	16	N	SN								
3944	14	F	SN								
3945	10	F	QH								
3946	9	F	QH								
3947	7	F	QH								
3948	5	F	QH								
3949	4	N	QH								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.
6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
7. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas or New Mexico.
8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported causing the animal to suffer.

11-318000076

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

If you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.

2. CERTIFICATE NO

3. PAGE NO. 1 OF

Best Copy Available

4. DATE ISSUED: 5/24/10

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 74 Moore Dr.

8. CONSIGNOR'S CITY (or Town): Jonestown

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17036

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): [illegible] Exportation 117 King St. Julian - St Anne - Aylmer

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore, Brian S.	USA 4010	12	N	QH							
74 Moore Dr	4011	14	F	WH							
Jonestown, PA 17036	4012	10	F	TH							
	4013	6	F	TH							
	4014	5	F	TH							
	4015	4	F	WH							
	4016	7	F	TH							
	4017	6	F	TH							
	4018	10	F	SN							
	4019	7	F	TH							
	4020	14	N	WH							
	4021	15	F	WH							
	4022	12	F	SN							
	4023	7	N	TH							
	4024	9	F	TH							
	4025	16	N	TH							
	4026	20	F	[illegible]							
	4027	6	F	SN							

1. The animal was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.
2. The animal was to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. a) The animal has resided in the United States or Canada since birth;

Or

4. b) The animal has met all of the import requirements of the United States of America and has resided in the United States of America for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 5/25/10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): Hill, James S.

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 11 318000077

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): EDWARD H. [illegible]

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

Best Copy Available

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See r ... red OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S

2. CERTIFICATE NO. FROM VS FORM 17-140: C 297

3. PAGE NO.

16. CONSIGNEE'S NAME: Canal Canada Export Inc

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ✓ ___ CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ✓ E

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore, B S										
7 Hillcrest Dr										
Sussex NB E4E 2E										
USA 4028	7	F	TH							
4029	6	M	TH							
4030	8	F	TH							
4031	7	M	TH							
4032	8	F	TH							
4033	14	M	SW							
4034	12	F	SH							
4035	7	F	TH							
4036	14	F	SH							
4037	15	M	SW							
4038	16	M	SW							
4039	17	M	LG							

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioratio in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas or New Mexico.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

11-318000078

...; 12 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore Brian S

2. CERTIFICATE NO:

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/24/10

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr

8. CONSIGNOR'S CITY (or Town): Jonestown

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): ☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL ☐ 09 OTHER (Specify)

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): Covel Canada Export Inc. 517 Rang St Julien est St Anne-Ardlin

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

Moore, Brian S
94 Hoover Dr
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USFA 3980	3	N	QH								
3981	4	N	QH								
3982	7	F	QH								
3983	8	F	QH								
3984	7	F	QH								
3985	9	N	TH								
3986	3	N	QH								
3987	6	F	QH								
3988	10	F	QH								
3989	9	F	QH								
3990	14	F	SN								
3991	12	F	SN								
3992	7	F	QH								
3993	10	F	QH								
3994	7	F	QH								
3995	14	N	SN								
3996	9	N	TH								
3997	15	N	SN								

1. The animal was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.
2. The animal was to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. Either: a) The animal has resided in the United States of Canada since birth;
Or
4. b) The animal has met all of the import requirements of the United States of America and has resided in the United States of America for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian: PD Brown

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 5/25/10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 horses

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): PD BROWN JR VMO

25. SIGNATURE OF ISSUING VETERINARIAN: BVM70324 Aug 14 2011

VS FORM 17-140 (MAR 98) Previous edition may be used.

11-318000079

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: G29778

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

CERTIFIED BRUCELLOSIS FREE AREA ——

18. INDIVIDUAL IDENTIFICATION

Owner's name, street address, city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore, Brian S. USFA	3998	14	N									
94 Hoover Dr.	3999	15	F									
Jonestown PA 17038	4000	12	F									
	4001	6	N									
	4002	20	F									
	4003	20	N									
	4004	14	F									
	4005	12	F									
	4006	14	F									
	4007	13	N									
	4008	12	N									
	4009	11	F									

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.
6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
7. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas or New Mexico.
8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

11-318000080

The certificate is authorized by law 21 U.SC 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Muc, Brian S.

2. CERTIFICATE NO: G 29780

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/11/10

5. U.S. PORT OF EMBARKATION (City and State): Junction PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hawk Dr.

8. CONSIGNOR'S CITY (or Town): Junction

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): Pavel Canada Export Inc 572 Kane St Julie-Ch St Andre-Avellin

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

CERTIFIED BRUCELLOSIS FREE AREA

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

Muc, Brian S
94 Hawk Dr
Junction PA 17038

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USA 3890	7	F	QH											
3891	5	N	TH											
3892	9	F	TH											
3893	6	F	QH											
3894	5	N	QH											
3895	10	N	QH											
3896	12	F	QH											
3897	10	N	QH											
3898	12	N	QH											
3899	14	N	SN											
3900	7	F	TH											
3901	6	N	TH											
3902	7	N	TH											
3903	9	M	QH											
3904	10	N	TH											
3905	15	F	QH											
3906	6	F	QH											
3907	3	F	QH											

1. The animal was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.
2. The animal was to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
Either:
3. a) The animal has resided in the United States or Canada since birth;
Or
4.b) The animal has met all of the import requirements of the United States of America and has resided in the United States of America for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 5/11/2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): H. H. Jones

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 11-318000081

23. Signature of endorsing federal veterinarian: DR. DAVID BUNNING DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp):

25. SIGNATURE OF ISSUING VETERINARIAN: Emmanuel Ai 14 2001

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Marc Evans S.

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: 32980

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Marc Evans S. WA 3908	4	F	QH											
3909	7	F	QH											
3910	4	F	QH											
3911	10	N	HF											
3912	14	F	QH											
3913	9	F												
3914	6	F												
3915	15	N												
3916	4	F												
3917	3	F												
3918	7	N												
3919	15	M												

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.
6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
7. During the previous twenty-one (21) days, the animal(s) in this shipment have not been in the states of Texas or New Mexico.
8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury, or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000082

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – FIELD STATION

...is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (*Last name, first name, middle initial or business name*): Moore, Brian S.

Best Copy Available

2. CERTIFICATE NO.: 061383

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/15/00

5. U.S. PORT OF EMBARKATION (*City and State*): Jonestown , PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): 94 Hoover Dr.

8. CONSIGNOR'S CITY (*or Town*): Jonestown

12. CONSIGNOR'S STATE: PA

13. STATE CODE: PA

14. ZIP CODE: 17038

9. SEMEN (*"X" if yes*): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): Cavel Canada Export Inc.
517 Rang st. Julie est. st. Andre-Avellin

DESTINATION COUNTRY: Canda

ENTER CODE: CA

15. SPECIES (*"X" one - use VS Form 17-6 for Poultry*)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore, Brian S.
94 Hoover Dr.
Jonestown, Pa 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (*Instructions for columns A, B, C & D on reverse*)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
[illegible]	4	F	TH											
[illegible]	8	F	TH											
[illegible]	7	F	QH											
[illegible]	14	F	QH											
[illegible]	15	N	WP											
[illegible]	7	F	LH											
[illegible]	4	F	QH											
[illegible]	14	F	QH											
[illegible]	7	N	QH											
[illegible]	6	F	QH											
[illegible]	5	F	QH											
[illegible]	4	F	QH											
[illegible]	7	F	QH											
[illegible]	14	N	QH											
[illegible]	9	N	QH											
[illegible]	5	F	TH											
[illegible]	5	F	TH											
[illegible]	7	N	TH											

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable diseases and exposure there to.
2. The animals were to the best of the knowledge and belief of James S. Holt were not exposed to any communicable disease withind 60 days preceding the date of inspection.
3. The animals have resided in the USA and Canada since birth (or).
4. The animals have met all of the import requirements of the USA and have resided in the USA for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 3/15/2000

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial,- please print*): [illegible]

21. STATUS: [ ] 2 Federal [ ] 1 State [ ] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 11-318000083

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): FD BRUNT VMO

25. SIGNATURE OF ISSUING VETERINARIAN: [illegible]

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

2. CERTIFICATE NO. FROM VS FORM 17-140: L061383

3. PAGE NO.: 2 of 2

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

CERTIFIED BRUCELLOSIS FREE AREA ——

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
[illegible]	[illegible]	[illegible]	[illegible]											
3287	[illegible]	[illegible]	[illegible]											
3288	[illegible]	[illegible]	[illegible]											
3289	[illegible]	[illegible]	[illegible]											
3290	[illegible]	[illegible]	[illegible]											
3291	[illegible]	[illegible]	[illegible]											
3292	[illegible]	[illegible]	[illegible]											
3293	[illegible]	[illegible]	[illegible]											
3294	[illegible]	[illegible]	[illegible]											
3295	[illegible]	[illegible]	[illegible]											
3296	[illegible]	[illegible]	[illegible]											
3297	[illegible]	[illegible]	[illegible]											

Moore, B.S.
94 Hoover Dr.
Jonestown, PA 17038

5. During the previous 21 days the animals have not been int he states of Texas and New mexic

6. The animals at the time of the inspection were found to be healthy and in a physical condition fit ti be transported.

7. The exporter has been advised that any deterioration in the health or physical condition of the animals that may render them unfit tor transport may result in the shipment to be refused entry to Canada.

8. Fit to be transported means that on the day of inspection no animals have an infirmity, illness, injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.

11-318000084

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
Moore Brian S.	L060885	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
3/5/10	Jonestown PA	42	94 Hoover Dr.	Jonestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	42	17038

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
—		1 - Rail; 3 - Air; X 2 - Truck; 4 - Ocean	Canal Canada Export Inc. 517 Rang St Julie est St Andre Avellin	Canada	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
01 BOVINE; 02 PORCINE; 03 OVINE; 04 CAPRINE; X 05 EQUINE; 08 OTHER WILDLIFE - MAMMAL; 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: 48 HRS; 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore Brian S.	USFA 3298	10	F	SN											
94 Hoover Dr.	3299	10	F	SN											
Jonestown PA 17038	3300	10	F	SN											
	3301	10	F	SN											
	3302	10	F	SN											
	3303	10	F	SN											
	3304	7	N	QH											
	3305	12	F	SN											
	3306	12	F	SN											
	3307	12	F	SN											
	3308	12	F	SN											
	3309	14	F	SN											
	3310	14	F	SN											
	3311	14	F	SN											
	3312	14	F	SN											
	3313	10	F	SN											
	3314	10	F	SN											
	3315	4	M	SN											

(1) The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.

(2) The animals were to the best of the knowledge and belief of Jonas S. Holt were not exposed to any communicable disease within 30 days preceding the date of export.

(3) The animals have met all the import requirements for the USA and have entered into the USA for the port of Coutts (CA)

(4) The animals have resided in the territory of Canada since birth.

(5) During the previous 21 days the animals have not been in the state of Texas or New Mexico.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
3-9-10	Holt, James S.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30 head

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	FD BROWN JR DVM	J Holt BK007032L Acct# 5204

VS FORM 17-140 (MAR 98) Previous edition may be used. 11-318000085

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): Moore Brian S.

16. CONSIGNEE'S NAME: Covel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060885

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ✓ ____ CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore Brian S. USA	3316	10	F	SN								
94 Hoover Dr.	3317	20	N	Mule								
Jonestown PA 17038	3318	4	F	QH								
	3319	4	N	QH								
	3320	15	N	SN								
	3321	15	N	SN								
	3322	5	N	QH								
	3323	10	F	QH								
	3324	10	F	QH								
	3325	10	F	QH								
	3326	10	N	SN								
	3327	10	F	QH								

(6) The animals at the time of inspection were found healthy and in a physical condition fit to be transported.

(7) The exporter has been advised that any deterioration in the health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

(8) Fit to be transported means that, on the day of inspection an animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported causing the animal to suffer.

JDB 3/19/10

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

11-318000086

PART 2 – PORT VETERINARIAN

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: More Brown S

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L061281

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ✓ — CERTIFIED BRUCELLOSIS FREE AREA ✓

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
3346	10	F	QH											
3347	12	N	QH											
3348	13	N	QH											
3349	15	N	SN											
3350	14	N	SN											
3351	7	N	SN											
3352	12	N	BL											
3353	14	N	SN											
3354	15	N	SN											
3355	19	F	QH											
3356	12	F	BL											
3357	10	N	AS											

11-318000087

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

...(Act of 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore Brian S.

Best Copy Available

2. CERTIFICATE NO.: 061384

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/8/10

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.

8. CONSIGNOR'S CITY (or Town): Jonestown

9. SEMEN ("X" if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: ☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): ☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL ☐ 09 OTHER (Specify)

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavel Canada Export Inc. 517 Rang St Julie st St. André-Avellin

DESTINATION COUNTRY: Canada

ENTER CODE: CA

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore Brian S
94 Hoover Dr.
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USFA 3328	5	F	QH											
3329	5	F	AP											
3330	16	N	AP											
3331	16	F	QH											
3332	15	N	QH											
3333	9	N	BL											
3334	10	F	QH											
3335	7	F	PN											
3336	7	F	PN											
3337	4	N	TH											
3338	14	F	TH											
3339	5	F	TH											
3340	10	F	TH											
3341	10	F	BL											
3342	10	F	TH											
3343	10	F	QH											
3344	10	N	QH											
3345	5	N	TH											

(1) The animal was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease ~~within~~ and exposure thereto.
(2) The animal was to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.
(3) The animal has resided in the United States or Canada since birth. (or)
(4) The animal has met all of the import requirements of the United States of America and has resided in the United States of America for the past 60 days.
(5) The animals, at the time of the inspection were found healthy and in a physical condition fit to be transported

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 3-9-10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 1

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): FD BROWN JR DVM

25. SIGNATURE OF ISSUING VETERINARIAN: [signature] USDA 0372L Acct 45204

VS FORM 17-140 (MAR 98) Previous edition may be used.

U S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	Moore, Brian S.
2. CERTIFICATE NO.	L061356
3. PAGE NO.	1 OF 2
4. DATE ISSUED	3/15/10
5. U.S. PORT OF EMBARKATION (City and State)	Jonestown, ~~X~~ PA
6. STATE CODE	42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	94 Hoover Dr.
8. CONSIGNOR'S CITY (or Town)	Jonestown
9. SEMEN ("X" if yes)	[ ]
10. NO. DOSES OF SEMEN	
11. TRANSPORTATION CLASS	[ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean
12. CONSIGNOR'S STATE	PA
13. STATE CODE	PA
14. ZIP CODE	17038
16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	517 Rang st. Julia est St. André-avelith Cavel Canada Export Inc.
DESTINATION COUNTRY	Canada
ENTER CODE	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore, Brian S.
94 Hoover Dr.
Jonestown, PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USA [illegible]	7	M	TH											
[illegible]	4	M	TH											
[illegible]	14	F	TH											
[illegible]	7	N	TH											
[illegible]	9	N	QH											
[illegible]	12	N	QH											
[illegible]	15	F	QH											
[illegible]	7	N	QH											
[illegible]	15	N	SN											
[illegible]	12	F	QH											
[illegible]	8	N	QH											
[illegible]	14	F	QH											
[illegible]	12	F	QH											
[illegible]	14	N	SN											
[illegible]	12	N	QH											
[illegible]	14	F	QH											
[illegible]	12	F	SN											
[illegible]	15	N	QH											

1. The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable diseases and exposure there to.
2. The animlas were to the best of the ~~XXXXX~~ knowledge and belief of James S. Holt were not expo9sed to any communicable disease within 60 days preceding the date of inspection.
3. The animals have resided in the USA and Canada sice birth (or).
4. The animlas have met all of the import requirements fo the USAA and have resided in the USA for the past 60 days.X

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	3-16-10
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	Hill, James S.
21. STATUS	[ ] 2 Federal [ ] 1 State [X] 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)	[illegible]
23. Signature of Endorsing Federal Veterinarian	
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	F D BROWN DVM
25. SIGNATURE OF ISSUING VETERINARIAN	JSHolt

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

2. CERTIFICATE NO. FROM VS FORM 17-140: L061356

3. PAGE NO.: 2 of 2

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USA 3276	16	N	HF											
3277	14	F	QH											
3278	12	N	QH											
3279	12	N	QN											
3280	14	F	QH											
3281	26	F	HL											
3282	7	F	TH											
3283	8	N	TH											
3284	10	F	TH											
3285	12	F	QH											
3286	14½	F	QN											
3287	15	F	QH											

Moore, B.S.
94 Hoover dr.
Jonestown, PA 17038

5. During the previous 21 days the animals have not been in the states of Texas and New Mexico.

6. The animals at the time ofthe inspection were found to be healthy and in a physical conditon fit to be transported.

7. The exporter has been advised that any deterioration inthe health or physical conditon fo the animals that may render them unfit for transport may result in the shipment to be refused entry to Canada.

8. Fit to be transported means that on the day of inspection no animals have an infirmity, illness, injury or any other condietion that could be aggravated when the animals are being trassported causing the animals to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

11-318000090

PART 4 – FIELD STATION

FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.

2. CERTIFICATE NO.: L061394

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/22/10

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Haver Dr.

8. CONSIGNOR'S CITY (or Town): Jonestown

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17036

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): [illegible] Export Inc. 517 Rang St. Julia and St. Andre Avellin

DESTINATION COUNTRY: Canada

ENTER CODE: CA

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town. State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

Owner's name / street address / city, state, zip	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
Moore, Brian S.	USFA 3388	6	F	TH											
94 Haver Dr	3389	12	N	QH											
Jonestown PA 17036	3390	7	F	QH											
	3391	10	F	QH											
	3392	10	F	SN											
	3393	10	F	SN											
	3394	7	F	TH											
	3395	16	F	QH											
	3396	7	N	SN											
	3397	6	N	SN											
	3398	9	F	TH											
	3399	12	N	SN											
	3400	11	F	PN											
	3401	5	N	SN											
	3402	12	N	TH											
	3403	15	N	QH											
	3404	7	N	TH											
	3405	13	N	SN											

(1) The [illegible] were [illegible] prior to export and [illegible] free from evidence of communicable disease and exposure thereto.

(2) The animals were [illegible] knowledge [illegible] not exposed to any communicable disease within [illegible] date of inspection.

(3) The [illegible] were raised [illegible] or Canada since birth. (SN)

(4) The animals have not [illegible] requirements of the USA and have [illegible] into the USA [illegible]

(5) During the [illegible] have not been in the states of [illegible] or Texas.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 3/23/10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Hill, James S.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): PD BROWN JR VMO

25. SIGNATURE OF ISSUING VETERINARIAN: [signature] USDA APHIS VS

VS FORM 17-140 (MAR 98) Previous edition may be used.

11-318000091

PART 4 - FIELD STATION

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*

16. CONSIGNEE'S NAME

2. CERTIFICATE NO. FROM VS FORM 17-140

3. PAGE NO.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O

FORM 17-140a (05) *Previous edition may be used.*

11-318000092

...ty, while you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
Moore [illegible] D.	51355	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
2/2/10	Jonestown, PA	42	94 Hoover Dr	Jonestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
PA	PA	17038

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Cavalcade Expo Inc. 517 Ranger St. Jane Est St Airlie Arlington	Canada	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
[illegible]	15	N	SN											
3089	10	N	SN											
3090	14	N	QH											
3091	14	F	SN											
3092	12	N	SN											
3093	16	N	QH											
3094	16	F	SN											
3095	13	F	QH											
3096	7	F	QH											
3097	11	F	SN											
3098	11	N	PL											
3099	13	N	PL											
3100	4	F	QH											
3101	4	F	QH											
3102	12	N	SN											
3103	14	N	SN											
3104	11	F	SN											
3105	15	F	QH											

1. The animals were inspected within 30 days prior to export and found to be healthy and free of communicable diseases and there is
2. The animals were to the best of the knowledge and belief of the undersigned, free of communicable diseases during the 60 days preceding the date of inspection.
3. The animals have not been in the USA and Canada since birth (or).
4. The animals have not been in the USA since entered in the USA for the last 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
2-9-2010	[illegible] James S.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	11-318000093

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	ED Brown Jr DVM	[illegible]

VS FORM 17-140 (MAR 98) Previous edition may be used.

The certificate is authorized by law 21 U.SC 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO	3. PAGE NO.
Marc [illegible]	G 28785	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
7/10/09	Junction PA	42	94 Hunter Dr	Junction

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	42	17[illegible]

9. SEMEN (Check if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
[illegible]	Canada	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE	DATE	DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION
(Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Marc [illegible]	USA [illegible]	4	N	AQ				1	[illegible]				[illegible]	[illegible]	[illegible]
94 Hunter Dr	[illegible]	11	N	[illegible]					[illegible]				[illegible]	[illegible]	[illegible]
Junction PA 17027	[illegible]	[illegible]	F	[illegible]					[illegible]				[illegible]	[illegible]	[illegible]
	[illegible]	2	M	SN					[illegible]				[illegible]	[illegible]	[illegible]
	[illegible]	12	F	SN				2	[illegible]				[illegible]	[illegible]	[illegible]
	[illegible]	[illegible]	F	TH					[illegible]				[illegible]	[illegible]	[illegible]
	[illegible]	2	F	TH					[illegible]				[illegible]	[illegible]	[illegible]
	[illegible]	2	N	TH					[illegible]				[illegible]	[illegible]	[illegible]
	[illegible]	[illegible]	N	SN					[illegible]				[illegible]	[illegible]	[illegible]
	[illegible]	6	F	TH				3	[illegible]				[illegible]	[illegible]	[illegible]
	[illegible]	[illegible]	F	WH					[illegible]				[illegible]	[illegible]	[illegible]
	[illegible]	[illegible]	N	SN					[illegible]				[illegible]	[illegible]	[illegible]
	[illegible]	[illegible]	F	WH					[illegible]						
	[illegible]	6	N	SN				4	[illegible]				[illegible]	[illegible]	[illegible]
	[illegible]	[illegible]	N	SN					[illegible]				[illegible]	[illegible]	[illegible]
	[illegible]	[illegible]	N	[illegible]				5	[illegible]				[illegible]	[illegible]	[illegible]
	[illegible]	[illegible]	N	SN					[illegible]				[illegible]	[illegible]	[illegible]
	[illegible]	7	N	SN					[illegible]				[illegible]	[illegible]	[illegible]

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
	[illegible]	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	11-318000094

23. Signature of endorsing federal veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
[illegible]	[illegible]	[illegible]

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 – FIELD STATION

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore Brian S.

16. CONSIGNEE'S NAME: Cavel Canada Export Inc

2. CERTIFICATE NO. FROM VS FORM 17-140: B28779

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED — CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
REDMUR	7	N	RL				(6)							
1410	5	F	OH											
1420	20	F	Mule											
1451	20	F	Mule				(7)							
1452	8	N	SM											
1453	10	N	TH											
1454	7	N	OH											
1455	15	N	OH											

(8) At the time transported were free of any signs of injury or illness, injury or any other condition that could be observed when the animals are being transported or during the animals

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

11-318000095

PART 4 - FIELD STATION

...law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
[illegible]	LU60797	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
[illegible]	[illegible] PA	[illegible]	94 [illegible] Dr	Jonestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	[illegible]	17038

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		☐ 1 - Rail ☐ 3 - Air ☑ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Equi Canada Export Inc [illegible] 317 Rue [illegible] St. [illegible]	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☑ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS ☐ 72 HRS	CERTIFIED BRUCELLOSIS FREE AREA	DISEASE / TYPE TEST	DISEASE / TYPE TEST	DISEASE / TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
[illegible]	[illegible]	[illegible]	[illegible]											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
2/1/11	[illegible]	☐ 2 Federal ☐ 1 State ☐ 3 Accredited	

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
[illegible]	DR BROWN DVM	[illegible]

11-318000096

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*

2. CERTIFICATE NO. FROM VS FORM 17-140

3. PAGE NO.

16. CONSIGNEE'S NAME

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

18. INDIVIDUAL IDENTIFICATION

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000097

...you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S
2. CERTIFICATE NO.: L060799
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1 4/11
5. U.S. PORT OF EMBARKATION (City and State): Jamestown PA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Flower Dr
8. CONSIGNOR'S CITY (or Town): Jamestown
12. CONSIGNOR'S STATE: Pennsylvania
13. STATE CODE: 42
14. ZIP CODE: 17038

9. SEMEN ("X" if yes): [ ]
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean
16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Equi Canada Export Inc Quebec 577 Rg St Julie-St Andre-Avellin
DESTINATION COUNTRY: Canada
ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION
(Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore, Brian S											
14 Flower Dr											
Jamestown PA 17038											
USE27341	20	N	PE								
7342	15	N	Mule								
7343	20	N	PE								
7344	12	F	SN								
7345	12	F	AS								
7346	9	F	SN								
7347	12	F	SN								
7348	15	N	Mule								
7349	12	F	SN								
7350	7	N	TH								
7351	10	N	SN								
7352	7	F	TH								
7353	12	N	SN								
7354	7	N	QH								
7355	10	N	BL								
7356	10	F	QH								
7357	10	N	QH								
7358	10	F	SN								

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 2-1-11
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): Holt, James S.
21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 11-318000098
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): D. DRUMM VMO
25. SIGNATURE OF ISSUING VETERINARIAN: USDA 7032L

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Marc, Brian S.

2. CERTIFICATE NO. FROM VS FORM 17-140: 4060799

3. PAGE NO.: 2 of 2

16. CONSIGNEE'S NAME: Coral Canada Export Inc.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ✓ ____ CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ✓

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Marc Brian S US 27339	5	F	TH								
10 Lower Dr	7360	10	N	QH							
Jamestown PA 16038	7361	10	N	QH							
	7362	10	N	SN							
	7363	15	F	BL							
	7364	10	F	QH							
	7365	3	F	QH							
	7366	15	F	BL							
	7367	10	N	SN							
	7368	10	N	SN							
	7369	12	N	AS							
	7370	4	N	QH							

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000099

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

...required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S
2. CERTIFICATE NO.: 1060703
3. PAGE NO.: 1 OF 2

Best Copy Available

4. DATE ISSUED: 2/14/11
5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr. Jonestown
12. CONSIGNOR'S STATE: Pennsylvania
13. STATE CODE: 42
14. ZIP CODE: 17038
9. SEMEN ("X" if yes): ___
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean
16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Covel Canada Export Inc Quebec, 517 Rang St Julia-St. Andre-Avellin
DESTINATION COUNTRY: Canada
ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore, Brian S. 94 Hoover Dr Jonestown PA 17038														
~~USF2 7521~~	~~12~~	~~N~~	~~AP~~											
7522	20	F	BL											
7523	12	N	Mule											
7524	20	N	BL											
7525	7	N	QH											
7526	5	N	QH											
7527	4	N	QH											
7528	5	F	QH											
7529	4	F	QH											
7530	5	F	QH											
7531	6	F	QH											
7532	4	F	QH											
7533	3	F	QH											
7534	5	F	QH											
7535	7	F	QH											
7536	6	N	QH											
7537	5	F	QH											
7538	12	N	SN											

~~1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.~~

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 2-15-2011
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.
21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 11-318000100
23. Signature of Endorsing Federal Veterinarian
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): FD PRUNTE DMO
25. SIGNATURE OF ISSUING VETERINARIAN: BKW2326 Accredited

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (*last name, first name, middle initial or business name*): Moore, Brian S.

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060703

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name (*Last name, two initials, & business name*)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore Brian S. USE 2	7539	14	N	SN								
24 Moore Dr.	7540	12	F	SN								
Taneytown MD 17238	7541	13	N	AS								
	7542	12	F	SN								
	7543	6	F	TH								
	7544	7	F	TH								
	7545	8	F	TH								
	7546	5	F	TH								
	7547	7	F	TH								
	7548	14	F	QH								
	7549	13	N	SN								
	7550	14	N	SN								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000101

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

...y law (21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
[illegible]	60798	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
[illegible]	[illegible] PA	42	94 [illegible] Dr	[illegible]

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
[illegible]	42	[illegible]

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Cavel Canada Export Inc [illegible]	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS ☐ 72 HRS		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST
		DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
[illegible]	[illegible]	N	SN								
7372	[illegible]	F	SN								
7373	[illegible]	F	[illegible]								
7374	[illegible]	N	[illegible]								
7375	15	N	[illegible]								
7376	[illegible]	F	SN								
7377	[illegible]	N	SN								
7378	[illegible]	N	SN								
7379	[illegible]	[illegible]	SN								
7380	3	F	SN								
7381	[illegible]	N	SN								
7382	[illegible]	F	[illegible]								
7383	[illegible]	N	[illegible]								
7384	12	N	SN								
7385	12	N	SN								
7386	[illegible]	N	[illegible]								
7387	12	N	AS								
7388	[illegible]	F	[illegible]								

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
7/1/11	[illegible] James S.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
[illegible] DVM	[illegible]

11318000102

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*

2. CERTIFICATE NO. FROM VS FORM 17-140

3. PAGE NO

16. CONSIGNEE'S NAME

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ____ CERTIFIED BRUCELLOSIS FREE AREA

18 INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000103

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

ANIMAL HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
Moore, Brian S.	L060795	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
2/7/11	Jonestown PA	42	591 Lower Dr	Jonestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	42	17036

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Good Canada Export Inc Quebec 117 Rang St. Jules St Andre Avellin	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS ☐ 72 HRS		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST
		DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore, Brian S.
591 Lower Dr.
Jonestown PA 17036

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USEZ 7461	14	F	Mule								
7462	15	F									
7463	14	N									
7464	15	N									
7465	14	F									
7466	15	F									
7467	16	F	Mule								
7468	14	N	QH								
7469	5	N	TH								
7470	6	N	Mule								
7471	11	F	QH								
7472	10	F	QH								
7473	10	F	BL								
7474	5	M	QH								
7475	10	F	QH								
7476	9	N	TH								
7477	10	N	TH								
7478	10	F	QH								

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
2/7/11	Holt, James S	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30 horses

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	F D Brown Jr VMO	JSHolt

VS FORM 17-140 (MAR 98) Previous edition may be used.

11-318000104

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*

2. CERTIFICATE NO. FROM VS FORM 17-140

3. PAGE NO.

16. CONSIGNEE'S NAME

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L

—— CERTIFIED BRUCELLOSIS FREE AREA

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000105

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

...fail to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.

2. CERTIFICATE NO.: L060791

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/9/11

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.

8. CONSIGNOR'S CITY (or Town): Jonestown

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN ("X" if yes): —

10. NO. DOSES OF SEMEN: —

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Covil Canada Export Inc. Quebec
517 Rang St. Julie - St Anto. Aulan

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore, Brian S.
94 Hoover Dr
Jonestown PA 17038

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1-25 J	1/50 K	1-100 L	DATE M	DATE N	DATE O
USE2 7101	6	N	TH											
7102	6	M	TH											
7103	16	N	QH											
7104	18	F	QH											
7105	12	F	QH											
7106	15	F	SN											
7107	10	N	QH											
7108	8	F	QH											
7109	7	F	QH											
7110	10	F	QH											
7111	15	F	SN											
7112	4	F	QH											
7113	5	N	QH											
7114	10	N	SN											
7115	7	F	QH											
7116	14	F	QH											
7117	10	F	QH											
7118	15	F	SN											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 1/11/2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): FORROWN TR VMO

25. SIGNATURE OF ISSUING VETERINARIAN: JStolt KKW70326 Aug 14 2011

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Marc, Brian S.

16. CONSIGNEE'S NAME: Carol Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: LOGV791

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Marc Brian S.	HSE27119	4	F	QH							
14 Flower Dr.	7120	7	F	TH							
Lake Pleasant MA 17038	7121	9	F	SN							
	7122	10	N	QH							
	7123	14	N	SN							
	7124	16	F	SN							
	7125	10	F	AH							
	7126	7	N	Mule							
	7127	12	N	QH							
	7128	14	N	QL							
	7129	16	F	QH							
	7130	12	N	ML							

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000107

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

...authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.

2. CERTIFICATE NO.: L060704

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: [illegible]

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr

8. CONSIGNOR'S CITY (or Town): Jonestown

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN ("X" if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: ☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Coud Canada Export Inc. Quebec
[illegible] St Julie St André-Avellin

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore Brian S.
94 Hoover Dr
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USEZ 7491	7	N	QH											
7492	10	N	QH											
7493	12	N	QH											
7494	6	N	TH											
7495	7	M	QH											
7496	12	F	QH											
7497	12	F	TH											
7498	13	F	TH											
7499	4	F	QH											
7500	10	F	QH											
7501	12	N	SN											
7502	10	F	PN											
7503	12	F	QH											
7504	11	F	QH											
7505	9	F	TH											
7506	14	F	QH											
7507	7	N	TH											
7508	12	F	TH											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: [illegible]

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): Holt, James S

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 11-318000108

23. Signature of Endorsing Federal Veterinarian: [illegible]

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): [illegible]

25. SIGNATURE OF ISSUING VETERINARIAN: [illegible]

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Muse, Chas S

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060704

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ____ CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE	DATE	DATE
M	N	O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ____

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Muse Chas S. USCL 7509	9	F	TH								
24 Rover Dr. 7510	12	N	SN								
Junction PA 17038 7511	14	N	QH								
7512	7	F	TH								
7513	14	N	SN								
7514	12	F	Mule								
7515	14	F	BL								
7516	12	N	BL								
7517	12	N	SN								
7518	13	N	SN								
7519	14	N	SN								
7520	15	F	BL								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000109

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.

2. CERTIFICATE NO.: L060701

4. DATE ISSUED: 2/24/11

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr

8. CONSIGNOR'S CITY (or Town): Jonestown

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [x] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Canada Canada Export Inc. 217 Rang St Julien St André-Avellin

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[x] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore, Brian S.														
94 Hoover Dr														
Jonestown PA 17038														
USEZ 7581	10	F	TH											
7582	8	F	TH											
7583	7	N	QH											
7584	9	F	QH											
7585	10	N	QH											
7586	10	F	TH											
7587	12	F	TH											
7588	8	N	QH											
7589	7	N	QH											
7590	6	N	QH											
7591	16	N	BL											
7592	10	F	BL											
7593	10	F	QH											
7594	11	F	TH											
7595	9	F	TH											
7596	5	F	QH											
7597	7	F	QH											
7598	10	N	TH											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 2/24/11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.

21. STATUS: [ ] 2 Federal [ ] 1 State [x] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 horses

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): M D Brown III WO

25. SIGNATURE OF ISSUING VETERINARIAN: [signature] PA 570326 NAH 5204

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

16. CONSIGNEE'S NAME: Coud Canada Export Inc

2. CERTIFICATE NO. FROM VS FORM 17-140: 1040701

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
Moore, Brian S. UCD	27592	12	F	QH											
94 Moore Dr	7600	9	F	QH											
Jamestown PA 17038	7601	10	N	IH											
	7602	12	N	AS											
	7603	12	N	AS											
	7604	10	N	SN											
	7605	10	N	SN											
	7606	10	F	SN											
	7607	10	F	SN											
	7608	12	F	SN											
	7609	12	F	AS											
	7610	10	F	SN											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.

2. CERTIFICATE NO.: 060702

4. DATE ISSUED: 2/20/11

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.

8. CONSIGNOR'S CITY (or Town): Jonestown

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN ("X" if yes): ___

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavel Canada Export Inc. 517 Rang St Julie St Andre-Avellin

DESTINATION COUNTRY: Quebec Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore, Brian S
94 Hoover Dr.
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USE 7551	8	N	TH								
7552	10	N	TH								
7553	7	F	TH								
7554	12	F	QH								
7555	10	F	TH								
7556	6	M	TH								
7557	8	M	TH								
7558	15	F	QH								
7559	14	N	SN								
7560	10	F	TH								
7561	11	F	SN								
7562	15	F	SN								
7563	12	N	SN								
7564	12	N	SN								
7565	8	F	TH								
7566	10	F	QH								
7567	11	F	QH								
7568	10	N	QH								

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 2/22/11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): Holt, James S.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 horses

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): FD BROWNTK VMO

25. SIGNATURE OF ISSUING VETERINARIAN: BV0070226 Acct #5204

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060702

3. PAGE NO.: 2 of 2

16. CONSIGNEE'S NAME: Covel Canada Export Inc.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

Moore, Brian S. USE
94 Hoover Dr.
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
7569	14	F	SN								
7570	15	N	BL								
7571	13	F	QH								
7572	12	F	TH								
7573	10	F	TH								
7574	15	N	BL								
7575	12	N	BL								
7576	10	N	QH								
7577	9	F	TH								
7578	6	F	QH								
7579	16	F	AS								
7580	7	F	TH								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

ANIMAL HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore Bruce S
2. CERTIFICATE NO.: L060795
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/22/11
5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Henry Dr.
8. CONSIGNOR'S CITY (or Town): Jonestown
12. CONSIGNOR'S STATE: Pennsylvania
13. STATE CODE: 42
14. ZIP CODE: 17038

9. SEMEN ("X" if yes): [ ]
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Carole Noronda Equestrian Centre 611 Rang 3 Julie St Adele Mills
DESTINATION COUNTRY: Canada
ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code
Moore Bruce S
94 Henry Dr
Jonestown PA 17038

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USCZ 7611	5	F	PM											
7612	10	N	Mix											
7613	12	N	Draft											
7614	20	N	PE											
761[illegible]	16	F	PL											
7616	20	F	PE											
7617	15	F	PL											
7618	14	N	SN											
7619	15	N	SN											
7620	20	N	Mule											
7621	2	N	Mule											
7622	9	N	SN											
7623	9	F	SN											
7624	14	N	SN											
7625	20	F	PE											
7626	20	N	Mix											
7627	20	N	PE											
7628	4	N	TH											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 2/24/11
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.
21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28 horses
23. Signature of Endorsing Federal Veterinarian
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): FD [illegible]
25. SIGNATURE OF ISSUING VETERINARIAN: [signature] Accredited

VS FORM 17-140 (MAR 98) Previous edition may be used. 11-318000114

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Marc Lavoie

16. CONSIGNEE'S NAME: Great Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: [illegible]

3. PAGE NO.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ____ CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Marc Lavoie U.S.A.	76-08	2	M	QH										
24 Rouse St	76-20	2	M	QH										
Jonesville VT 12035	76-31	6	F	QH										
	76-32	10	M	AB										
	76-23	20	F	LL										
	76-24	20	M	LN										
	76-25	4	M	QH										
	76-26	8	F	TH										
	76-27	10	F	TH										
	76-28	11	F	QH										
	76-29	12	F	TH										

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

11-318000115

Best Copy Available

... to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Mills, Brian S.
2. CERTIFICATE NO.: L060796
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/6/11
5. U.S. PORT OF EMBARKATION (City and State): Junction PA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Manor Dr
8. CONSIGNOR'S CITY (or Town): Junction
12. CONSIGNOR'S STATE: Pennsylvania
13. STATE CODE: 42
14. ZIP CODE: 17038
9. SEMEN ("X" if yes): [ ]
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [x] 2 - Truck [ ] 4 - Ocean
16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Covert Canada Export Inc Office, 57 Rue St Jean St. Andre Acton
DESTINATION COUNTRY: Canada
ENTER CODE: Canada
15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [x] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED: CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Mills, Brian S.
94 Manor Dr
Junction PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USE2 7431	10	F	SN											
7432	14	F	SN											
7433	12	F	SN											
7434	15	F	Mule											
7435	15	F	Mule											
7436	12	F	SN											
7437	16	N	BL											
7438	16	F	BL											
7439	20	N	BL											
7440	14	F	QH											
7441	12	F	QH											
7442	16	F	QH											
7443	16	N	BL											
7444	12	F	QH											
7445	14	F	QH											
7446	12	F	SN											
7447	14	F	SN											
7448	10	N	SN											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 2 FEB 2011
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.
21. STATUS: [ ] 2 Federal [ ] 1 State [x] 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 11-318000116
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): FD BRELUNIA VMO
25. SIGNATURE OF ISSUING VETERINARIAN

FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

2. CERTIFICATE NO FROM VS FORM 17-140: L060796

3. PAGE NO: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ✓ ____ CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
[illegible]	11	N	SN								
[illegible]	12	N	SN								
[illegible]	12	F	SN								
[illegible]	12	N	AS								
[illegible]	2	F	TH								
[illegible]	2	F	TH								
[illegible]	12	N	QN								
[illegible]	10	N	SN								
[illegible]	11	F	TH								
[illegible]	12	F	TH								
[illegible]	10	N	QN								
[illegible]	11	N	SN								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000117

Best Copy Available

[illegible] HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S [redacted]: Moore, Brian S.

L06U750 | [illegible] 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1/17/11	Jonestown PA	42	94 Hoover Dr	Jonestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	42	17038

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavel Canada Export Inc Quebec, 97 Rang St. Julien St André-Avellin

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore, Brian S.
94 Hoover Dr.
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USE2 7251	15	F	Mule								
7252	14	F									
7253	13	N									
7254	14	N									
7255	13	F									
7256	12	F									
7257	14	F									
7258	15	F									
7259	15	N									
7260	16	N									
7261	15	F									
7262	11	F	TH								
7263	9	F	QH								
7264	14	N	QH								
7265	9	F	TH								
7266	7	F	TH								
7267	9	N	QH								
7268	7	N	QH								

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
1-18-11	Holt, James S.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30 horses

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
FD BROWN Jr VMO	BK0070326 Acc HT5204

VS FORM 17-140 (MAR 98) Previous edition may be used. 11-318000118

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READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): Moore, Brian S.

16. CONSIGNEE'S NAME: Coral Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060794

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED:

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore, Brian S.	USE 27269	6	F	PN											
94 Hoover Dr.	7270	12	F	PN											
Jonestown PA 17038	7271	10	F	QH											
	7272	12	F	QH											
	7273	14	N	QH											
	7274	12	N	SN											
	7275	14	N	SN											
	7276	14	F	QH											
	7277	12	F	QH											
	7278	10	N	QH											
	7279	14	F	PN											
	7280	13	F	QH											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
Moore, Brian S.	L060787	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1/10/11	Jonestown PA	42	94 Hoover Dr	Jonestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	42	17038

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
—		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Cavek Canada Export Inc. Quebec 517 Rang St. Julien St Andre-Avellin	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS ☐ 72 HRS		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore, Brian S
94 Hoover Dr.
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USEA 7191	14	F	QH											
7192	12	F	SN											
7193	8	N	QH											
7194	6	N	QH											
7195	14	N	AS											
7196	12	F	SN											
7197	13	N	SN											
7198	6	N	QH											
7199	3	F	QH											
7200	16	F	BL											
7201	11	N	TH											
7202	14	N	TH											
7203	12	F	BL											
7204	14	F	BL											
7205	15	N	BL											
7206	10	N	QH											
7207	19	N	QH											
7208	14	N	SN											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
1-13-2011	Holt, James S.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30 horses

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	FD BROWN JR VMO	JSHolt BR007032C Acct#5204

VS FORM 17-140 (MAR 98) Previous edition may be used.

11-318000120

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

16. CONSIGNEE'S NAME: Coral Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060787

3. PAGE NO: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

CERTIFIED BRUCELLOSIS FREE AREA ——

18. INDIVIDUAL IDENTIFICATION

Owner's name, street address, city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore, Brian S. USFZ	7209	12	N	QH											
94 Hoover Dr.	7210	11	N	SN											
Jonestown PA 17038	7211	12	N	SN											
	7212	14	N	Mule											
	7213	12	N	QH											
	7214	14	F	Mule											
	7215	15	F	BL											
	7216	14	F	QH											
	7217	15	F	QH											
	7218	9	F	QH											
	7219	7	M	QH											
	7220	16	N	BL											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

11-318000121

PART 3 - DOCUMENT

...required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Marc Brian S.

2. CERTIFICATE NO.: L060789

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/10/11

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hawk Dr.

8. CONSIGNOR'S CITY (or Town): Jonestown

9. SEMEN ("X" if yes): ___

10. NO. DOSES OF SEMEN: ___

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [ ] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Carol Canada Export Inc. 547 Rang St. Julie St Jules-Aullin Quebec

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Marc Brian S.
94 Hawk Dr.
Jonestown PA 17038

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USE 7161	12	N	SN											
7162	10	N	QH											
7163	9	N	QH											
7164	4	M	TH											
7165	10	N	SN											
7166	9	N	SN											
7167	11	N	SN											
7168	9	N	TH											
7169	10	N	QH											
7170	14	N	SN											
7171	4	N	TH											
7172	14	N	SN											
7173	10	N	SN											
7174	14	N	Mule											
7175	11	F	SN											
7176	12	F	SN											
7177	10	N	SN											
7178	9	F	QH											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 1-11-2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 11-318000122

23. Signature of Endorsing Federal Veterinarian: D Brown DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): D BROWN DVM

25. SIGNATURE OF ISSUING VETERINARIAN: J S Holt BW07032L

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): Moore, Brian S.

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

2. CERTIFICATE NO FROM VS FORM 17-140: L060709

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name): Moore, Brian S.
Owner's street address: 94 River Dr.
Owner's city/town, state code & zip code: Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB) ✓ — CERTIFIED BRUCELLOSIS FREE AREA ✓

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E	DATE F	G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USE2 7179	12	N	Mule											
7180	16	N	BL											
7181	16	N	DE											
7182	15	N	BL											
7183	10	F	QH											
7184	4	N	QH											
7185	9	N	SN											
7186	10	F	Mixed											
7187	11	F	SN											
7188	9	F	SN											
7189	12	F	AS											
7190	6	N	QH											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000123

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business): Moore, Brian S.

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1/9/11	Jonestown PA	42	94 Hoover Dr.	Jonestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	42	17038

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
—		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Carl Canada Export Inc Quebec 517 Rang St. Julie St. Andre-Avellin	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore, Brian S
94 Hoover Rd.
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USE 7131	7	N	TH											
7132	8	N	TH											
7133	9	N	TH											
7134	10	N	TH											
7135	6	F	TH											
7136	4	F	TH											
7137	6	F	TH											
7138	7	N	TH											
7139	9	N	QH											
7140	10	F	QH											
7141	8	F	TH											
7142	9	N	QH											
7143	11	F	QH											
7144	10	N	SN											
7145	11	F	AP											
7146	12	F	QH											
7147	6	F	SN											
7148	12	F	QH											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
1-11 2011	Holt, James S.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30 horses

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	FD BROWN JR VMO	JSHolt BK077033L Acct# 52041

VS FORM 17-140 (MAR 98) Previous edition may be used. 11-318000124

HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business): Moore, Brian S.

LU60790 | 1 of 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1/2/11	Jonstown PA	42	94 Hoover Dr.	Jonestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	42	17038

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Coral Canada Export Inc. 317 Pang St, John St, Andre Avellin	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS ☐ 72 HRS	CERTIFIED BRUCELLOSIS FREE AREA	DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
Moore, Brian S	USE 2 7131	7	N	TH										
94 Hoover Rd.	7132	8	N	TH										
Jonestown PA 17038	7133	9	N	TH										
	7134	10	N	TH										
	7135	6	F	TH										
	7136	4	F	TH										
	7137	6	F	TH										
	7138	7	N	TH										
	7139	9	N	QH										
	7140	10	F	QH										
	7141	8	F	TH										
	7142	9	N	QH										
	7143	11	F	QH										
	7144	10	N	SN										
	7145	11	F	AP										
	7146	12	F	QH										
	7147	6	F	SN										
	7148	12	F	QH										

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
1-11-2011	Holt, James S.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30 horses

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
PD BROWNTH DVM	JSHolt Acct 5011

VS FORM 17-140 (MAR 98) Previous edition may be used. 11-318000125

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READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (*last name, first name, middle initial or business name*): Moore, Brian S.

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060790

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name (*Last name, two initials, & business name*)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore, Brian S. USF	27149	10	F	SN								
94 Hoover Rd.	7190	8	N	TH								
Jonestown PA 17038	51	14	N	SN								
	52	70	M	BL								
	53	12	F	TH								
	54	10	N	QH								
	55	12	F	TH								
	56	5	F	TH								
	57	8	F	QH								
	58	14	N	SN								
	59	5	N	TH								
	60	14	F	SN								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

11-318000126

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Marc S.

2. CERTIFICATE NO.: L060788

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/27/11

5. U.S. PORT OF EMBARKATION (City and State): Trudeau PQ

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Maple Dr

8. CONSIGNOR'S CITY (or Town): Trudeau

9. SEMEN ("X" if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: ☐ 1 - Rail ☐ 3 - Air ☑ 2 - Truck ☐ 4 - Ocean

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17877

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): ☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☑ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL ☐ 09 OTHER (Specify)

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Good Canada Exports Inc. 2 Mary Ann Jules Avenue Rollin

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
US 27221	14	N	Mix											
7223	15	N												
7224	16	F												
7225	15	F												
7226	16	N												
7227	15	N												
7228	15	N												
7229	15	N												
7230	16	N												
7231	14	F	CN											
7232	20	N	NL											
7233	6	N	QH											
7234	6	N	QH											
7235	14	F	QH											
7236	14	F	TH											
7237	6	N	TH											
7238	5	N	TH											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 1-28-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt James S

21. STATUS: ☐ 2 Federal ☐ 1 State ☑ 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 11-318000127

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): FOR USDA VMO

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*

2. CERTIFICATE NO. FROM VS FORM 17-140

3. PAGE NO.

16. CONSIGNEE'S NAME

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000128

...is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S
2. CERTIFICATE NO.: L060793
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/24/11
5. U.S. PORT OF EMBARKATION (City and State): Jamestown PA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hover Dr.
8. CONSIGNOR'S CITY (or Town): Jamestown
9. SEMEN ("X" if yes): [ ]
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean
12. CONSIGNOR'S STATE: Pennsylvania
13. STATE CODE: 42
14. ZIP CODE: 17038
15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)
16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Canada Export Inc. Quebec 517 Rue de Jules St Andre-Avellin
DESTINATION COUNTRY: Canada
ENTER CODE: Canada

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS
BRUCELLOSIS BLOOD SAMPLE COLLECTED
CERTIFIED BRUCELLOSIS FREE AREA
NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
Moore, Brian S.														
94 Hover Rd.														
Jamestown PA 17038														
USE 7311	14	F	SN											
7312	12	F	QH											
7313	13	N	SN											
7314	14	F	QH											
7315	12	F	QH											
7316	7	N	QH											
7317	8	F	QH											
7318	4	F	QH											
7319	12	F	BL											
7320	10	N	TH											
7321	15	F	TH											
7322	12	F	TH											
7323	13	F	TH											
7324	11	F	TH											
7325	10	F	TH											
7326	8	N	TH											
7327	6	N	TH											
7328	5	N	TH											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 1/25/11
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.
21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 11-318000129 30 horses
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): H D Brown DVM
25. SIGNATURE OF ISSUING VETERINARIAN: JSHolt DVM0070326 A.H.S.V.

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

16. CONSIGNEE'S NAME: Pavel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060793

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

Owner's name	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore Brian S.	7229	4	F	TH								
111 Moore Dr.	7230	10	F	TH								
Sweetwater TX 79556	7231	10	F	TH								
	7232	15	N	TH								
	7233	10	F	TH								
	7234	15	N	TH								
	7235	4	F	QH								
	7236	10	F	QH								
	7237	11	N	QH								
	7238	12	F	SN								
	7239	10	F	TH								
	7240	10	F	QH								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000130

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

...ed the date requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
Moore, Brian S.	L090800	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1/23/11	Jonestown PA	42	94 Hoover Dr.	Jonestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	42	17038

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
[ ]		[ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Coast Canada Export Inc. 117 Rang St Julie St Nicolas Quebec	Canada	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
[ ] 48 HRS [ ] 72 HRS		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore, Brian S.
94 Hoover Dr.
Jonestown, PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USE 7281	6	F	TH											
7282	7	F	TH											
7283	4	F	TH											
7284	8	N	TH											
7285	10	N	QH											
7286	10	F	QH											
7287	14	N	AS											
7288	15	N	AS											
7289	12	N	SN											
7290	14	N	SN											
7291	14	N	SN											
7292	13	F	SN											
7293	6	N	QH											
7294	15	N	BL											
7295	14	N	SN											
7296	14	F	SN											
7297	10	F	QH											
7298	12	F	SN											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
1/25/11	Holt, James S.	[ ] 2 Federal [ ] 1 State [X] 3 Accredited	

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
D. BROWN DVM	JS Holt

11-318000131

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*

2. CERTIFICATE NO. FROM VS FORM 17-140

3. PAGE NO.

16. CONSIGNEE'S NAME

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. ~~During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.~~

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000132

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S
2. CERTIFICATE NO.: L060781
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/3/11
5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.
8. CONSIGNOR'S CITY (or Town): Jonestown
12. CONSIGNOR'S STATE: Pennsylvania
13. STATE CODE: 42
14. ZIP CODE: 17038

9. SEMEN ("X" if yes): —
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavel Canada Export Inc. Quebec
510 Rang St Julie · St Antoine · Nellis
DESTINATION COUNTRY: Canada
ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name): Moore, Brian S
Owner's street address: 94 Hoover Rd
Owner's city/town, State code (FIPS code on reverse) & zip code: Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USE2 7041	9	F	QH								
USE2 7042	12	F	SN								
7043	10	N	QH								
7044	12	N	SN								
7045	14	N	SN								
7046	12	N	SN								
7047	14	N	QH								
7048	10	N	BL								
7049	14	N	BL								
7050	15	N	BL								
7051	10	N	SN								
7052	15	F	AS								
7053	12	N	SN								
7054	15	N	SN								
7055	12	N	QH								
7056	16	N	SN								
7057	12	N	TH								
7058	10	N	TH								

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 1-6-11
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.
21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 horses
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): ED BROWN JR VMO
25. SIGNATURE OF ISSUING VETERINARIAN: JSHolt BVD NOSEL Anal Fever

11-318000133

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060781

3. PAGE NO: 2 of 2

16. CONSIGNEE'S NAME: Caval Canada Export Inc.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore, Brian S.	US EZ 7059	10	F	QH											
94 Hoover Rd	7060	10	F	SN											
Jonestown PA 17038	7061	11	N	SN											
	7062	10	N	SN											
	7063	14	F	BL											
	7064	12	F	BL											
	7065	11	N	SN											
	7066	10	N	AS											
	7067	10	N	AS											
	7068	12	N	TH											
	7069	10	F	BL											
	7070	5	M	TH											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000134

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.
2. CERTIFICATE NO.: L060792
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/3/11
5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.
8. CONSIGNOR'S CITY (or Town): Jonestown
12. CONSIGNOR'S STATE: Pennsylvania
13. STATE CODE: 42
14. ZIP CODE: 17038

9. SEMEN ("X" if yes): ___
10. NO. DOSES OF SEMEN: ___
11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Laval Canada Export Inc. Quebec, 512 Rang St. Julie - St Andre Avellin
DESTINATION COUNTRY: Canada
ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name): Moore, Brian S
Owner's street address: 94 Hoover Dr
Owner's city/town, State code (FIPS code on reverse) & zip code: Jonestown PA 17038

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USE27071	12	N	SN											
7072	14	N	SN											
7073	12	F	SN											
7074	10	A	Draft											
7075	12	N	SN											
7076	10	N	SN											
7077	10	N	SN											
7078	9	F	TH											
7079	12	N	SN											
7080	10	F	QH											
7081	10	F	SN											
7082	12	F	Mule											
7083	12	N	BL											
7084	12	M	BL											
7085	12	N	SN											
7086	12	F	BL											
7087	10	F	TH											
7088	15	F	TH											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian: F.D. Brown II

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 1-05-11
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.
21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 horses
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): F.D. BROWN II VMO
25. SIGNATURE OF ISSUING VETERINARIAN: J S Holt BVU070326 Acc# 45204

VS FORM 17-140 (MAR 98) Previous edition may be used.

11-318000135

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
Moore, Brian S.	L060792	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
1/3/11	Jonestown PA	42	94 Hoover Dr.	Jonestown

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
		1 - Rail; 3 - Air; X 2 - Truck; 4 - Ocean	Pennsylvania	42	17037

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Pavel Canada Export Inc. 517 Rang St. Julien St. Agathe Archie	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
- 01 BOVINE
- 02 PORCINE
- 03 OVINE
- 04 CAPRINE
- X 05 EQUINE
- 08 OTHER WILDLIFE - MAMMAL
- 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
48 HRS; 72 HRS	CERTIFIED BRUCELLOSIS FREE AREA	DISEASE / TYPE TEST	DISEASE / TYPE TEST	DISEASE / TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore, Brian S
94 Hoover Dr
Jonestown PA 17038

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

MODIFIED ACCREDITED AREA (TB)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USE 27071	12	N	SN											
7072	14	N	SN											
7073	12	F	SN											
7074	10	F	Draft											
7075	12	N	SN											
7076	10	N	SN											
7077	10	N	SN											
7078	9	F	TH											
7079	12	N	SN											
7080	10	F	QH											
7081	10	F	SN											
7082	12	F	Mule											
7083	12	N	BL											
7084	12	M	BL											
7085	12	N	SN											
7086	12	F	BL											
7087	10	F	TH											
7088	15	F	TH											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
1/3/11	Holt, James S.	2 Federal; 1 State; X 3 Accredited	30 horses

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
D. Brown (VMO)	JS Holt KY 0070302 Nd 135241

VS FORM 17-140 (MAR 98) Previous edition may be used.

11-318000136

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

16. CONSIGNEE'S NAME: Coral Canada Export Inc

2. CERTIFICATE NO. FROM VS FORM 17-140: LU60792

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE (M)	DATE (N)	DATE (O)

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ____ CERTIFIED BRUCELLOSIS FREE AREA ____

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION (A)	AGE (B)	SEX (C)	BREED (D)	✓ (E)	DATE (F)	✓ (G)	DATE (H)	VAC (I)	1/25 (J)	1/50 (K)	1/100 (L)
Moore, Brian S.											
7 Moore Dr											
Jim Town PA 17058											
1 LE27069	15	F	TH								
7090	7	F	TH								
7091	16	F	SN								
7092	17	F	SN								
7093	16	F	SN								
7094	16	F	DL								
7095	16	N	BL								
7096	14	N	QH								
7097	7	F	QH								
7098	12	F	QH								
7099	7	N	TH								
7100	12	N	SN								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000137

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

Best Copy Available

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.
2. CERTIFICATE NO.: L060783
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/2/11
5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.
8. CONSIGNOR'S CITY (or Town): Jonestown
9. SEMEN ("X" if yes): ___
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean
12. CONSIGNOR'S STATE: Pennsylvania
13. STATE CODE: 42
14. ZIP CODE: 17038
16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavel Canada Export Inc. Quebec, 517 Rang St Julia St Andre-Avellin
DESTINATION COUNTRY: Canada
ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Owner: Moore, Brian S. 94 Hoover Dr Jonestown PA 17038														
USE2 6981	15	N	BL											
6982	14	F	BL											
6983	4	F	QH											
6984	12	F	QH											
6985	13	N	SN											
6986	15	F	QH											
6987	14	F	QH											
6988	11	N	SN											
6989	6	F	TH											
6990	12	N	SN											
6991	13	N	SN											
6992	9	N	SN											
6993	4	N	QH											
6994	10	F	QH											
6995	14	N	QH											
6996	16	F	QH											
6997	10	F	QH											
6998	8	F	QH											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 1-3 2011
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.
21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 horses
23. Signature of Endorsing Federal Veterinarian
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): D BROWN / VMO
25. SIGNATURE OF ISSUING VETERINARIAN: B10070321 Acct #52021

VS FORM 17-140 (MAR 98) Previous edition may be used.

11-318000138

PART 2 - POST VETERINARIAN

FORM APPROVED - OMB NOS. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S
2. CERTIFICATE NO.: L060783
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/2/10
5. U.S. PORT OF EMBARKATION (City and State): Jamestown PA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.
8. CONSIGNOR'S CITY (or Town): Jamestown
12. CONSIGNOR'S STATE: Pennsylvania
13. STATE CODE: 42
14. ZIP CODE: 17078

9. SEMEN ("X" if yes): ___
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Equi Canada Export Inc. Quebec, 517 Rang St Jean, St Antoine Abbe
DESTINATION COUNTRY: Canada
ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore, Brian S.														
94 Hoover Dr														
Jamestown PA 17078														
USEZ 6981	15	N	BL											
6982	14	F	BL											
6983	4	F	QH											
6984	12	F	QH											
6985	12	N	SN											
6986	12	F	QH											
6987	14	F	QH											
6988	11	N	SN											
6989	6	F	TH											
6990	12	N	SN											
6991	13	N	SN											
6992	9	N	SN											
6993	4	N	QH											
6994	10	F	QH											
6995	14	N	QH											
6996	16	F	QH											
6997	10	F	QH											
6998	8	F	QH											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED 23 USDA

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 1/2/10
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): H.H. James S
21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp):
25. SIGNATURE OF ISSUING VETERINARIAN: J S Holt Accred 5201
23. Signature of Endorsing Federal Veterinarian

11 318000139

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060783

3. PAGE NO.: 2 of 2

16. CONSIGNEE'S NAME: Covel Canada Export Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore, Brian S. 24 Hoover Dr. Jonestown PA 17038											
USF26999	14	N	SN								
7000	12	F	SN								
7001	10	F	QH								
7002	12	F	QH								
7003	9	F	QH								
7004	6	F	QH								
7005	14	N	SN								
7006	11	N	SN								
7007	12	N	QH								
7008	7	F	TH								
7009	9	F	TH								
7010	10	N	TH								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

...authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.
2. CERTIFICATE NO.: L060782
3. PAGE NO.: 1 OF 2
4. DATE ISSUED: 1/2/11
5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.
8. CONSIGNOR'S CITY (or Town): Jonestown
12. CONSIGNOR'S STATE: Pennsylvania
13. STATE CODE: 42
14. ZIP CODE: 17038
9. SEMEN ("X" if yes): ___
10. NO. DOSES OF SEMEN: ___
11. TRANSPORTATION CLASS: ___ 1 - Rail ___ 3 - Air ✓ 2 - Truck ___ 4 - Ocean
16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavel Canada Exportation Centre, 517 Rang St Julie, St. André Avellin
DESTINATION COUNTRY: Canada
ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): ___ 01 BOVINE ___ 02 PORCINE ___ 03 OVINE ___ 04 CAPRINE ✓ 05 EQUINE ___ 08 OTHER WILDLIFE - MAMMAL ___ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ___ 48 HRS ___ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore, Brian S
94 Hoover Dr.
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USE2 7011	10	F	SN								
7012	12	F	QH								
7013	15	F	Mule								
7014	14	M	TH								
7015	14	F	BL								
7016	12	F	QH								
7017	20	N	BL								
7018	12	N	Mule								
7019	16	F	SN								
7020	14	F	QH								
7021	10	N	SN								
7022	11	F	QH								
7023	10	F	SN								
7024	12	N	SN								
7025	10	N	SN								
7026	14	N	SN								
7027	7	N	SN								
7028	10	F	QH								

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 1/2/2011
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.
21. STATUS: ___ 2 Federal ___ 1 State ✓ 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 1
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): ED BROWN DVM
25. SIGNATURE OF ISSUING VETERINARIAN: JSHolt B007032L Acct# 52021

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (*last name, first name, middle initial or business name*): Maire, Brian S.

16. CONSIGNEE'S NAME: Covel Canada Export Inc

2. CERTIFICATE NO. FROM VS FORM 17-140: 6060782

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name (*Last name, two initials, & business name*)
Owner's street address
Owner's city/town, state code & zip code

Maire, Brian S.
94 Hoover Dr
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB) ✓ — CERTIFIED BRUCELLOSIS FREE AREA ✓

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E	DATE F	G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USEZ 7029	8	F	TH								
7030	12	N	QH								
7031	10	N	SN								
7032	11	F	QH								
7033	12	N	SN								
7034	14	F	QH								
7035	8	F	TH								
7036	6	N	QH								
7037	6	F	TH								
7038	7	N	QH								
7039	8	N	QH								
7040	14	F	SN								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000142

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.

2. CERTIFICATE NO.: LU60763

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11/8/10

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.

8. CONSIGNOR'S CITY (or Town): Jonestown

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [x] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavalk Canada Export Inc. Quebec, 517 Rang St Julie - St Andre - Avellin

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [x] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore, B.S.
94 Hoover Dr
Jonestown PA 17038

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USE26321	16	F	SN								
6322	10	F	QH								
6323	5	N	QH								
6324	12	N	SN								
6325	10	N	SN								
6326	12	N	QH								
6327	9	N	SN								
6328	14	N	SN								
6329	12	F	TH								
6330	11	N	SN								
6331	5	F	TH								
6332	7	N	TH								
6333	8	F	TH								
6334	6	N	TH								
6335	7	F	TH								
6336	12	N	AS								
6337	15	N	AS								
6338	14	N	BL								

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 11-9-10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.

21. STATUS: [ ] 2 Federal [ ] 1 State [x] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 horses

23. Signature of Endorsing Federal Veterinarian: FD BROWN TA UMO

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): FD BROWN TA UMO

25. SIGNATURE OF ISSUING VETERINARIAN: JSHolt BK0032L Acct #5204

VS FORM 17-140 (MAR 98) Previous edition may be used.

11-318000143

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060763

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

CERTIFIED BRUCELLOSIS FREE AREA ——

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore, Brian S. USF	6339	14	N	BL								
74 Hoover Dr.	6340	12	F	QH								
Jonestown PA 17038	6341	14	N	SN								
	6342	5	F	QH								
	6343	10	F	QH								
	6344	7	F	QH								
	6345	3	N	QH								
	6346	3	N	PN								
	6347	5	F	TH								
	6348	14	N	QH								
	6349	12	F	QH								
	6350	10	F	QH								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000144

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.

2. CERTIFICATE NO.: L060764

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11/8/10

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.

8. CONSIGNOR'S CITY (or Town): Jonestown

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Caud Canada Export Inc. Quebec 517 Rang St. Julia-St. Andre-Avellin

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore, B.S.
94 Hoover Dr.
Jonestown PA 17038

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USF2 6291	9	N	QH											
6292	11	F	QH											
6293	12	N	SN											
6294	10	N	SN											
6295	12	N	SN											
6296	10	F	QH											
6297	15	F	PE											
6298	12	F	SN											
6299	14	N	SN											
6300	9	N	SN											
6301	15	N	SN											
6302	11	F	QH											
6303	3	N	AD											
6304	10	N	QH											
6305	6	F	TH											
6306	9	F	TH											
6307	11	F	SN											
6308	13	N	SN											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 11 9 10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): Holt, James S.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 horses

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): F D [illegible]

25. SIGNATURE OF ISSUING VETERINARIAN: JSHolt B100703 2C Acct# 5204

VS FORM 17-140 (MAR 98) Previous edition may be used.

11-318000145

PART 3 - PORT VETERINARIAN

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060764

3. PAGE NO.: 2 of 2

16. CONSIGNEE'S NAME: Coral Canada Export Inc.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore B.S. USEF	6309	14	N	SN											
94 Hoover Dr	6310	16	F	BL											
Jonestown PA 17038	6311	10	F	SN											
	6312	12	N	QH											
	6313	10	N	QH											
	6314	13	N	QH											
	6315	16	N	QH											
	6316	11	F	QH											
	6317	14	F	SN											
	6318	12	F	SN											
	6319	14	N	SN											
	6320	15	N	AS											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000146

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond...

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.

2. CERTIFICATE NO.: L060761

1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
11/8/10	Jonestown PA	42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.

8. CONSIGNOR'S CITY (or Town): Jonestown

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Caval Canada Export Inc. 517 Rang St. Julia St Andre-Avellin Quebec

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore Brian S	USE 6381	20	F	BL							
94 Hoover Dr	6382	10	N	BL							
Jonestown PA 17038	6383	15	N	QH							
	6384	15	N	AS							
	6385	12	N	SN							
	6386	4	N	QH							
	6387	15	N	QH							
	6388	13	F	SN							
	6389	10	F	SN							
	6390	15	N	AS							
	6391	12	N	QH							
	6392	12	N	AS							
	6393	11	F	SN							
	6394	15	N	SN							
	6395	10	F	QH							
	6396	7	F	AS							
	6397	11	F	SN							
	6398	10	F	SN							

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 11-9-10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 horses

23. Signature of Endorsing Federal Veterinarian: MD Brown VMO

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): MD Brown VMO

25. SIGNATURE OF ISSUING VETERINARIAN: BV007032L Acct H5204

11-318000147

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 3 - PORT VETERINARIAN

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
Moore, Brian S.	060761	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
11/8/10	Jonestown PA	42	94 Hoover Dr.	Jonestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	42	17038

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Canadian Export Inc. 577 Rang St. Julia St André-Avellin Quebec	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS ☐ 72 HRS		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST
		DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore Brian S.
94 Hoover Dr.
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USFW6381	20	F	BL								
6382	10	N	BL								
6383	15	N	QH								
6384	15	N	AS								
6385	12	N	SN								
6386	4	N	QH								
6387	15	N	QH								
6388	13	F	SN								
6389	10	F	SN								
6390	15	N	AS								
6391	12	N	QH								
6392	12	N	AS								
6393	11	F	SN								
6394	15	N	SN								
6395	10	F	QH								
6396	7	F	AS								
6397	11	F	SN								
6398	10	F	SN								

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
11-9-10	Holt, James S.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30 horses

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	MD ROUNTREE DVM	BV007032L Acct HS234

11-318000148

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060761

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore, B.S.	US F26399	15	N	SN											
94 Hooler Dr.	6400	10	N	SN											
Jonestown PA 17038	6401	10	N	AS											
	6402	11	N	SN											
	6403	10	N	AS											
	6404	11	N	SN											
	6405	9	N	SN											
	6406	15	N	SN											
	6407	11	N	SN											
	6408	5	F	SN											
	6409	10	N	SN											
	6410	10	N	SN											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first): Moore, Brian S.

2. CERTIFICATE NO.: L060762

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11/8/10

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.

8. CONSIGNOR'S CITY (or Town): Jonestown

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [x] 2 - Truck [ ] 4 - Ocean

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [x] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Equi Canada Export Inc. Quebec, 517 Rang St. Julie, St André Avellin

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D
Moore, B.S.			
94 Hoover Dr.			
Jonestown PA 17038			
USF2 6351	10	F	QH
6352	10		QH
6353	12		QH
6354	9		QH
6355	12		QH
6356	7		TH
6357	10		
6358	9		
6359	12		
6360	10		
6361	12		
6362	13		
6363	4		
6364	10		
6365	14		TH
6366	10	M	TH
6367	7	F	QH
6368	15	F	QH

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 11/9/10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.

21. STATUS: [ ] 2 Federal [ ] 1 State [x] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 horses

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): ED BRUNI DVM

25. SIGNATURE OF ISSUING VETERINARIAN: DV00703226 Acct# 5204

11-318080150

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 2 - PORT VETERINARIAN

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060762

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

CERTIFIED BRUCELLOSIS FREE AREA ——

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore B.S. USE	6369	7	F	PN											
94 Hoover Dr.	6370	5	F	TH											
Jonestown PA 17038	6371	9	F	TH											
	6372	10	F	QH											
	6373	14	F	QH											
	6374	10	N	QH											
	6375	14	N	QH											
	6376	12	F	PN											
	6377	11	N	SN											
	6378	7	N	QH											
	6379	12	F	SN											
	6380	10	F	QH											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000151

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
Moore, Brian S	L060760	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
11/11/10	Jonestown PA	42	94 Hoover Dr.	Jonestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	42	17038

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
[ ]		[ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Frank Lamedan Export Inc. Quebec 517 Rang St Julie St Andre-Avellin	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
[ ] 48 HRS [ ] 72 HRS	CERTIFIED BRUCELLOSIS FREE AREA	DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore Brian S
94 Hoover Dr.
Jonestown PA 17038

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	MODIFIED ACCREDITED AREA (TB) ✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USEZ 6411	7	F	TH											
6412	5	F												
6413	10	F												
6414	10	F												
6415	7	N												
6416	12	F												
6417	10	N												
6418	5	F												
6419	5	N												
6420	7	F												
6421	12	F												
6422	7	N	TH											
6423	5	N	AP											
6424	7	N	TH											
6425	8	F	QH											
6426	6	N	PN											
6427	5	F	QH											
6428	12	F	QH											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
11-11-10	Holt, James S.	[ ] 2 Federal [ ] 1 State [X] 3 Accredited	32

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	FD Brown II VMO	Accredited Vet #5201

11-318000152

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse ... OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S

16. CONSIGNEE'S NAME: Canal Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: 2060760

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ✓ ___ CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore, Brian S. UCF	6429	6	F	SN											
211 Moore Dr	6430	10	N	SN											
Jonestown PA 17038	6431	10	F	BL											
	6432	10	N	BL											
	6433	10	F	BL											
	6434	10	F	WH											
	6435	3	F	WH											
	6436	5	F	AP											
	6437	11	N	SN											
	6438	2	F	MN											
	6439	3	M	AW											
	6440	7	M	BL											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. ~~During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.~~

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

11-318000153

PART 4 – FIELD STATION

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0083 and 0579-

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.

2. CERTIFICATE NO.: L060751

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10/30/10

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.

8. CONSIGNOR'S CITY (or Town): Jonestown

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [x] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavel Canada Export Inc. 517 Rang St Julia st Antoine-Abellin Quebec Canada

DESTINATION COUNTRY: Canada

ENTER CODE:

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [x] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore, B.S
94 Hoover Dr.
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USE 6141	15	F	QH											
6142	15	F	QH											
6143	15	F	QH											
6144	10	F	QH											
6145	10	F	QH											
6146	10	F	TH											
6147	4	N	QH											
6148	15	F	QH											
6149	10	F	PN											
6150	5	F	TH											
6151	10	N	TH											
6152	10	F	QH											
6153	5	N	PN											
6154	12	N	SN											
6155	12	N	QH											
6156	10	F	TH											
6157	10	F	QH											
6158	10	N	SN											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 11/2/10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.

21. STATUS: [ ] 2 Federal [ ] 1 State [x] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 horses

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): FD BROWN JR VMO

25. SIGNATURE OF ISSUING VETERINARIAN: JSHolt BV0070321 Acct H5204

11 318000154

VS FORM 17-140 (MAR 98) Previous edition may be used.

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.

2. CERTIFICATE NO.: 060751

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10/30/10

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hower Dr.

8. CONSIGNOR'S CITY (or Town): Jonestown

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavel Canada Export Inc. 517 Rang St. Julien St Antoine, St Ville Quebec Canada

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore B.S
94 Hower Dr.
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USEZ 6141	15	F	QH								
6142	15	F	QH								
6143	15	F	QH								
6144	10	F	QH								
6145	10	F	QH								
6146	10	F	TH								
6147	4	N	QH								
6148	15	F	QH								
6149	10	F	PN								
6150	5	F	TH								
6151	10	N	TH								
6152	10	F	QH								
6153	5	N	PN								
6154	12	N	SN								
6155	12	N	QH								
6156	10	F	TH								
6157	10	F	QH								
6158	10	N	SN								

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 11/2/10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian: FD Brown TP VMO

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): 9V007032 L

25. SIGNATURE OF ISSUING VETERINARIAN: J Scott Acct #5204

11-318000155 S

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060751

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

18. INDIVIDUAL IDENTIFICATION

——— CERTIFIED BRUCELLOSIS FREE AREA

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore, B.S.	USF26159	10	N	QH								
94 Hoover Dr.	6160	17	F	PN								
Jonestown PA 17038	6161	7	N	QH								
	6162	10	N	AP								
	6163	12	F	AP								
	6164	15	N	QH								
	6165	20	F	BL								
	6166	20	F	BL								
	6167	10	F	QH								
	6168	5	N	SN								
	6169	10	M	PE								
	6170	5	N	QH								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

11-318000156

PART 3 – PORT VETERINARIAN

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
Moore, Brian S.	L060631	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
11/1/10	Jonestown PA	42	94 Hoover Dr.	Jonestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	42	17038

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
[ ]		[ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Level Canada Export Inc. 97 Rue St. Jules - St. Andre, Acadie Quebec	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
[ ] 48 HRS [ ] 72 HRS		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
Moore B.S.	USEZ 6261	12	F	QH											
94 Hoover Dr.	6262	10	F	QH											
Jonestown PA 17038	6263	7	N	PN											
	6264	9	N	PN											
	6265	11	F	SN											
	6266	6	F	TH											
	6267	8	F	TH											
	6268	10	F	QH											
	6269	7	N	QH											
	6270	11	F	QH											
	6271	9	F	QH											
	6272	7	F	QH											
	6273	6	F	TH											
	6274	8	F	TH											
	6275	3	N	QH											
	6276	12	F	QH											
	6277	5	N	TH											
	6278	10	F	QH											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE.

APPROVED

Dr. Wayne Evans

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
Nov 8, 2010	Holt, James S.	[ ] 2 Federal [ ] 1 State [X] 3 Accredited	30 horse

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
WAYNE EVANS	[signature] #K070326 Accred 5204

VS FORM 17-140 (MAR 98) Previous edition may be used.

11-318000157

PART 4 - FIELD STATION

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Marc Brian S.

16. CONSIGNEE'S NAME: Laval Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060631

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE	DATE	DATE

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

Owner's name	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
Marc Brian S. USE	6279	7	F	QH											
94 Moser Dr.	6280	15	N	BL											
Jonestown PA 17038	6281	6	N	HOLSTEIN											
	6282	12	F	QH											
	6283	12	F	QH											
	6284	10	N	QH											
	6285	14	F	AP											
	6286	14	N	QH											
	6287	6	F	QH											
	6288	12	N	SD											
	6289	10	N	SM											
	6290	8	F	TH											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. ~~During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.~~

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

Dr. [illegible]

NCFS [illegible]

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

11-318000158

PART 4 - FIELD STATION

Best Copy Available

(Do not replace Certificate of Inspection of Export Animals, VS Form 17-27) Moore, Brian S. 060650 1 OF

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
9/27/10	Jonestown PA	42	94 Hoover Dr.	Jonestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	42	17038

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
		☐ 1 - Rail ☐ 3 - Air ☑ 2 - Truck ☐ 4 - Ocean	Coach Canada Export Inc. 57 Rang St Julie St Andre-Avellin	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☑ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS ☐ 72 HRS		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST
		DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore B.S.											
94 Hoover Dr.											
Jonestown PA 17038											
USFA 5630	4	N	SN								
5631	7	N	BL								
5632	14	N	BL								
5633	16	N	BL								
5634	11	F	SN								
5635	10	N	SN								
5636	12	N	SN								
5637	8	N	SN								
5638	10	N	TH								
5639	14	N	SN								
5640	12	N	SN								
5641	14	F	SN								
5642	8	N	SN								
5643	14	F	SN								
5644	9	N	SN								
5645	12	N	SN								
5646	8	F	AS								
5647	3	F	AR								

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. ~~The animal has resided in the United States or Canada since birth~~

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
9/28/10	Holt, James S.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30 horses

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	Michael Kowalchuk, DVM	DV00703726 Acct#5201

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 3 - PORT VETERINARIAN
11-318000159

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (*last name, first name, middle initial or business name*): Moore, Brian S.

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060650

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE	DATE	DATE
M	N	O

17. FARM ORIGIN
Owner's name (*Last name, two initials, & business name*)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore Brian S. USE 5648	8	F	TH								
94 Hover Dr. 5649	7	N	SN								
Jonestown PA 17038 5650	12	N	QH								
5651	16	N	AP								
5652	15	N	QH								
5653	12	N	SN								
5654	14	N	SN								
5655	10	N	SN								
5656	18	F	SN								
5657	12	F	QH								
5658	5	N	SN								
5659	12	F	QH								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

11-318000160

PART 3 – PORT VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S
2. CERTIFICATE NO.: 060779
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11/28/10
5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.
8. CONSIGNOR'S CITY (or Town): Jonestown
12. CONSIGNOR'S STATE: Pennsylvania
13. STATE CODE: 42
14. ZIP CODE: 17038

9. SEMEN ("X" if yes): [ ]
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Carol Canada Export Inc. 57 Rang St Julie - St Andre-Avellin
DESTINATION COUNTRY: Quebec Canada
ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED: CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore, Brian S
94 Hoover Dr
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USF26681	15	N	BL											
6682	15	N	BL											
6683	20	F	BL											
6684	20	N	Mule											
6685	10	F	QH											
6686	15	N	Mule											
6687	12	F	AS											
6688	15	N	Mule											
6689	10	N	QH											
6690	12	F	TH											
6691	20	N	SN											
6692	20	N	TH											
6693	15	N	Mule											
6694	10	N	SN											
6695	12	F	SN											
6696	15	F	SN											
6697	20	F	TH											
6698	20	F	Mule											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 11-30-10
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S
21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 39 horses
23. Signature of Endorsing Federal Veterinarian
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): F D Brown JR VMO
25. SIGNATURE OF ISSUING VETERINARIAN: USDA 7022 L Acct #5204

41-318000161

VS FORM 17-140 (MAR 98) Previous edition may be used.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.

2. CERTIFICATE NO.: L060779

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11/28/10

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.

8. CONSIGNOR'S CITY (or Town): Jonestown

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [x] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavel Canada Export Inc. 97 Rang St. Julie - St Andre - Avellin

DESTINATION COUNTRY: Quebec Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [x] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore, Brian S 94 Hoover Dr Jonestown PA 17038														
USE26681	15	N	BL											
6682	15	N	BL											
6683	20	F	BL											
6684	20	N	Mule											
6685	10	F	QH											
6686	15	N	Mule											
6687	12	F	AS											
6688	15	N	Mule											
6689	10	N	QH											
6690	12	F	TH											
6691	20	N	SN											
6692	20	N	TH											
6693	15	N	Mule											
6694	10	N	SN											
6695	12	F	SN											
6696	15	F	SN											
6697	20	F	TH											
6698	20	F	Mule											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 11-30-10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S

21. STATUS: [ ] 2 Federal [ ] 1 State [x] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 horses

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): F.D. BROWN JR DVM

25. SIGNATURE OF ISSUING VETERINARIAN: J Stolt BV007032L Acct #5204

VS FORM 17-140 (MAR 98) Previous edition may be used.

11-318000162

PART 3 - PORT VETERINARIAN

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READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

16. CONSIGNEE'S NAME: Coral Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060779

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ✓ ___ CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ___

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore, B.S. 11SE76699	10	F	BL								
94 Hoover Dr.	12	N	BL								
Jonestown PA 17038	12	F	BL								
	15	F	BL								
	10	F	PN								
	20	N	SN								
	15	N	AP								
	15	N	SN								
	12	N	SN								
	15	N	QH								
	20	N	SN								
	20	N	SN								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

11-318000163

PART 3 – PORT VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.

Best Copy Available

2. CERTIFICATE NO.: 060647

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9/20/10

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.

8. CONSIGNOR'S CITY (or Town): Jonestown

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Covel Canada Export Inc. 97 Rang St. Julie-st. Andre, Acadie

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore, Brian S.
94 Hoover Dr.
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USEZ 5570	10	F	PN								
5571	4	F	TH								
5572	12	N	SN								
5573	11	N	SN								
5574	12	N	SN								
5575	13	N	SN								
5576	16	F	BL								
5577	11	N	SN								
5578	18	N	QH								
5579	12	F	QH								
5580	8		QH								
5581	20		Mule								
5582	12		QH								
5583	14		QH								
5584	5		TH								
5585	14		QH								
5586	12		QH								
5587	5		QH								

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

3. The animal has redided in the United States or Canada since birth

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 9-23-10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): H.H. James S.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 horses

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): ED BROWN DVM

25. SIGNATURE OF ISSUING VETERINARIAN: BK007032L Acct# 5204

1T318000164

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060647

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

CERTIFIED BRUCELLOSIS FREE AREA ——

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore, Brian S. USEZ	5588	17	N	BL							
94 Hoover Dr.	5589	11	N	QH							
Jonestown PA 17038	5590	6	F	QH							
	5591	9	F	QH							
	5592	10	F	PN							
	5593	9	F	TH							
	5594	7	F	PN							
	5595	20	F	BL							
	5596	12	N	QH							
	5597	10	N	QH							
	5598	8	F	TH							
	5599	4	F	QH							

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that on the day of inspection no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000165

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required ...

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.

2. CERTIFICATE NO.: L060620

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9/6/10

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.

8. CONSIGNOR'S CITY (or Town): Jonestown

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Coval Canada Export Inc
517 Rang St Julia St André - Avellin

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town. State code (FIPS code on reverse) & zip code

Moore B.S.
94 Hoover Dr.
Jonestown PA 17038

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
U-PA5330	12	F	BL											
5331	10	N	BL											
5332	6	N	TH											
5333	7	F	QH											
5334	12	F	SN											
5335	10	F	PN											
5336	7	F	QH											
5337	15	F	BL											
5338	10	F	TH											
5339	10	N	QH											
5340	4	F	SN											
5341	4	N	TH											
5342	10	F	SN											
5343	7	F	TH											
5344	4	F	TH											
5345	10	F	BL											
5346	8	F	SN											
5347	14	F	Mule											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were, to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

Dr. Donald Mclean, VMO

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED:

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): Holt James S

21. STATUS: [ ] 2 Federal [ ] 1 State [ ] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 horses

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)

25. SIGNATURE OF ISSUING VETERINARIAN: #KW70226 Acct #5241

VS FORM 17-140 (MAR 98) Previous edition may be used.

11-318000166

PART 4 - FIELD STATION

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian G.

16. CONSIGNEE'S NAME: Pavel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060620

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ✔ ☐ CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

Moore B.G. USA
24 Hoover Dr.
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB) ☐

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
5346	12	F	AS											
5349	10	N	AS											
5350	10	F	TH											
5351	12	N	TH											
5352	8	F	QH											
5353	9	F	PN											
5354	8	F	SN											
5355	12	F	QH											
5356	9	F	QH											
5357	4	M	TH											
5358	5	M	TH											
5359	14	F	QH											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. ~~Fit to be transported means that, on the day of inspection no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.~~

APPROVED

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

11-318000167

PART 4 - FIELD STATION

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0579-

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.

2. CERTIFICATE NO.: LU60621

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9/13/10

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr

8. CONSIGNOR'S CITY (or Town): Jonestown

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Covel Canada Export Inc. 517 Rue St Jules St Anne-Auellin

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore Brian S	USE2 5360	10	F	TH							
94 Hoover Dr	5361	10	F	TH							
Jonestown, PA 17038	5362	10	F	TH							
	5363	5	F	QH							
	5364	10	F	TH							
	5365	10	F	TH							
	5366	10	F	TH							
	5367	10	F	PN							
	5368	10	F	TH							
	5369	10	F	TH							
	5370	8	N	AP							
	5371	5	N	TH							
	5372	10	F	QH							
	5373	10	F	TH							
	5374	10	F	TH							
	5375	10	F	QH							
	5376	8	N	QH							
	5377	8	F	AP							

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were, to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days of inspection. ~~communicable diseases within the days~~ preceding the date of inspection. Either:

3. The animal has resided in the United States or Canada since birth

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 9-14-10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): Holt, James S

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 37

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): FD BROWN JR VMO

25. SIGNATURE OF ISSUING VETERINARIAN: BK070326 AnHS204

11-318000168

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Mine Brian E

16. CONSIGNEE'S NAME: Pure Canada Export Inc

2. CERTIFICATE NO. FROM VS FORM 17-140: L0606221

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Mine, E.S. USEE	5378	10	F	OH											
21 Mine Dr	5379	10	F												
Smithburg PA 17838	5380	10	F												
	5381	10	F												
	5382	7	N												
	5383	7	N												
	5384	7	N												
	5385	10	F												
	5386	10	F	TH											
	5387	10	F	TH											
	5388	5	F	OH											
	5389	3	M	TH											

5. The animals at the time of inspection, were found healthy and ia a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000169

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.

2. CERTIFICATE NO.: L060619

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9/6/10

5. U.S. PORT OF EMBARKATION (City and State): Jamestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Moore Dr.

8. CONSIGNOR'S CITY (or Town): Jamestown

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [x] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Lewis Canada Export Inc. 272 Rang St Jean, J. Alex Mullins

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [✓] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
Moore Brian S.	USA 5300	12	F	SN											
94 Moore Dr	5301	10	N												
Jamestown PA 17038	5302	10	N												
	5303	10	F												
	5304	10	N												
	5305	10	N												
	5306	10	N												
	5307	10	N												
	5308	10	N												
	5309	15	N	AS											
	5310	10	F	OR											
	5311	12	N	SN											
	5312	10	N	SN											
	5313	10	N	SN											
	5314	10	N	SN											
	5315	5	F	OR											
	5316	15	N	AS											
	5317	5	N	AS											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were, to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 9-8-10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt James S.

21. STATUS: [ ] 2 Federal [ ] 1 State [✓] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 11-318000170

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): F.D. Brown Jr DVM

25. SIGNATURE OF ISSUING VETERINARIAN: 2007032L

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: [illegible]

16. CONSIGNEE'S NAME: [illegible]

2. CERTIFICATE NO. FROM VS FORM 17-140: [illegible]

3. PAGE NO.: 2 of [illegible]

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

Owner's name	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
[illegible] USA	5319	10	F	SN											
[illegible]	5319	10	M	SN											
[illegible]	5320	10	M	SN											
	5321	10	F	SN											
	5322	10	M	SN											
	5323	10	F	SN											
	5324	10	F	SN											
	5325	3	M	TH											
	5326	3	M	TH											
	5327	3	F	SN											
	5328	5	M	SN											
	5329	20	F	AS											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. ~~Fit to be transported means that, on the day of inspection no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.~~

11-318000171

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0579-

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
Moore, Brian S	L060618	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
9/6/10	Junction MA	42	94 Hover Dr.	Jones Town

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania		

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Coral Canada Equine Inc. 417 Bay St Suite 32 Sault Ste Marie, Ontario	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS ☐ 72 HRS		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST
		DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town. State code (FIPS code on reverse) & zip code

Moore, Brian S.
94 Hover Dr.
Junction MA 12058

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USA 5276	6	M	TH								
5271	3	F	QH								
5272	4	F	QH								
5273	5	N	TB								
5274	15	F	TH								
5275	9	F	QH								
5276	9	N	QH								
5277	12	F	QH								
5278	14	N	QH								
5279	4	F	TH								
5280	12	N	PV								
5281	12	F	QH								
5282	2	F	PN								
5283	5	F	QH								
5284	6	N	QH								
5285	9	F	TH								
5286	21	N	BL								
5287	15	F	BL								

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were, to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
9-8-10	H.H. James S.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	1

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
RD BROWN JR DVM	

11-318000172

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*

2. CERTIFICATE NO. FROM VS FORM 17-140

3. PAGE NO.

16. CONSIGNEE'S NAME

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

¶

8. ~~Fit to be transported means that, on the day of inspection no animal has an infirmity, injury, illness or any otherr condition that could be aggravated when the animal is being transported, causing the animal to suffer.~~

11-318000173

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 5 – ISSUING VETERINARIAN

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CO[illegible]st name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
Moore, Brian S	[illegible]60626	1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
9/19/10	Jonestown PA	42	94 Hoover Dr.	Jonestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	42	17038

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
[ ]		[ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Coval Canada Export Inc. 517 Rang St. Julien - St Ander - Avellin	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
[ ] 48 HRS [ ] 72 HRS		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
Moore, B.S.	USF2 5510	5	N	TH										
94 Hoover Dr.	5511	15	F	Mule										
Jonestown PA 17038	5512	12	N	AS										
	5513	12	N	SN										
	5514	5	N	TH										
	5515	10	N	SN										
	5516	10	N	AS										
	5517	8	N	SN										
	5518	10	N	SN										
	5519	15	F	SN										
	5520	9	N	AS										
	5521	13	N	SN										
	5522	10	F	SN										
	5523	14	F	SN										
	5524	8	N	PE										
	5525	10	N	SN										
	5526	12	F	SN										
	5527	6	N	SN										

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
9-21-10	Holt, James S.	[ ] 2 Federal [ ] 1 State [X] 3 Accredited	30 horses

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
RD Beaver Jr VMD	JSHolt BV022032L Acct 52041

VS FORM 17-140 (MAR 98) Previous edition may be used.

11-318000174

PART 3 - PORT VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.
2. CERTIFICATE NO.: 060624
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9/13/10
5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover
8. CONSIGNOR'S CITY (or Town): Jonestown
12. CONSIGNOR'S STATE: Pennsylvania
13. STATE CODE: 42
14. ZIP CODE: 17038

9. SEMEN ("X" if yes): [ ]
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Covet Canada Export Inc. 50 Rue St Julie St Andre-Avellin
DESTINATION COUNTRY: Canada
ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name): Moore Brian S.
Owner's street address: 94 Hoover Dr.
Owner's city/town, State code (FIPS code on reverse) & zip code: Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USEZ 5450	12	F	PN								
5451	10	N	QH								
5452	10	F	TH								
5453	5	N	QH								
5454	5	N	QH								
5455	12	N	AS								
5456	10	F	QH								
5457	10	F	QH								
5458	10	N	SW								
5459	10	F	AP								
5460	10	N	QH								
5461	10	N	QH								
5462	10	N	QH								
5463	10	N	QH								
5464	10	N	PN								
5465	7	F	QH								
5466	9	F	QH								
5467	12	F	QH								

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. ~~The animal has resided in the United States or Canada since birth~~

Or

4. ~~The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.~~

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 9-14-10
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.
21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 horses
23. Signature of Endorsing Federal Veterinarian
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): D BRUNI JR VMO
25. SIGNATURE OF ISSUING VETERINARIAN: BK007026 Acct #5201

11-318000175

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

16. CONSIGNEE'S NAME: Canad Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060624

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

CERTIFIED BRUCELLOSIS FREE AREA ——

18. INDIVIDUAL IDENTIFICATION

Owner's name	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore, Brian S. USF	5468	10	N	OH								
24 Hoover Dr	5469	11	N	1								
Jacestown PA 17038	5470	11	F									
	5471	7	F									
	5472	10	N									
	5473	11	F									
	5474	9	F									
	5475	8	F									
	5476	10	F									
	5477	9	F									
	5478	8	F									
	5479	10	N									

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health of physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection no animal has an infirmity, illness, injury, or any other condition that could be aggravated when the animals is being transported causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

11-318000176

PART 4 – FIELD STATION

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S
2. CERTIFICATE NO.: L060623
3. PAGE NO: 1 OF 2

4. DATE ISSUED: 9/13/10
5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.
8. CONSIGNOR'S CITY (or Town): Jonestown
12. CONSIGNOR'S STATE: Pennsylvania
13. STATE CODE: 42
14. ZIP CODE: 17038

9. SEMEN ("X" if yes): [ ]
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Canad Canada Export Inc 517 Rang St Julie St Andre Avellin
DESTINATION COUNTRY: Canada
ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore, Brian S.
94 Hoover Dr
Jonestown PA 17038

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USEZ 5420	10	F	SN											
5421	10	F	SN											
5422	12	F	SN											
5423	12	F	PN											
5424	15	F	SN											
5425	15	N	SN											
5426	15	N	SN											
5427	15	N	TH											
5428	10	F	SN											
5429	12	F	PN											
5430	10	F	OH											
5431	10	N	SN											
5432	12	N	OH											
5433	20	N												
5434	10	N												
5435	10	F												
5436	10	F												
5437	10	F												

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 9-14-10
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): H, H, James S.
21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 301-318000177
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): AD BROWN DVM
25. SIGNATURE OF ISSUING VETERINARIAN: 15K0070324 Acct 115204

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Muse, Brian S.

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060603

3. PAGE NO.: 2 of 2.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Muse B. S. USEZ	5438	10	N	QH											
94 Hiser Dr.	5439	10	F	SN											
Jonestown PA 17038	5440	10	N	SN											
	5441	12	N	SN											
	5442	12	N	SN											
	5443	10	F	QH											
	5444	10	F	QH											
	5445	10	F	SN											
	5446	10	F	QH											
	5447	10	F	QH											
	5448	10	F	SN											
	5449	10	F	SN											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection no animal has an infirmity, illness, injury, or any other condition that could be aggravated when the animal is being transported causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

11-318000178

PART 4 - FIELD STATION

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

16. CONSIGNEE'S NAME: Pavel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060626

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore B.S. USEZ	5528	12	F	SN											
24 Abner Dr.	5529	12	F	SN											
Jonestown PA 17038	5530	15	N	QH											
	5531	5	Mole	CTH											
	5532	5	F												
	5533	5	F												
	5534	5	F												
	5535	5	N												
	5536	5	F												
	5537	5	F												
	5538	5	F												
	5539	5	M												

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection no animal has an infirmity, illness, injury, or any other condition that could be aggravated when the animal is being transported causing the animal to suffer.

11-318000179

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.

2. CERTIFICATE NO.: L060774

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/6/10

5. U.S. PORT OF EMBARKATION (City and State): Jonstown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.

8. CONSIGNOR'S CITY (or Town): Jonstown

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavel Canada Export Inc Quebec 347 Rang St Julien-2, Ancien Nelin

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
Moore, Brian S.	USE26831	20	QH											
94 Hoover Dr.	6832	10	N	SN										
Jonstown PA 17038	6833	15	F											
	6834	12	N											
	6835	12	F											
	6836	12	F											
	6837	8	N											
	6838	12	F											
	6839	10	F											
	6840	15	F	SN										
	6841	3	F	AS										
	6842	8	N	BL										
	6843	15	N	SN										
	6844	12	N	AS										
	6845	12	F	AS										
	6846	16	F	AS										
	6847	14	N	AS										
	6848	10	F	SN										

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 12/4/10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 horses

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)

25. SIGNATURE OF ISSUING VETERINARIAN: USDA 70326 A.H.S.D.

VS FORM 17-140 (MAR 98) Previous edition may be used. 11-318000180

PART 4 - FIELD STATION

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, [illegible]

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.

2. CERTIFICATE NO.: L060774

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/6/10

5. U.S. PORT OF EMBARKATION (City and State): Jordan PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Moore Dr.

8. CONSIGNOR'S CITY (or Town): Jordan

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [✓] 2 - Truck [ ] 4 - Ocean

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [✓] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Paul Lynch Export Inc Quebec 92 Rue Jules-Dubois Melton

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

Owner's name / street address / city, State code & zip	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
Moore, Brian S.	US 26831	20	F	QH											
94 Moore Dr.	6832	10	N	SN											
Jordan PA 17038	6833	15	F												
	6834	12	N												
	6835	12	F												
	6836	12	F												
	6837	8	N												
	6838	12	F												
	6839	10	F												
	6840	15	F	SN											
	6841	3	F	AS											
	6842	8	N	BL											
	6843	15	N	SN											
	6844	12	N	AS											
	6845	12	F	AS											
	6846	16	F	AS											
	6847	14	N	AS											
	6848	10	F	SN											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 12/7/10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.

21. STATUS: [ ] 2 Federal [ ] 1 State [✓] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 Horses

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): D. Edward Lee

25. SIGNATURE OF ISSUING VETERINARIAN: [signature] Accredited Veterinarian

VS FORM 17-140 (MAR 98) Previous edition may be used.

11-318000181

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore Brothers
2. CERTIFICATE NO.: L060772
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/6/10
5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.
8. CONSIGNOR'S CITY (or Town): Jonestown
12. CONSIGNOR'S STATE: Pennsylvania
13. STATE CODE: 42
14. ZIP CODE: 17038

9. SEMEN ("X" if yes): [ ]
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [✓] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Equi Canada Export Inc. 517 Rang St. Julie - St Andre Avellin
DESTINATION COUNTRY: Quebec Canada
ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [✓] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore Bros.														
94 Hoover Dr														
Jonestown PA 17038														
USF6771	7	F	PN											
6772	10	F	TH											
6773	12	F	QH											
6774	6	N	TH											
6775	20	N	BL											
6776	10	N	Crossbred											
6777	15	N	BL											
6778	11	F	QH											
6779	11	F	QH											
6780	7	N	Mule											
6781	5	F	QH											
6782	14	F	QH											
6783	9	F	TH											
6784	10	F	TH											
6785	8	F	QH											
6786	11	F	QH											
6787	9	F	QH											
6788	6	N	TH											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 12/7/10
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): Holt James S.
21. STATUS: [ ] 2 Federal [ ] 1 State [✓] 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 horses
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): FD Crouch DVM
25. SIGNATURE OF ISSUING VETERINARIAN: JSHolt 2007032L Acct# 5201

VS FORM 17-140 (MAR 98) Previous edition may be used.

11-318000182

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

16. CONSIGNEE'S NAME: Covel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060772

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore, Brian S. USF 6789	7	F	TH								
94 Hower Dr. 6790	4	F	QH								
Jonestown PA 17038 6791	7	F	QH								
6792	5	F	QH								
6793	8	N	QH								
6794	15	F	QH								
6795	9	F	QH								
6796	10	N	GN								
6797	8	N	QH								
6798	6	F	QH								
6799	14	N	QH								
6800	12	F	QH								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. ~~The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.~~

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000183

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Marc Brass

16. CONSIGNEE'S NAME: Pearl Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060773

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
Marc Brass	US 268117	7	N	OH											
81 Rabbit Dr.	6820	10	F	OH											
Jonestown PA 1726	6821	15	F	OH											
	6822	12	F	OH											
	6823	14	F	OH											
	6824	15	F	OH											
	6825	14	N	OH											
	6826	20	N	RL											
	6827	10	F	OH											
	6828	14	N	OH											
	6829	10	N	VN											
	6830	7	F	TH											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000184

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0232 EXP. 01/31

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S
2. CERTIFICATE NO.: L060773
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/6/10
5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.
8. CONSIGNOR'S CITY (or Town): Jonestown
12. CONSIGNOR'S STATE: Pennsylvania
13. STATE CODE: 42
14. ZIP CODE: 17038

9. SEMEN ("X" if yes): [ ]
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [x] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavel Canada Export Inc. Quebec
517 Rang St. Julie-St Andre-Avellin
DESTINATION COUNTRY: Canada
ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [x] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE M; DISEASE / TYPE TEST / DATE N; DISEASE / TYPE TEST / DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Marc Brian S.											
94 Hoover Dr.											
Jonestown PA 17038											
USE26801	7	F	TH								
6802	6	F	TH								
6803	4	F	TH								
6804	10	N	PN								
6805	20	N	BL								
6806	15	N	BL								
6807	12	N	BL								
6808	14	N	BL								
6809	15	N	SN								
6810	14	F	SN								
6811	13	N	Dun								
6812	10	F	QH								
6813	14	F	QH								
6814	12	N	SN								
6815	15	F	BL								
6816	16	F	AS								
6817	10	N	TH								
6818	12	N	SN								

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 12/7/10
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt James S.
21. STATUS: [ ] 2 Federal [ ] 1 State [x] 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30
23. Signature of Endorsing Federal Veterinarian
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): F. D. Brown III DVM
25. SIGNATURE OF ISSUING VETERINARIAN: JHolt DV007032L Acct#5204

41-318000185

VS FORM 17-140 (MAR 98) Previous edition may be used.

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0220

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.

2. CERTIFICATE NO.: L060774

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/6/10

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.

8. CONSIGNOR'S CITY (or Town): Jonestown

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavel Canada Export Inc Quebec
527 Rang St Julie - St Andre - Avellin

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION
(Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore, Brian S.	USE26831	20	F	QH							
94 Hoover Dr.	6832	10	N	SN							
Jonestown PA 17038	6833	15	F								
	6834	12	N								
	6835	12	F								
	6836	12	F								
	6837	8	N								
	6838	12	F								
	6839	10	F								
	6840	15	F	SN							
	6841	3	F	AS							
	6842	8	N	BL							
	6843	15	N	SN							
	6844	12	N	AS							
	6845	12	F	AS							
	6846	16	F	AS							
	6847	14	N	AS							
	6848	10	F	SN							

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

USDA VET

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 12/7/10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 32

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): FD BROWN DVM

25. SIGNATURE OF ISSUING VETERINARIAN: JS Holt

USDA 5201

11318000186

VS FORM 17-140 (MAR 98) Previous edition may be used.

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READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

16. CONSIGNEE'S NAME: Covel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060774

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore, Brian S. USE26849	10	F	SN								
94 Hoover Dr. 6850	12	N	SN								
Jonestown PA 17038 6851	15	N	AS								
6852	15	N	AS								
6853	20	F	BL								
6854	20	F	BL								
6855	15	F	SN								
6856	15	N									
6857	12	F									
6858	10	F									
6859	10	N									
6860	12	F	SN								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. ~~The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.~~

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

11-318000187

PART 3 – PORT VETERINARIAN

VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Moore, Brian S

Best Copy Available

.060778

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
11/29/10	Jonestown PA	42	94 Hoover Dr.	Jonestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	42	17038

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean	Cavel Canada Export Inc. Quebec 97 Hwy St. Andre-Julie-St Aurelin	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE

☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL

☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS ☐ 72 HRS		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST
		DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN (Owner's name (Last name, two initials, or business name); Owner's street address; Owner's city/town, State code (FIPS code on reverse) & zip code)	18. INDIVIDUAL IDENTIFICATION (instructions for columns A, B, C & D on reverse)				MODIFIED ACCREDITED AREA (TB)		CERTIFIED BRUCELLOSIS FREE AREA						
	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	
Moore, Brian S.	USF26711	14	N	SN									
94 Hoover Dr.	6712	12	N	SN									
Jonestown PA 17038	6713	11	N	SN									
	6714	12	F	QH									
	6715	10	N	QH									
	6716	9	F	QH									
	6717	11	F	QH									
	6718	6	F	QH									
	6719	5	F	QH									
	6720	7	F	QH									
	6721	8	F	QH									
	6722	9	F	QH									
	6723	10	F	QH									
	6724	10	F	QH									
	6725	15	N	BL									
	6726	15	N	BL									
	6727	13	F	BL									
	6728	12	N	BL									

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
11-30-10	Holt, James S.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30 horses

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	E.D. Rollin Jr DVM	BVOO 7032-L Acct # 55204

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 3 - PORT VETERINARIAN

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READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

16. CONSIGNEE'S NAME: Caval Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060778

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ✓ ____ CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE (M)	DATE (N)	DATE (O)

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION (A)	AGE (B)	SEX (C)	BREED (D)	✓ (E)	DATE (F)	✓ (G)	DATE (H)	VAC (I)	1/25 (J)	1/50 (K)	1/100 (L)	DATE (M)	DATE (N)	DATE (O)
Moore, Brian S USF2 6729	14	N	BL											
94 Hoover Dr. 6730	10	F	QH											
Jonestown PA 17038 6731	14	N	BL											
6732	15	N	BL											
6733	16	N	BL											
6734	10	N	QH											
6735	7	N	QH											
6736	14	F	TH											
6737	10	F	SN											
6738	12	N	SN											
6739	10	N	SN											
6740	12	N	SN											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.

2. CERTIFICATE NO.: L060780

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11/28/10

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.

8. CONSIGNOR'S CITY (or Town): Jonestown

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavel Canada Export Inc. Quebec 517 Rang St. Julien St Andre-Avellin

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore, Brian S.
94 Hoover Dr.
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEZ6651	10	N	SN											
6652	10	F	SN											
6653	15	F	SN											
6654	15	N	SN											
6655	15	N	SN											
6656	12	F	SN											
6657	15	F	TH											
6658	15	N	SN											
6659	15	N	TH											
6660	10	N	TH											
6661	10	N	TH											
6662	15	F	TH											
6663	15	F	TH											
6664	15	N	QH											
6665	15	N	SN											
6666	20	N	SN											
6667	15	N	SN											
6668	10	N	AS											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 11-30-10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 horses

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): FD BROWNTP VMO

25. SIGNATURE OF ISSUING VETERINARIAN: JS Holt BK07032L Acct #5204

11-318000190

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

16. CONSIGNEE'S NAME: Caval Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060780

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

Moore, Brian S.
94 Hoover Dr.
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USE26669	15	F	TH								
6670	10	F	QH								
6671	12	F	SN								
6672	15	F	SN								
6673	15	F	TH								
6674	12	F	QH								
6675	20	N	SN								
6676	20	N	SN								
6677	15	N	SN								
6678	15	N	SN								
6679	15	F	BL								
6680	15	F	DRH								

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

11-318000191

PART 3 – PORT VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore Bros S.

2. CERTIFICATE NO.: L060765

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11/22/10

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Moore Dr

8. CONSIGNOR'S CITY (or Town): Jonestown

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [x] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Canada Canada Export Tur. 47 Rue St Jean-St Anne-Aublin Quebec

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [x] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
Moore Bros S.	USF2 6621	70	N	BL										
94 Moore Dr	6622	10	N	BL										
Jonestown PA 17038	6623	18	~~F~~	BL										
	6624	17	F	BL										
	6625	14	F	AS										
	6626	8	M	SN										
	6627	7	F	TH										
	6628	11	N	TH										
	6629	8	N	QH										
	6630	12	N	TH										
	6631	6	N	QH										
	6632	10	F	SN										
	6633	10	N	SN										
	6634	10	N	SN										
	6635	17	F	TH										
	6636	10	N	TH										
	6637	5	N	SN										
	6638	10	F	TH										

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 11-23-10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): Holt, James S.

21. STATUS: [ ] 2 Federal [ ] 1 State [x] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 horses

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): FD Brown Jr DVM

25. SIGNATURE OF ISSUING VETERINARIAN: JS Holt B1007032L Acct # 52204

11-318000192

VS FORM 17-140 (MAR 98) Previous edition may be used.

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

2. CERTIFICATE NO. FROM VS FORM 17-140: LX60765

3. PAGE NO.: 2 of 2

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore, Brian S. USFZ	6639	10	N	SN											
94 Hooker Dr.	6640	10	N	SN											
Jonestown PA 17038	6641	10	F	QH											
	6642	7	N	QH											
	6643	7	F	SN											
	6644	5	N	TH											
	6645	10	F	Milk											
	6646	10	N	QH											
	6647	10	F	QH											
	6648	10	N	QH											
	6649	10	F	QH											
	6650	7	F	QH											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

11-318000193

PART 3 – PORT VETERINARIAN

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name): Moore, Brian S.

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
11/29/10	Jonestown PA	42	94 Hoover Dr.	Jonestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania		

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Canada Equine Export Inc. Quebec 517 Rang St Julie-St. Andre St. Alleyn	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS ☐ 72 HRS	CERTIFIED BRUCELLOSIS FREE AREA	DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST
		DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION
(Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore, Brian S.	USFZ 6741	11	F	AS							
94 Hoover Dr.	6742	11	N	SN							
Jonestown PA 17038 X	6743	10	N	AS							
	6744	10	N	SN							
	6745	5	F								
	6746	70	N								
	6747	10	F								
	6748	7	N								
	6749	10	F								
	6750	10	F								
	6751	9	N								
	6752	9	N	AS							
	6753	10	N	SN							
	6754	10	N	SN							
	6755	10	F	TH							
	6756	12	F	Mule							
	6757	12	F	Mule							
	6758	10	F	SN							

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

Wayne O. Evans

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
Dec 06 2010	H.H. James S.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30 horses

24. NAME OF ENDORSING FEDERAL VET. (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
A Wayne O Evans	J Stelf BV0070326 Acc 1H52201

VS FORM 17-140 (MAR 98) Previous edition may be used. 11-318000194

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060777

3. PAGE NO.: 2 of 2

16. CONSIGNEE'S NAME: Paul Canada Export Inc.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

CERTIFIED BRUCELLOSIS FREE AREA ——

18. INDIVIDUAL IDENTIFICATION

Owner's name, street address, city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore, Brian S. USF	2 6759	10	F	SN											
29 Moore Dr.	6760	10	N	SN											
Jonestown PA 17038	6761	12	F	BL											
X —	6762	10	F	QM											
	6763	12	F	SN											
X —	6764	12	F	SN											
	6765	10	N	TH											
	6766	10	F	TH											
	6767	5	M	SN											
	6768	8	N	SN											
	6769	9	N	SN											
	6770	11	N	SN											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

Dr Wayne [illegible]

Dr [illegible]

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

11-318000195

PART 4 - FIELD STATION

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.

2. CERTIFICATE NO.: L060770

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11/14/10

5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr.

8. CONSIGNOR'S CITY (or Town): Jonestown

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavalier Canada Export Inc., 517 Rang St. Julie-st. André-Avellin Quebec

DESTINATION COUNTRY: Canada

ENTER CODE: Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name): Moore, Brian S.
Owner's street address: 94 Hoover Dr
Owner's city/town, State code (FIPS code on reverse) & zip code: Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
USEZ 6471	10	N	SN								
6472	10	N	SN								
6473	7	N	SN								
6474	7	F	BL								
6475	10	N	SN								
6476	12	F	SN								
6477	12	N	SN								
6478	3	F	QH								
6479	7	N	QH								
6480	10	F	QH								
6481	6	F	TH								
6482	7	N	AP								
6483	12	F	PN								
6484	7	N	QH								
6485	12	F	QH								
6486	12	F	QH								
6487	8	N	QH								
6488	6	F	QH								

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

a) 50481 9 456A

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 11-16-10

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Holt, James S

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 horses

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): FOBRUNN JR VMO

25. SIGNATURE OF ISSUING VETERINARIAN: BK0070321 Acct #5201

11-318000196

VS FORM 17-140 (MAR 98) Previous edition may be used.

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

16. CONSIGNEE'S NAME: Cavel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060770

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore Brian S. USFZ	6489	13	N	SN											
94 Hoover Dr.	6490	15	F	SN											
Jonestown PA 17038	6491	15	N	QH											
	6492	15	F	QH											
	6493	14	F	QH											
	6494	7	F	QH											
	6495	8	F	QH											
	6496	10	N	PN											
	6497	11	F	AS											
	6498	7	N	SN											
	6499	12	N	SN											
	6500	7	F	PN											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

Best Copy Available

1. CONSIGNOR'S NAME (Last name, first name, middle initial): Moore, Brian S.

L060759

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
11/21/10	Jonestown	42	94 Hoover Dr.	Jonestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	42	17038

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
☐		☐ 1 - Rail ☐ 3 - Air ☑ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Coral Canada Exportation Quebec 7 Rang St. Julie St. Andre - Ar Qu	Canada	Canada

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☑ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS ☐ 72 HRS		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST
		DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN (Owner's name (Last name, two initials, or business name); Owner's street address; Owner's city/town, State code (FIPS code on reverse) & zip code)	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse) ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore B.S.	USE26531	14	M	PN								
94 Hoover Dr.	6532	15	F	QH								
Jonestown PA 17038	6533	5	M	TH								
	6534	7	N	TH								
	6535	12	N	QH								
	6536	8	N	QH								
	6537	6	F	TH								
	6538	6	F	TH								
	6539	9	F	QH								
	6540	11	N	SN								
	6541	10	F	SN								
	6542	6	F	QH								
	6543	12	N	SN								
	6544	11	N	SN								
	6545	10	F	SN								
	6546	7	F	QH								
	6547	5	F	QH								
	6548	7	F	QH								

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
Nov 22, 2010	H.H. James S	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30 horses

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
Dr Wayne Evans	J Holt BV00703221 And HS024

VAR 98) Previous edition may be used.

11-318000198

PART 4 - FIELD STATION

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional informati

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Moore, Brian S.

16. CONSIGNEE'S NAME: Pearl Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060753

3. PAGE NO.: 2 of 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ✓ ____ CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ____

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore, B.S. USA	6549	6	F	QH											
Hulsover DR	6550	4	F	PA											
Jonestown PA 17038	6551	5	N	TH											
	6552	7	F	TH											
	6553	8	F	TH											
	6554	4	F	TH											
	6555	3	F	TH											
	6556	6	N	SM											
	6557	12	F	MUC											
	6558	9	N	AS											
	6559	12	N	SM											
	6560	14	N	AS											

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport, may result in the shipment to be refused entry to Canada.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

Michael Cohen
Area Director

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

11-318000199

PART 4 – FIELD STATION