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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*): Marc Brian S.

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

2. CERTIFICATE NO. FROM VS FORM 17-140: L060767

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 Brian S. USA	216587	14	F	TH											
74 Mance Dr	6580	12	F	TH											
Tiverton ON K0K2X0	6581	13	F	TH											
	6582	10	F	TH											
	6583	14	F	TH											
	6584	12	F	SN											
	6585	11	N	AS											
	6586	12	F	QH											
	6587	13	F	MHF											
	6588	30	F	BL											
	6589	10	N	QH											
	6590	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.

Arthur Lewis
Veterinarian

11318000200

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

PART 4 - FIELD STATION

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

L060767

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)
11/22/10	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
Covel Canada Export Inc. Quebec 512 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	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.	USE2 6561	6	F	SN										
94 Hoover Dr.	6562	7	N	SN										
Jonestown PA 17038	6563	4	N	QH										
	6564	8	F	QH										
	6565	14	N	SN										
	6566	12	F	TH										
	6567	12	F	QH										
	6568	4	F	PN										
	6569	8	N	QH										
	6570	6	M	QH										
	6571	6	M	TH										
	6572	14	N	BL										
	6573	12	F	BL										
	6574	12	N	Mule										
	6575	10	N	SN										
	6576	9	N	AS										
	6577	10	N	TH										
	6578	11	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	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 23, 2010	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
Dr Wayne Evans	DR. WAYNE EVANS	D Stolt USA 20332 Acct #5204

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): Moore, Brian S

NO. L060769

3. PAGE NO. 1 OF 2

4. DATE ISSUED: 11/15/10

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): Canada Canada Export 1 yr. Quota 517 Rangst 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

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

Owner's name / street address / city/town, State 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.	USA 6501	5	F	QH											
94 Hoover Dr.	6502	6	F	QH											
Jonestown PA 17038	6503	11	N	SN											
	6504	14	N	QH											
	6505	6	N	AP											
	6506	13	N	QH											
	6507	12	N	QH											
	6508	5	F	PN											
	6509	5	F	PN											
	6510	12	N	QH											
	6511	5	F	PN											
	6512	14	N	QH											
	6513	14	N	KL											
	6514	15	N	KL											
	6515	10	F	TH											
	6516	7	F	QH											
	6517	14	F	QH											
	6518	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

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): 11-318000202

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

25. SIGNATURE OF ISSUING VETERINARIAN: [signature] 2100325 Acc 5201

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)*: Mark, 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
Mark Brian S.	US 27519	10	N	AS											
91 Mort Dr	6520	10	N	AS											
Jonestown PA 17038	6521	5	F	QH											
	6522	15	N	QH											
	6523	14	F	SN											
	6524	10	F	QH											
	6525	10	F	QH											
	6526	12	F	SN											
	6527	10	F	TH											
	6528	10	F	TH											
	6529	15	N	PE											
	6530	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.

11-318000203

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

PART 4 - FIELD STATION

Best Copy Available

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

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: L060768 — 1 OF 2

4. DATE ISSUED: 11/22/10

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

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. 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	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.	USE26591	16	N	BL							
94 Hoover Dr.	6592	6	N	SN							
Jonestown PA 17038	6593	7	F	QH							
	6594	15	N	Mule							
	6595	14	N	Mule							
	6596	12	N	SN							
	6597	5	F	QH							
	6598	7	F	QH							
	6599	14	F	QH							
	6600	10	N	AS							
	6601	12	N	Mule							
	6602	7	N	SN							
	6603	12	N	AS							
	6604	10	N	AS							
	6605	11	N	AS							
	6606	6	F	AS							
	6607	10	F	AS							
	6608	14	N	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: 11/23/10

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): 31-318000204

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN: J Holt — 0007032L Acc Hs221

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

Best Copy Available

READ INSTRUCTIONS FROM VS FORM 17-140

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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: Pavel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060768

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. USE 26609	12	F	Mix								
94 Hover Dr. 6610	7	N	SN								
Jonestown PA 17038 6611	9	N	SN								
6612	14	N	OH								
6613	12	F	SN								
6614	11	N	OH								
6615	10	F	OH								
6616	9	N	SN								
6617	12	F	SN								
6618	14	F	SN								
6619	15	F	Br. Ft								
6620	12	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.

11-318000205

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

PART 3 – PORT VETERINARIAN

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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)

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

2. CERTIFICATE NO.: L060785

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/13/10

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): Canal Canada Export Inc. 517 Rang St Julien St. Ambroise-Auclair 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.

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
USE 6921	11	F	SN											
6922	6	F	QH											
6923	10	F	SN											
6924	12	N	QH											
6925	10	N	AS											
6926	12	N	SN											
6927	8	F	AS											
6928	12		SN											
6929	11		SN											
6930	10		QH											
6931	6		QH											
6932	7		QH											
6933	10		SN											
6934	7		QH											
6935	12		QH											
6936	11	N	SN											
6937	10	N	SN											
6938	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

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: 12/14/10

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

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

25. SIGNATURE OF ISSUING VETERINARIAN: BV0070326 Acct 45204

11-318000206

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: L060785

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.														
94 Hoover Dr.														
Jonestown PA 17038														
USA6939	10	N	SN											
6940	7	N	SN											
6941	14	N	QH											
6942	12	N	QH											
6943	6	N	QH											
6944	13	N	SN											
6945	12	N	QH											
6946	13	N	SN											
6947	10	F	SN											
6948	7	N	QH											
6949	4	N	QH											
6950	20	F	HF											

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.

11-318000207

VS FORM 17-140a
(MAR 2005)

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: L060766

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.
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
USE 26909	12	N	AS								
6910	9	N	QH								
6911	7	F	TH								
6912	12	F	TH								
6913	14	N	SN								
6914	10	F	QH								
6915	16	N	SN								
6916	14	F	SN								
6917	15	N	SN								
6918	10	N	TH								
6919	9	N	TH								
6920	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 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.

11-318000208

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. 0579-0028 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.: L060766

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/13/10

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

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 941 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): Cavel Canada Export-Inc, Quebec, 517 Rang St Julia-St Anne Aellin, Canada

DESTINATION COUNTRY: Canada

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
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	DATE M	DATE N	DATE O
Moore, Brian S. 941 Hoover Dr. Jonestown PA 17038														
USEZ 6891	8	M	QH											
6892	5	M	AS											
6893	9	N	QH											
6894	14	F												
6895	12	F												
6896	7	N												
6897	6	F												
6898	8	F												
6899	12	F												
6900	14	N	BL											
6901	15	F	BL											
6902	16	N	BL											
6903	14	N	BL											
6904	15	F	Milk											
6905	16	N	BL											
6906	13	N	Milk											
6907	20	N	BL											
6908	18	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

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: 12/14/10

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): 39

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN: B W007032L Acct# 5294

11-318000209

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, Irvin S.

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

2. CERTIFICATE NO. FROM VS FORM 17-140: 1060775

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) ——

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore, Irvin S.	6879	7	N	OH											
24 Harris Dr	6880	6	N	TH											
Junction MA 17028	6881	8	N	TH											
	6882	12	N	OH											
	6883	14	F	OH											
	6884	8	F	TH											
	6885	13	F	SN											
	6886	15	F	OH											
	6887	10	F	OH											
	6888	14	F	OH											
	6889	12	F	OH											
	6890	4	N	OH											

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.

11-318000210

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

PART 4 - FIELD STATION

Best Copy Available

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*): Marc Moore

2. CERTIFICATE NO.: L060775

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/11/10

5. U.S. PORT OF EMBARKATION (*City and State*): Trenton MI

6. STATE CODE: 42

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

8. CONSIGNOR'S CITY (*or Town*): Trenton

12. CONSIGNOR'S STATE: Michigan

13. STATE CODE: 42

14. ZIP CODE: 19077

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*): Fred Lavoie Export Inc Windsor Canada 1 Thousand Mullin

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): Marc Moore
Owner's street address: 94 Moore Dr
Owner's city/town, State code (FIPS code on reverse) & zip code: Trenton MI 19077

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 6861	5	M	TH											
6862	7	M	TH											
6863	6	N	TH											
6864	9	N	OH											
6865	7	F	TH											
6866	10	F	OH											
6867	12	N	SA											
6868	9	N	OH											
6869	6	N	SA											
6870	10	F	AS											
6871	7	F	TH											
6872	10	N	OH											
6873	8	F	SA											
6874	4	N	OH											
6875	6	F	TH											
6876	12	N	SA											
6877	15	F	AS											
6878	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

APPROVED

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: Dec 11 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): 11-318000211

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): Dr Wayne Evans

25. SIGNATURE OF ISSUING VETERINARIAN: J. 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.

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

2. CERTIFICATE NO. FROM VS FORM 17-140: L060784

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. US	EZ6969	6	F	TH											
94 River Dr.	6970	7	F	TH											
Johnstown PA 17038	6971	11	F	QH											
	6972	5	F	QH											
	6973	6	F	QH											
	6974	9	F	QH											
	6975	11	F	QH											
	6976	10	F	QH											
	6977	14	M	QH											
	6978	9	F	TH											
	6979	6	F	Mix											
	6980	15	F	RL											

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.

11-318000212

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

PART 4 - FIELD STATION

Best Copy Available

U.S. DEPARTMENT
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)

Moore, Brian

L060784

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)
12/16/10	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
Cavel 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
[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
		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, Brian S. 94 Hoover Dr. Jonestown PA 17038											
USE26951	10	F	TH								
6952	6	N									
6953	10	F									
6954	12	F									
6955	8	N									
6956	5	F									
6957	9	F									
6958	12	F									
6959	10	F									
6960	7	F									
6961	8	F									
6962	6	F									
6963	12	F									
6964	10	F									
6965	8	N									
6966	5	M									
6967	8	F	QH								
6968	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)
12/16/10	Holt, James S.	[ ] 2 Federal [ ] 1 State [X] 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	JS Holt B/0070326 Acct 45201

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

11-318000213

PART 3 - PORT VETERINARIAN

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

2. CERTIFICATE NO.: L060784

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/16/10

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 - Acadien

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
USE26951	10	F	TH											
6952	6	N												
6953	10	F												
6954	12	F												
6955	8	N												
6956	5	F												
6957	9	F												
6958	12	F												
6959	10	F												
6960	7	F												
6961	8	F												
6962	6	F												
6963	12	F												
6964	10	F												
6965	8	N												
6966	5	M												
6967	8	F	QH											
6968	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: 12/16/10

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): 32

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

25. SIGNATURE OF ISSUING VETERINARIAN: JS Holt B/0070320 Acct #5201

31-318000214

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): Marc, Brian S.

2. CERTIFICATE NO.: L060752

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10/2/10

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): Pavel Canada Export Inc. 317 King St. Julie St. Andre, Austin 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	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

Marc B 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
USE 6231	6	N	TH											
6232	9	F												
6233	11	F												
6234	7	F												
6235	9	F												
6236	7	N												
6237	10	N												
6238	9	F												
6239	6	N												
6240	10	N	TH											
6241	11	N	QH											
6242	9	N												
6243	7	N												
6244	10	F												
6245	6	F												
6246	10	F												
6247	8	M	AP											
6248	5	F	Hafinger											

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): 11-318000215

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): FD Pennsylvania VMO

25. SIGNATURE OF ISSUING VETERINARIAN: [signature] DVM

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: L060752

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.	U.S. 62249	H	N	BL											
21 Hunter Dr.	6250	15	N	BL											
Tamaqua PA 17282	6251	7	N	OH											
	6252	12	N	SH											
	6253	20	N	BL											
	6254	20	N	BL											
	6255	15	N	OH											
	6256	16	N	SH											
	6257	5	F	OH											
	6258	16	F	OH											
	6259	12	N	OH											
	6260	15	N	OH											

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.

11-318000216

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

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.: L060753

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 Rd

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. 517 Rang St. Jean 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

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.
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
USE2 6201	15	F	BL											
6202	15	N	BL											
6203	70	F	BL											
6204	10	F	QH											
6205	10	F	QH											
6206	10	F	QH											
6207	10	F	SN											
6208	11	F	TH											
6209	7	N	AP											
6210	10	F	QH											
6211	10	N												
6212	10	F												
6213	5	F												
6214	5	F												
6215	10	N												
6216	10	N	SN											
6217	10	N	SN											
6218	10	F	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

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: 11/2/10

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): 31

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

25. SIGNATURE OF ISSUING VETERINARIAN: BK00703 2L Acct#5204

11-318000217

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)*: Moore, Brian S.

Best Copy Available

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

2. CERTIFICATE NO. VS FORM 17-140: L060753

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. USA	F6219	10	N	AS											
94 Hoover Dr	6220	10	N	SN											
Jonestown PA 17038	6221	10	F	SN											
	6222	10	N	SN											
	6223	7	N	SN											
	6224	5	F	QH											
	6225	15	N	SN											
	6226	12	N	AS											
	6227	12	N	AS											
	6228	10	N	SN											
	6229	10	N	SN											
	6230	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 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): Moore, Brian S.

2. CERTIFICATE NO.: L060771

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): Cavalo Canada Export Inc. Quebec, 517 Rang St. Julie - St Anne - Audlin

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.

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
USE 6441	7	F	PN											
6442	4	F	PN											
6443	2	N	PN											
6444	5	N	QH											
6445	11	F	Cross											
6446	2	F	QH											
6447	15	N	QH											
6448	4	N	QH											
6449	12	F	QH											
6450	15	N	QH											
6451	12	N	SN											
6452	12	N	SN											
6453	5	F	TH											
6454	16	N	QH											
6455	12	F	QH											
6456	10	N	TH											
6457	10	N	TH											
6458	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 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): FD BROWN JR VMO

25. SIGNATURE OF ISSUING VETERINARIAN: BV00070326 Acct #5204

311-318000219

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)*: Moore, Brian S.

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

2. CERTIFICATE NO. VS FORM 17-140: L060771

3. PAGE NO.: 2 of 2

Best Copy Available

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

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 2 6459	7	F	PE											
94 Hoover Dr.	6460	10	F	QH											
Jonestown PA 17038	6461	8	F	QH											
	6462	8	N	QH											
	6463	5	F	TH											
	6464	5	N	TH											
	6465	15	N	BL											
	6466	15	N	BL											
	6467	15	F	QH											
	6468	10	F	SN											
	6469	10	F	SN											
	6470	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.

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

11-318000220

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 issued unless this form is

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.: L060650

3. PAGE NO.: 1 OF

4. DATE ISSUED: 9/27/10

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): Paul Canada Export Inc
572 King St Jct a 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

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): Moore, B 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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
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	~~SN~~ AS											
5647	3	F	AB											

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: 9/28/10

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 horses

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN: DVM 70332 Acct# 5201

11-318000221

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

PART 3 - PORT VETERINARIAN

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.

Best Copy Available

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

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 Brian S. USE 2	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.

11-318000222

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 busine...): 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)
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
___		✓ 2 - Truck ___ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Canal Canada Export Inc. 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	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											
USE2 5480	10	F	TH								
5481	10	F	TH								
5482	10	F	TH								
5483	10	F	TH								
5484	10	F	TH								
5485	10	F	TH								
5486	10	N	TH								
5487	10	F	QH								
5488	10	N	QH								
5489	5	N	TH								
5490	5	F	TH								
5491	7	F	TH								
5492	7	N	TH								
5493	7	N	TH								
5494	3	F	QH								
5495	10	N	QH								
5496	12	F	QH								
5497	5	F	QH/RN								

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 ✓ 3 Accredited	30 horses

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
TD Brown DVM	DMV 7228L Acct 5041

VS FORM 17-140 (MAR 98) Previous edition may be used. 11-318000223

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, Bruce.

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

2. CERTIFICATE NO. FROM VS FORM 17-140: L060605

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. USE2
94 Hoover 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
5498	12	F	TH								
5499	9	↓	↓								
5500	12										
5501	10										
5502	11										
5503	10										
5504	9										
5505	14										
5506	11	↓	↓								
5507	12	N	QH								
5508	10	N	QH								
5509	10	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, theanimals 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.

11-318000224

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

PART 3 – PORT VETERINARIAN

...ed 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.: L060647

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9/20/10

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

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 941 Hoover 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): Covel Canada Export Inc. 57 Rue St Julie-St. Andre, Archi...

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 / DATE

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 Brian S.
941 Hoover Dr.
Jamestown 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
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

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: 9-23-10

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

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

25. SIGNATURE OF ISSUING VETERINARIAN: [signature] Accl# 520L

11-318000225

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	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

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. USEZ	5588	17	N	BL								
241 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.

11-318000226

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.	L060647	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)
9/20/10	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	Covel Canada Export Inc. 47 Rue 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	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.	USEZ 5570	10	F	PN										
94 Hoover Dr.	5571	4	F	TH										
Jonestown PA 17038	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

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)
9-23-10	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
MD BROWN III VMO	#W070326 Acct #5204

11-318000227

VS FORM 17-140 (MAR 98) 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)*: 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							
241 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.

11-318000228

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

PART 3 – PORT VETERINARIAN

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

2. CERTIFICATE NO.: 1060841

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11/9/10

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

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 311 Hoover Dr

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

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 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): Equi Canada Export Inc, 10 Kay Industrial Park - 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 [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, Kim S.											
311 Hoover Dr											
Jonestown PA 17036											
WE25750	5	F	QH								
5751	7	N	PN								
5752	5	F	TH								
5753	10	F	QH								
5754	4	F	QH								
5755	5	F	QH								
5756	12	F	QH								
5757	7	F	PN								
5758	10	F	QH								
5759	9	F	PN								
5760	11	F	QH								
5761	12	N	QH								
5762	10	N	QH								
5763	9	F	QH								
5764	6	N	PN								
5765	7	F	QH								
5766	12	F	QH								
5767	9	F	PN								

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 of 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: OCT 5, 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): 11-318000229

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): A. WAYNE EVANS

25. SIGNATURE OF ISSUING VETERINARIAN: Accredited 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 in...

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]

FRO...

16. CONSIGNEE'S NAME: Paul Cenarb Export Inc

Wind 41

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
112 5768	10	F	[illegible]											
1462	7	F	[illegible]											
770	11	F	[illegible]											
771	11	F	[illegible]											
772	11	F	[illegible]											
773	10	F	[illegible]											
774	11	M	[illegible]											
775	10	F	[illegible]											
776	7	M	[illegible]											
777	8	F	[illegible]											
778	11	F	[illegible]											
779	12	M	[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.

11-318000230

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)

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

2. CERTIFICATE NO.: L060633 — 1 OF 2

4. DATE ISSUED: [illegible]

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

6. STATE CODE: 42

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

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

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17538

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): Can Canada Export Inc. 317 Rang St Jean 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 ☒ 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.

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
Can Canada 94 Hoover Dr Tunkhannock PA 17538														
6111	6	N	TH											
6112	9	F	QH											
6113	8	N	TH											
6114	12	F	AP											
6115	11	F	SN											
6116	10	N	PN											
6117	8	F	QH											
6118	5	N	SN											
6119	6	F	SN											
6120	8	F	QH											
6121	14	N	QH											
6122	4	F	TH											
6123	12	F	QH											
6124	10	N	SN											
6125	12	F	QH											
6126	15	F	QH											
6127	14	N	QH											
6128	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: 10/26/10

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): 11-318000231

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

25. SIGNATURE OF ISSUING VETERINARIAN: [signature]

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)*

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

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
[illegible]	[illegible]	[illegible]	[illegible]		
[illegible]	[illegible]	[illegible]	[illegible]		
[illegible]	[illegible]	[illegible]	[illegible]		
[illegible]	[illegible]	[illegible]	[illegible]		
[illegible]	[illegible]	[illegible]	[illegible]		
[illegible]	[illegible]	[illegible]	[illegible]		
[illegible]	[illegible]	[illegible]	[illegible]		
[illegible]	[illegible]	[illegible]	[illegible]		
[illegible]	[illegible]	[illegible]	[illegible]		
[illegible]	[illegible]	[illegible]	[illegible]		
[illegible]	[illegible]	[illegible]	[illegible]		
[illegible]	[illegible]	[illegible]	[illegible]		
[illegible]	[illegible]	[illegible]	[illegible]		
[illegible]	[illegible]	[illegible]	[illegible]		
[illegible]	[illegible]	[illegible]	[illegible]		

—— CERTIFIED BRUCELLOSIS FREE AREA

✔ 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 Mex 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.

11-318000232

VS FORM 17-140a (MAR 2005)

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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): Moore, Brian S.

L060629

3. PAGE NO. 1 OF 2

4. DATE ISSUED: 10/4/10

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: Jonestown 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 50 Rue St Julie St Adele Avilin

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; 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

Moore, Brian S.
94 Hower 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
USE25840	17	N	AS											
5841	3	F	QH											
5842	5	N	SN											
5843	6	F	SN											
5844	10	N	QH											
5845	12	N	AS											
5846	12	F	SN											
5847	14	N	SN											
5848	10	F	AS											
5849	10	N	SN											
5850	12	N	QH											
5851	10	N	AS											
5852	10	N	AS											
5853	10	N	AS											
5854	10	N	SN											
5855	11	N	SN											
5856	19	F	QH											
5857	12	F	SN											

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and ffee 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: 10/06/2010

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): 1

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Dr. Michael Kornreich, AVIU

25. SIGNATURE OF ISSUING VETERINARIAN: JSHolt BV007032L Acct #9254

12318000233

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: L060629

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 / TYPE TEST / DATE

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 B.S. LT-USE2	5858	12	N	SN										
24 Moore Dr	5859	12	N	SN										
Jonestown PA 17038	5860	10	F	SN										
	5861	12	F	AS										
	5862	10	F	SN										
	5863	11	N	SN										
	5864	12	N	SN										
	5865	10	F	SN										
	5866	14	N	SN										
	5867	11	F	SN										
	5868	10	F	SN										
	5869	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.

11-318000234

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

...you are not required to respond, no health certificate can be validated unless the data requested is provided.

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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 ...): Marc Brian S

L060642

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)
10/19/10	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
Calle Canada Export Inc 517 Rang St Julie St Anto-Aulin	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

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
Marc Brian S														
94 Hoover Dr														
Jonestown PA 17038														
USEZ 5991	14	N	QH											
5992	6	N	QH											
5993	10	F	QH											
5994	9	F	PN											
5995	7	F	QH											
5996	6	F	PN											
5997	10	F	QH											
5998	5	F	PN											
5999	7	F	PN											
6000	9	N	QH											
6001	7	F	PN											
6002	10	F	QH											
6003	13	F	PN											
6004	10	F	PN											
6005	14	N	QH											
6006	10	F	AP											
6007	12	F	QH											
6008	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 hte 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)
10/19/2010	Holt, James S.	[ ] 2 Federal [ ] 1 State [X] 3 Accredited	

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	MICHAEL KORNREICH, AVIC	

11-318000235

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: Covel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060642

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, Brian S.														
94 Moore Dr.														
Tuckahoe PA 17038														
USF26009	4	N	AP											
6010	7	F	TH											
6011	7	N	TH											
6012	12	N	PN											
6013	7	F	TH											
6014	11	F	PN											
6015	14	F	QH											
6016	12	F	QH											
6017	13	F	QH											
6018	11	F	QH											
6019	7	N	TH											
6020	10	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.

11-318000236

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

...ing 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]	1060646	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)
[illegible]	Jamestown PA	42	[illegible] Dr	Jamestown

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

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	[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: ☐ 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

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]	5	N	TN											
[illegible]	[illegible]	F	OH											
[illegible]	5	N	OH											
[illegible]	10	F	OH											
[illegible]	5	N	TN											
[illegible]	10	F	OH											
[illegible]	10	F	OH											
[illegible]	[illegible]	F	OH											
[illegible]	[illegible]	F	OH											
[illegible]	10	N	OH											
[illegible]	15	F	[illegible]											
[illegible]	5	N	TN											
[illegible]	10	N	[illegible]											
[illegible]	5	N	[illegible]											
[illegible]	10	F	OH											
[illegible]	16	F	OH											
[illegible]	5	N	OH											
[illegible]	10	N	OH											

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

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 ☒ 3 Accredited	1

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN	
[illegible]	[illegible]	11-318000237

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate shall 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 busine.
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)
9/19/10	Jonestown PA	42	94 Moore 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. 117 Rang St. Julie st Andre Acadia	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 / 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

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 KS	USEZ 5480	10	F	TH											
94 Moore Dr	5481	10	F	TH											
Jonestown PA 17038	5482	10	F	TH											
	5483	10	F	TH											
	5484	10	F	TH											
	5485	10	F	TH											
	5486	10	N	TH											
	5487	10	F	QH											
	5488	16	N	QH											
	5489	5	N	TH											
	5490	5	F	TH											
	5491	7	F	TH											
	5492	7	N	TH											
	5493	7	N	TH											
	5494	3	F	QH											
	5495	10	N	QH											
	5496	12	F	QH											
	5497	5	F	QH/PN											

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)
9-21-10	Holt, James S.	☐ 2 Federal ☐ 1 State ☑ 3 Accredited	34 horses

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	D Brown DVM	DVM 7222L Aug 1st 2021

11-318000238

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: Coral Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060605

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

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. MSEZ											
24 Hoover Dr.											
Jonestown PA 17038											
	5498	12	F	TH							
	5499	9									
	5500	12									
	5501	10									
	5502	11									
	5503	10									
	5504	9									
	5505	14									
	5506	11									
	5507	12	N	QH							
	5508	10	N	QH							
	5509	10	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, theanimals 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.

11-318000239

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.: 105052
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9/27/10
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 Parc 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 / 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 Hoover Dr. Jonestown PA 17038														
USE2 5690	12	F	SN											
5691	20	F	BL											
5692	10	F	SN											
5693	12	F	SN											
5694	8	N	QH											
5695	14	F	SN											
5696	13	F	SN											
5697	10	F	SN											
5698	9	N	SN											
5699	15	N	SN											
5700	12	F	SN											
5701	6	F	QH											
5702	5	F	QH											
5703	12	N	SN											
5704	14	N	SN											
5705	10	F	PN											
5706	12	N	SN											
5707	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: 9/28/10
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): 2
23. Signature of Endorsing Federal Veterinarian
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Michael Kovacich
25. SIGNATURE OF ISSUING VETERINARIAN: JHolt
#V007032L
And #5704

11348000240

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: L060627

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

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

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. USFZ
24 Hoover Dr
Jamestown PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F
5708	16	N	Mule		
5709	16	N	BL		
5710	14	F	BL		
5711	12	N	QH		
5712	10	N	SN		
5713	9	F	QH		
5714	14	N	SN		
5715	9	N	SN		
5716	12	F	SN		
5717	8	M	SN		
5718	12	M	PN		
5719	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.

11-318000241

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

Best Copy Available

U.S. ORIGIN HEALTH CERTIFICATE

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

Illinois Grain S.

LU60643

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)
10/6/10	Jonesboro PA	42	941 Lower 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
Equi Cana Export Inc. c/o King St Julie St Ste Anne 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: [ ] 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
Illinois Grain S. 941 Lower Dr. Jonestown PA 17038											
USEZ5100	5	N	TH								
5101	10	F									
5102	6	F									
5103	10	F									
5104	11	F									
5105	10	N									
5106	10	F									
5107	12	N									
5108	9	F									
5109	10	F									
5110	9	F									
5111	7	F									
5112	10	F									
5113	3	N									
5114	4	F									
5115	7	F									
5116	8	N	GH								
5117	8	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	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)
10/06/2010	Holt 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. Michael Kornreich, AVIC	

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

11-318000242

VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

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

Best Copy Available

2. CERTIFICATE NO: L060634

3. PAGE NO: 1 OF 2

4. DATE ISSUED: 10/26/10

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: 17-5

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 Export Inc. 517 Rang St Julie St Apte - Adlin

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 / 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)

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.	USA 6051	5	M	TH										
94 Moore Dr	6052	10	F	QH										
Jamestown PA 17038	6053	10	N	TH										
	6054	10	F	QH										
	6055	10	N	PN										
	6056	5	N	TH										
	6057	6	N	TH										
	6058	12	N	PN										
	6059	10	F	TH										
	6060	10	F	PN										
	6061	10	F	QH										
	6062	5	F	QH										
	6063	10	N	QH										
	6064	16	N	SN										
	6065	10	N	SN										
	6066	16	F	QH										
	6067	7	F	QH										
	6068	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

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: 10/26/10

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): MD BROWN III DVM

25. SIGNATURE OF ISSUING VETERINARIAN: DVM 20322 L Antiqua

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

11-318000243

Best Copy Available

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. OM VS FORM 140: LU060634

3. PAGE NO.: 2 OF 2

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

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

Marc Brian S.
91 Hoover Dr.
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB) ✓ E

CERTIFIED BRUCELLOSIS FREE AREA ✓ G

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE F	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 6069	10	F	PN									
6070	9	F	SN									
6071	12	F	AP									
6072	16	F	QH									
6073	10	F	QH									
6074	5	N	PN									
6075	3	N	QH									
6076	17	N	SN									
6077	5	N	QH									
6078	5	F	QH									
6079	5	N	QH									
6080	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 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.

7. Duriong the previous twenty-none (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.

11-318000244

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): [illegible]

2. CERTIFICATE NO.: L060634

3. PAGE NO.: 1 OF

4. DATE ISSUED: [illegible]

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

6. STATE CODE: [illegible]

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

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

12. CONSIGNOR'S STATE: [illegible]

13. STATE CODE: [illegible]

14. ZIP CODE: [illegible]

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
6051	[illegible]	M	[illegible]								
6052	[illegible]	F	[illegible]								
6053	[illegible]	M	[illegible]								
6054	[illegible]	F	[illegible]								
6055	[illegible]	M	[illegible]								
6056	[illegible]	M	[illegible]								
6057	[illegible]	M	[illegible]								
6058	[illegible]	M	[illegible]								
6059	[illegible]	F	[illegible]								
6060	[illegible]	F	[illegible]								
6061	[illegible]	F	[illegible]								
6062	[illegible]	F	[illegible]								
6063	[illegible]	M	[illegible]								
6064	[illegible]	M	[illegible]								
6065	[illegible]	M	[illegible]								
6066	[illegible]	F	[illegible]								
6067	[illegible]	F	[illegible]								
6068	[illegible]	M	[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: [illegible]

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

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): 11-318000245

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

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
6069														
6070														
6071														
6072														
6073														
6074														
6075														
6076														
6077														
6078														
6079														
6080														

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 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.

7. Durlong the previous twenty-none (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 ORIGIN HEALTH CERTIFICATE APPROVED FEDERAL VETERINARIAN

VS FORM 17-140A
(MAY 89)

Previous edition may be used.

11-318000246

...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. 000632

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)

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 ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S 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 ☐ 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

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
6021														
6022														
6023														
6024														
6025														

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 ☐ 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)

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

25. SIGNATURE OF ISSUING VETERINARIAN

11-318000247

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)*: Marc [illegible]

16. CONSIGNEE'S NAME: Coal Canada Export Inc

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

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, 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
[illegible] 6039	10	F	SN											
6040	10	F	SN											
6041	10	N	SN											
6042	11	N	SN											
6043	12	F	SN											
6044	10	F	QH											
6045	10	N	TH											
6046	10	N	SN											
6047	11	N	SN											
6048	[illegible]	N	JL											
6049	10	F	SN											
6050	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 ani infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

11-318000248

VS FORM 17-140A
(MAY 89)

Previous edition may be used.

... 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.

Best Copy Available

2. CERTIFICATE NO. FROM VS FORM 7-140: 6068?4

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

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 Brian S
94 Hiver Dr
Jacobstown PA 17938

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)
USE2 6099	12	F	SN											
6100	12	N	SN											
6101	10	F	AP											
6102	10	F	QH											
6103	10	N	PN											
6104	12	F	SN											
6105	12	N	QH											
6106	12	N	QH											
6107	10	N	BL											
6108	10	N	QH											
6109	10	F	QH											
6110	10	N	QH											

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.

11-318000249

VS FORM 17-140A (MAY 89) Previous edition may be used.

Best Copy Available

...(Public Law 99-591). 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)

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

L060630 | 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)
10/21/10	Jamestown PA	42	94 Hunter Dr	Jamestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania		17078

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): Canad Canadian Export Inc. 5176 Rte 2 Jolicure Aylmer

DESTINATION COUNTRY: Canada | ENTER CODE: CA-ON

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
US 6081	5	N	QH								
6082	9	N	Mule								
6083	5	F	TH								
6084	7	F	TH								
6085	7	F	TH								
6086	10	F	QH								
6087	7	F	QH								
6088	10	F	TH								
6089	10	F	TH								
6090	12	N	QH								
6091	20	F	QH								
6092	4	F	TH								
6093	10	F									
6094	6	F									
6095	10	F									
6096	10	N									
6097	10	F									
6098	15	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	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)
10/21/10	Holt James S	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	11-318000250 30 horses

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
FD BROWN VMD	154070326 A. 1450001

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. CERTIFICA: L060756 | 1 OF 2

4. DATE ISSUED: 10/17/10

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): Quebec 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 / 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

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.	USE2 5961	16	F	BL											
94 Hoover Dr	5962	16	F	BL											
Jonestown PA 17038	5963	12	N	QH											
	5964	12	N	QH											
	5965	10	M	QH											
	5966	10	M	QH											
	5967	10	N	SN											
	5968	4	N	QH											
	5969	10	N	AS											
	5970	10	N	QH											
	5971	7	F	SN											
	5972	10	N	QH											
	5973	5	N	TH											
	5974	14	F	TH											
	5975	12	F	TH											
	5976	6	F	TH											
	5977	10	F	PN											
	5978	18	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

APPROVED

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: 10/19/2010 ~~11/11/2010~~

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): 32 horses

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): MICHAEL KORNREICH, AVIC

25. SIGNATURE OF ISSUING VETERINARIAN: B100 7032L Acct # 5204

11-2180025

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

PART 2 - 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: L060756

4. DATE ISSUED: 10/17/10

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

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover 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. 317 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)
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)

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.	USE 5961	16	F	BL											
94 Hoover Dr	5962	16	F	BL											
Jamestown PA 17038	5963	12	N	QH											
	5964	12	N	QH											
	5965	10	M	QH											
	5966	10	M	QH											
	5967	10	N	SN											
	5968	4	N	QH											
	5969	10	N	AS											
	5970	10	N	QH											
	5971	7	F	SN											
	5972	10	N	QH											
	5973	5	N	TH											
	5974	14	F	TH											
	5975	12	F	TH											
	5976	6	F	TH											
	5977	10	F	PN											
	5978	18	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

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: 10/19/2010 ~~1)21(20)1)~~

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): MICHAEL KOKREICH, AVIC

25. SIGNATURE OF ISSUING VETERINARIAN: [signature] BW0702L And H5004

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

11-318000252

PART A - FIELD OFFICE

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: L060756

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, Brian S														
24 Hoover Dr.														
Jonestown PA 17038														
USF2 5979	14	F	TH											
5980	6													
5981	10													
5982	10													
5983	10													
5984	10													
5985	10													
5986	8													
5987	14		QH											
5988	10	N	SN											
5989	10	F	SN											
5990	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.

Michael Edwards DVM
10/10/10

11-318000253

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

PART 2 - PORT VETERINARIAN

...(Public Law 97-62; 16 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. 0579-0082

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.: L066758

3. PAGE: 1 OF 2

4. DATE ISSUED: 10/17/10

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): Caval 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 / 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)

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.	USEZ5901	16	F	QH											
94 Hoover Dr.	5902	14	N	SN											
Jonestown PA 17038	5903	12	F	BL											
	5904	11	F	BL											
	5905	12	F	TH											
	5906	9	N	PN											
	5907	16	F	Mule											
	5908	11	F	AS											
	5909	16	N	Mule											
	5910	12	N	SN											
	5911	11	N	SN											
	5912	7	N	QH											
	5913	10	F	AP											
	5914	7	F	QH											
	5915	15	F	QH											
	5916	4	F	QH											
	5917	9	N	QH											
	5918	4	F	PN											

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: 18 OCT 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): 30 horses

23. Signature of Endorsing Federal Veterinarian: Leslie A. Personett DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): LESLIE A. PERSONETT, DVM

25. SIGNATURE OF ISSUING VETERINARIAN: BV007032L Acct #5204

41-318000254

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]

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

3. PAGE NO: [illegible]

16. CONSIGNEE'S NAME: Canada Export Tr

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]	9	F	PN											
[illegible]	7	M	PN											
[illegible]	10	F	PN											
[illegible]	6	F	PN											
[illegible]	11	F	PN											
[illegible]	14	F	AC											
[illegible]	14	F	PN											
[illegible]	[illegible]	M	[illegible]											
[illegible]	12	F	[illegible]											
[illegible]	10	M	[illegible]											
[illegible]	5	F	[illegible]											
[illegible]	7	M	[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.

11-318000255

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

Best Copy Available

...). While you are not required to respond, no health certificate can be validated unless the data requested is provided. 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): Holt, James S.
2. CERTIFICATE NO.: 1086757
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10/19/10
5. U.S. PORT OF EMBARKATION (City and State): Jamestown PA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 211 Hawk Dr
8. CONSIGNOR'S CITY (or Town): Jamestown
12. CONSIGNOR'S STATE: Pennsylvania
13. STATE CODE: 42
14. ZIP CODE: 16134

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): Pavel Pandola Exp-Imp Inc. 5774 Rt 221 Salem Ont. 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

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
Holt, James S.	USF2931	4	F	SN										
211 Hawk Dr	5932	15	F	SN										
Jamestown PA 16134	5933	7	F	SN										
	5934	4	N	QH										
	5935	10	F	SN										
	5936	10	N	QH										
	5937	4	F	QH										
	5938	12	N	BL										
	5939	11	F	BL										
	5940	6	N	SN										
	5941	10	F	SN										
	5942	16	N	AS										
	5943	10	N	SN										
	5944	5	F	AS										
	5945	10	N	SN										
	5946	10	F	AS										
	5947	2	N	AS										
	5948	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: OCT 19 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): 11-318000256 30 horses

23. Signature of Endorsing Federal Veterinarian
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): MICHAEL KORNREICH, AVIC
25. SIGNATURE OF ISSUING VETERINARIAN: [signature] 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)*

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.

11-318000257

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.
[illegible]	L060614	1 OF [illegible]

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	[illegible]	[illegible]

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
[illegible]	[illegible]	[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
[illegible]	[illegible]	[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	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
[illegible]	11	F	SN											
[illegible]	12	N	SN											
[illegible]	11	N	SN											
[illegible]	7	F	SN											
[illegible]	6	N	SN											
[illegible]	12	N	SN											
[illegible]	10	N	SN											
[illegible]	6	F	OH											
[illegible]	[illegible]	F	SN											
[illegible]	11	N	NL											
[illegible]	[illegible]	F	SN											
[illegible]	[illegible]	F	SN											
[illegible]	[illegible]	N	SN											
[illegible]	9	N	SN											
[illegible]	12	N	SN											
[illegible]	2	F	SN											
[illegible]	[illegible]	N	SN											
[illegible]	8	F	OH											

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. 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)
[illegible]	H.H. James	☐ 2 Federal ☐ 1 State ☑ 3 Accredited	30

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN	
[illegible]	[illegible]	11-318000258

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: 11-318000259

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

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
5198	11	F	SN											
5199	9	F	SN											
5200	11	F	QH											
5201	12	F	AP											
5202	10	N	SN											
5203	11	N	SN											
5204	12	F	SN											
5205	11	N	SN											
5206	10	N	TL											
5207	5	M	QH											
5208	10	F	QH											
5209	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 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.

11-318000259

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)

Best Copy Available

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

2. CERTIFICATE NO.: L06 0022

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9/10/10

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

6. STATE CODE: 42

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

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

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17222

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): Royal Canada Export Inc. 517 Rang St Julie et Nate - Aurelie

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	DATE M	DATE N	DATE O
USE2 5390	5	N	TH											
5391	5	N	TH											
5392	5	N	TH											
5393	5	N	PN											
5394	10	F	PN											
5395	3	N	SN											
5396	10	N	AS											
5397	10	F	QH											
5398	5	F	QH											
5399	7	N	TH											
5400	10	F	QH											
5401	10	F	QH											
5402	7	G	QH											
5403	5	F	QH											
5404	10	N	QH											
5405	3	N	TH											
5406	20	F	QH											
5407	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): 11-318000260

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN: [signature] Date: 9-14-2010

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: L060622

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. USED	5408	12	N	TH							
22 Mark Dr	5409	10	F	QH							
Junction 10 12158	5410	3	N	QH							
	5411	5	N	QH							
	5412	12	N	AS							
	5413	10	F	PN							
	5414	10	N	QH							
	5415	7	N	PN							
	5416	5	M	TH							
	5417	5	M	QH							
	5418	10	F	QH							
	5419	10	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) dayd, 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.

11-318000261

...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.: L060644
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 10/4/10
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
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. Anne - 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.

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 Haver 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
USE2 5810	10	N	QH											
5811	10	N	SN											
5812	10	N	SN											
5813	10	N	QH											
5814	7	F	QH											
5815	8	N	QH											
5816	15	F	QH											
5817	10	F	SN											
5818	12	F	QH											
5819	14	F	SN											
5820	16	F	QH											
5821	15	F	TH											
5822	8	F	PN											
5823	10	N	TH											
5824	10	N	QH											
5825	10	F	PN											
5826	15	N	QH											
5827	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: 10/06/2010
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): 30 horses
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Dr. Michael Kornreich, AVIV
25. SIGNATURE OF ISSUING VETERINARIAN: BV007032C AnH 52201

11-318000262

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: Cuvel Canada Export Inc

2. CERTIFICATE NO FROM VS FORM 17-140: L660644

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	5828	10	N	SW								
74 River Dr	5829	4	F	QH								
Jonestown PA 17038	5830	12	F									
	5831	10	F									
	5832	10	F									
	5833	10	F									
	5834	12	F									
	5835	10	N									
	5836	10	F									
	5837	10	F									
	5838	12	N	BL								
	5839	12	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, jon 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.

11-318000263

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)

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

2. CERTIFICATE NO.: 060645

Best Copy Available

4. DATE ISSUED: 10/11/10

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: 17028

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. 577 Rang St. Julie - St Anne 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)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Moore, B.S.
94 Hoover Dr
Jonestown PA 17028

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 5870	7	F	QH								
5871	10	F	SN								
5872	9	F	QH								
5873	7	N	TH								
5874	11	F	AP								
5875	12	N	SN								
5876	14	N	QH								
5877	15	F	Draft								
5878	9	N	BL								
5879	5	F	TH								
5880	16	N	BL								
5881	14	N	AS								
5882	10	M	PN								
5883	20	M	PN								
5884	10	F	QH								
5885	20	N	QH								
5886	20	N	QH								
5887	16	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: 10-14-10

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: FD Brown DVM

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

25. SIGNATURE OF ISSUING VETERINARIAN: JSHolt

KA007030C
Acct #5204

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

11-318000264

FORM APPROVED - OMB NO. 0579-0020 and 0[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)	2. CERTIFICATE NO.	3. PAGE NO.
Moore, Brian S.	L060645	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)
10/14/10	Junction PA	42	94 Hoover Dr.	Junction

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	42	17028

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
Paul Tamasko Export Inc. 517 Rang St. Julie St Anne Antha	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

Moore, B.
94 Hoover Dr
Junction PA 17028

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 2870	7	F	QH											
2871	10	F	SN											
2872	9	F	QH											
2873	7	N	TH											
2874	11	F	AP											
2875	12	N	SN											
2876	14	N	QH											
2877	15	F	DcQ											
2878	9	N	BL											
2879	5	F	TH											
2880	16	N	BL											
2881	14	N	AS											
2882	10	M	PN											
2883	20	M	PN											
2884	10	F	QH											
2885	20	N	QH											
2886	20	N	QH											
2887	16	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)
10-14-10	Holt, James S.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	32 horses

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

11-318000265

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: Covel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060645

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. USA
24 Hoover 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
5888	10	F	SN								
5889	10	N	SN								
5890	10	N	SN								
5891	9	N	SN								
5892	10	F	Mule								
5893	10	F	SN								
5894	10	N	SN								
5895	20	F	QH								
5896	10	N	SN								
5897	5	N	TH								
5898	10	N	AS								
5899	15	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.

11-318000266

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)

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

Best Copy Available

2. CERTIFICATE NO.: 060648

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9/24/10

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

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 941 Hover 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): Covel Canada Export Inc. 517 King St Jolie 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

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)

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
Mast, Brian S.	USE2 5600	14	N	AP											
941 Hover Dr.	5601	16	F	QH											
Jonestown PA 17038	5602	8	F	QH											
	5603	10	F	QH											
	5604	4	F	AS											
	5605	14	N	Mule											
	5606	11	N	SN											
	5607	12	F	QH											
	5608	10	N	Hof											
	5609	14	F	SN											
	5610	11	N	SN											
	5611	15	F	QH											
	5612	9	F	QH											
	5613	12	N	QH											
	5614	4	N	QH											
	5615	4	M	QH											
	5616	7	F	TH											
	5617	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.

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

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. Signature of Endorsing Federal Veterinarian: FD Brown DVM

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: 9-24-10

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 BROWN DVM

25. SIGNATURE OF ISSUING VETERINARIAN: J S Holt

11-318000267

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): Mark Evans S.

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

2. CERTIFICATE NO. FROM VS FORM 17-140: LU6U648

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
618	7	F	JH											
619	9	F	JH											
620	10	N	QH											
621	12	F	QH											
622	8	F	QH											
623	14	F	MUL											
624	7	F	MN											
625	9	N	RE											
626	14	N	RL											
627	15	F	RL											
628	9	F	[illegible]											
629	11	N	[illegible]											

5. The animals, at the time of inspection, were found healthy and in a pyhsical 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.

11-313000268

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)	2. CERTIFICATE NO.	3. PAGE NO.
Moore, Brian S	060649	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)
9/27/10	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
—		1 - Rail; 3 - Air; [X] 2 - Truck; 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Caval Canada Export Inc. 517 Rang St Julia 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 / 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
USE2 5660	10	F	QH											
5661	3	M	TH											
5662	12	N	TH											
5663	7	F	TH											
5664	12	N	TH											
5665	12	N	QH											
5666	10	F	QH											
5667	6	F	TH											
5668	8	F	SN											
5669	12	F	SN											
5670	6	F	TH											
5671	10	F	SN											
5672	10	N	TH											
5673	14	F	QH											
5674	13	N	QH											
5675	12	N	SN											
5676	11	N	SN											
5677	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

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)
9/26/10	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
	BVM 7237 L Authorized

11-318000269

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: L060619

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. USFZ	5678	14	F	QH								
241 Hunter Dr	5679	15	F	QH								
Lewistown PA 17038	5680	13	N	SN								
	5681	10	F	QH								
	5682	12	F	QH								
	5683	13	N	QH								
	5684	10	F	QH								
	5685	7	F	QH								
	5686	12	N	SN								
	5687	14	N	SN								
	5688	11	N	SN								
	5689	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.

11-318000270

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.: L000028
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/24
5. U.S. PORT OF EMBARKATION (City and State): Houlton ME
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr
8. CONSIGNOR'S CITY (or Town): Houlton
12. CONSIGNOR'S STATE: Pennsylvania
13. STATE CODE: 42
14. ZIP CODE: 17028

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): Gold Canada Export Inc, 97 Rue 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 / 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
Moore, Brian S														
94 Hoover Dr														
Houlton ME 17028														
LF2 5720	10	F	QH											
5721	11	N												
5722	12	F												
5723	11	N												
5724	9	F												
5725	10	F												
5726	10	F												
5727	7	N	PN											
5728	9	F	PN											
5729	11	F	QH											
5730	10	F	QH											
5731	14	N	QH											
5732	12	F	QH											
5733	11	N	QH											
5734	7	F	PN											
5735	9	N	PN											
5736	11	N	SN											
5737	9	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: 1/24/10
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): 11-318000271 30 Horses
23. Signature of Endorsing Federal Veterinarian
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): [illegible]
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)*: Moore, Brian S.

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

2. CERTIFICATE NO FROM VS FORM 17-140: L060628

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

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	5738	16	F	BL											
24 Hume Dr.	5739	11	F	BL											
Junction PA 17038	5740	14	F	SN											
	5741	12	N	SN											
	5742	9	F	QH											
	5743	10	F	QH											
	5744	12	F	QH											
	5745	5	F	AP											
	5746	10	F	QH											
	5747	16	N	QH											
	5748	15	F	QH											
	5749	12	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 trabsported, causing the animal to suffer.

11-318000272

Previous edition may be used.

...data requested, 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, Elias S
2. CERTIFICATE NO.: LU00617
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 9/7/10
5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hawes 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): Coral Canada Export Inc. 517 Rang St Julie 3e Aylmer - 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

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, Elias S														
94 Hawes Dr														
Jonestown PA 17038														
USFA5240	5	N	HG											
5241	8	F	PN											
5242	5	N	PN											
5243	12	N												
5244	10	N	QH											
5245	10	F	PN											
5246	8	F	QH											
5247	10	F	QH											
5248	11	N	PN											
5249	3	N	PN											
5250	5	F	QH											
5251	5	F	QH											
5252	7	N	QH											
5253	20	N	QH											
5254	10	N	QH											
5255	12	F	TH											
5256	15	F	TH											
5257	12	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

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: 9-7-10
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): 11-318000273
23. Signature of Endorsing Federal Veterinarian
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): PD Rhewitt 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.

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

2. CERTIFICATE NO FROM VS FORM 17-140: L060617

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Moore Brian S. USFA	5258	5	F	TH											
94 Hoover Dr	5259	15	N	QH											
Jonestown PA 17038	5260	7	F	PN											
	5261	8	N	QH											
	5262	6	N	TH											
	5263	8	F	QH											
	5264	5	N	PN											
	5265	4	F	QH											
	5266	12	N	QH											
	5267	16	F	QH											
	5268	10	F	TB											
	5269	4	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.

406
9/7/10

11-318000274

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.: L080611
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/24/10
5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hover 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 Rang St, Julie St Adolphe-Archin
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 Brian S
94 Hover 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	DISEASE TYPE TEST DATE M	DISEASE TYPE TEST DATE N	DISEASE TYPE TEST DATE O
USEA 5210	16	N	BL											
5211	10	F	QH											
5212	12	F	QH											
5213	14	N	SN											
5214	13	N	SN											
5215	7	N	QH											
5216	13	F	SN											
5217	8	F	TH											
5218	10	F	SN											
5219	13	F	PN											
5220	14	F	QH											
5221	6	F	TH											
5222	9	N	TH											
5223	8	F	QH											
5224	7	F	TH											
5225	6	F	TH											
5226	11	F	TH											
5227	14	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: 8/31/10
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): 11-318000275
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): FD BROWN VMO
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: L000011

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

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
[illegible] USFA	5228	10	N	TH								
22 Hoover Dr	5229	12	F	PN								
Junction PA 17052	5230	11	F	PN								
	5231	12	N	SN								
	5232	14	N	AS								
	5233	10	F	QH								
	5234	13	F	QH								
	5235	11	F	QH								
	5236	12	F	QH								
	5237	14	F	SN								
	5238	10	F	TH								
	5239	14	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.

8/31/10

11-318000276

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. L061390

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)*

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
☐ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S 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
☐ 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

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]														
[illegible]														
[illegible]														
[illegible]														
[illegible]														
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[illegible]														
[illegible]														
[illegible]														
[illegible]														
[illegible]														

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 ☐ 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)
11-318000277

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

25. SIGNATURE OF 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)*: [illegible]

16. CONSIGNEE'S NAME: [illegible] 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: ☐ MODIFIED ACCREDITED AREA (TB) ☐ 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

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
4958	10	F	TH				(6)	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4959	12	N	AS					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4960	12	N	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
4961	12	N	[illegible]											
4962	11	F	[illegible]				(7)	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4963	10	F	TH					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4964	10	N	TH					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4965	24	N	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4966	12	F	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4967	12	N	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
4968	10	M	[illegible]											
4969	10	F	[illegible]				(8)	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

11-318000278

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): Miller, Brian S.

2. CERTIFICATE NO.: L060616

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8/31/10

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

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hunter 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): Equi Canada Export Inc. 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

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

Miller Brian S
94 Hunter 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
USFA 5120	16	F	QH											
5121	7	F	TH											
5122	6	F	TH											
5123	8	F	QH											
5124	7	N	QH											
5125	10	N	PN											
5126	4	F	QH											
5127	7	F	QH											
5128	8	N	QH											
5129	6	F	QH											
5130	9	F	QH											
5131	10	N	TH											
5132	12	F	QH											
5133	[illegible]	N	AP											
5134	14	N	SN											
5135	12	N	AS											
5136	10	N	SN											
5137	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: 8-31-10

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): 11-318000279

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: [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)*

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

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.

11-318000280

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

...by law (7 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): Mark Brown
2. CERTIFICATE NO.: L060607
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8-26-10
5. U.S. PORT OF EMBARKATION (City and State): Junction MA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Mark Dr
8. CONSIGNOR'S CITY (or Town): Junction
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): Paul Canada Export Inc, 517 King St, St John, New Brunswick
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; DISEASE / TYPE TEST; DISEASE / TYPE TEST

CERTIFIED BRUCELLOSIS FREE AREA

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

Mark Brown
94 Mark Dr
Junction, PA 17078

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 5060	7	N	TH											
5061	10	F	AP											
5062	10	F	TH											
5063	10	F	QH											
5064	7	F	QH											
5065	10	F	TH											
5066	10	F	TH											
5067	10	F	TH											
5068	10	F	TH											
5069	20	N	PL											
5070	12	N	SN											
5071	5	F	QH											
5072	12	F	SN											
5073	10	N	SN											
5074	5	F	PL											
5075	10	N	SN											
5076	10	F	SN											
5077	7	N	PN											

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 requirments 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: 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): 11-318000281
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): FD BROWN JR DVM
25. SIGNATURE OF ISSUING VETERINARIAN: [signature]

...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.

Best Copy Available

2. CERTIFICATE NO. FROM VS FORM: L060607

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

Moore U.S
94 Moore Dr.
Junction, PA 17022

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 5078	5	F	PN											
5079	15	F	QH											
5080	5	F	QH											
5081	8	N	QH											
5082	8	N	QH											
5083	10	F	QH											
5084	5	N	QH											
5085	10	N	QH											
5086	14	N	SN											
5087	6	F	AN											
5088	10	F	QH											
5089	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.

11-318000282

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)	2. CERTIFICATE NO.	3. PAGE NO.
[illegible]	L060606	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]	Jackson PA	42	[illegible]	Jackson

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	[illegible]	[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
Canada Farms [illegible] St. Marys [illegible]	Canada	Canada

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

___ 01 BOVINE ___ 02 PORCINE ___ 03 OVINE ___ 04 CAPRINE
✓ 05 EQUINE ___ 06 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]	USFA 4970	7	N	SN											
[illegible]	4971	10	F	OH											
Jackson PA 17028	4972	10	F	OH											
	4973	7	N	TN											
	4974	7	N	TN											
	4975	14	F	OH											
	4976	14	F	OH											
	4977	10	F	PN											
	4978	10	F	OH											
	4979	4	F	OH											
	4980	20	N	OH											
	4981	10	F	OH											
	4982	5	N	OH											
	4983	5	F	OH											
	4984	4	N	OH											
	4985	12	N	OH											
	4986	10	F	OH											
	4987	7	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 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 requirments 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)
8 24 10	Holt James S.	___ 2 Federal ___ 1 State ✓ 3 Accredited	11-318000283

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

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

Best Copy Available

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 Brau

2. CERTIFICATE NO. FROM VS FORM 1-140: LOE[illegible]

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: Canal 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, or business name)*
Owner's street address
Owner's city/town, state code & zip code

Marc Brau
24 Flower Rd
Jonestown PR 1R2

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
UCFA 996	5	N	QH								
4989	5	F	QH								
4990	5	F	QH								
4991	12	F	SN								
4992	12	N	QH								
4993	20	N	BL								
4994	5	F	TH								
4995	5	F	TH								
4996	7	F	TH								
4997	10	N	TH								
4998	10	F	TH								
4999	10	N	AG								

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.

11-318000284

VS FORM 17-140A
(MAY 89)

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): Moore, Brian S.

2. CERTIFICATE NO.: L060603

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8/11/10

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

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17538

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): Paul Canada Export Inc. 512 Rang 2 Julie St Anne-Madeleine

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 Hawk Dr
Junction, PA 17538

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 4910	11	F	PN											
4911	10	F	SN											
4912	10	F	QH											
4913	8	F	TH											
4914	8	F	PN											
4915	12	F	QH											
4916	10	F	QH											
4917	10	N	TH											
4918	10	N	QH											
4919	20	F	QH											
4920	10	F	QH											
4921	5	F	TH											
4922	3	N	QH											
4923	4	F	QH											
4924	10	F	QH											
4925	10	F	TH											
4926	10	F	SN											
4927	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 660 66 66 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: 8/11/10

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): 11-318000285 10 horses

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

25. SIGNATURE OF ISSUING VETERINARIAN: CHU70326 Accred Vet

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

Best Copy Available

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 7-140: LUB0003

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: Lauck 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, or business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ✓ E

CERTIFIED BRUCELLOSIS FREE AREA ✓ G

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE F	DATE H	VAC. I	1/25 J	1/50 K	1/100 L
Wm C S									
M Clover Dr									
Jamestown NY 14702									
USFA 4928	10	F	QH						
4929	10	N	QH						
4930	10	N	SN						
4931	12	F	TH						
4932	10	F	TH						
4933	12	N	TH						
4934	12	N	QH						
4935	10	N	QH						
4936	7	N	TH						
4937	12	N	SN						
4938	10	F	TH						
4939	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.~~

11-318000286

VS FORM 17-140A
(MAY 89)

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): [illegible]

2. CERTIFICATE NO.: L060605

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): [illegible]

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

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE:

14. ZIP CODE: [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): [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

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

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
[illegible]	[illegible]	M	TH		
[illegible]	5	M	TH		
5002	10	F	QH		
[illegible]	[illegible]	N	[illegible]		
[illegible]	[illegible]	N	QH		
[illegible]	[illegible]	N	QH		
[illegible]	[illegible]	F	[illegible]		
[illegible]	[illegible]	F	[illegible]		
[illegible]	[illegible]	N	QH		
5009	[illegible]	N	QH		
5010	[illegible]	F	QH		
[illegible]	[illegible]	F	QH		
[illegible]	[illegible]	N	QH		
[illegible]	[illegible]	F	QH		
[illegible]	[illegible]	N	QH		
[illegible]	[illegible]	F	[illegible]		
[illegible]	[illegible]	F	QH		
[illegible]	7	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 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: [signature]

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: 8-24-10

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): 11-318000287

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

25. SIGNATURE OF ISSUING VETERINARIAN: [signature]

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)*

2. CERTIFICATE NO. FROM VS FORM

3. PAGE NO. 2 OF 2

16. CONSIGNEE'S NAME

Best Copy Available

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

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)

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]	[illegible]	[illegible]								
[illegible]	[illegible]	[illegible]	[illegible]								
[illegible]	[illegible]	[illegible]	[illegible]								
[illegible]	[illegible]	[illegible]	[illegible]								
[illegible]	[illegible]	[illegible]	[illegible]								
[illegible]	[illegible]	[illegible]	[illegible]								
[illegible]	[illegible]	[illegible]	[illegible]								
[illegible]	[illegible]	[illegible]	[illegible]								
[illegible]	[illegible]	[illegible]	[illegible]								
[illegible]	[illegible]	[illegible]	[illegible]								
[illegible]	[illegible]	[illegible]	[illegible]								
[illegible]	[illegible]	[illegible]	[illegible]								
[illegible]	[illegible]	[illegible]	[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.

U.S. DEPARTMENT OF AGRICULTURE ORIGIN HEALTH CERTIFICATE FEDERAL MEMORANDUM

11-318000288

VS FORM 17-140A
(MAY 89)

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.
Mare Run S	LC60515	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)
8/30/10	Jamestown PA	42	94 Hoover Dr	Jamestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	42	[illegible]

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	Truck Canada Express 137 Rue St Jean [illegible]	Canada	Can

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

Mare
94 Hoover Dr
Jamestown PA 16037

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 [illegible]	7	F	TH											
[illegible]	6	F	TH											
5152	7	F	TH											
5153	7	F	TH											
5154	10	F	PN											
5155	12	F	TH											
5156	11	F	TH											
5157	6	N	QH											
5158	10	N	SN											
5159	12	N	SN											
5160	11	N	SN											
5161	14	F	SN											
5162	12	N	QH											
5163	6	F	QH											
5164	7	F	QH											
5165	5	N	QH											
5166	7	N	QH											
5167	10	N	HN											

1. The animals were inspected by James S. Holt within 30 days prior ro 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. 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)
8-31-10	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
[signature]	FD BROWN DVM	[signature]

11-318000289

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: LO6C1-17

3. PAGE NO.: 2 of 2

16. CONSIGNEE'S NAME: Laval 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) ——

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 Bros USA	3168	9	F	QH								
21 Moore Dr	3169	7	F	QH								
Jonesville PA 17038	3170	10	F	QH								
	3171	5	N	QH								
	3172	4	F	QH								
	3173	4	F	TH								
	3174	16	F	TH								
	3175	15	N	TH								
	3176	11	F	TH								
	3177	7	F	TH								
	3178	10	F	TH								
	3179	12	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, 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.*

11-318000290

PART 4 - FIELD STATION

Best Copy Available

...ed 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)

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: 3/30/10
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
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
16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): Coral Canada Export Inc. 517 Rang St Julie est St. André-Avellin
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
☒ 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
USFA 3509	6	F	QH								
3510	7	F	SN								
3511	8	F	QH								
3512	10	F	QH								
3513	15	N	BL								
3514	10	F	SN								
3515	5	F	TH								
3516	10	N	SN								
3517	10	N	SN								
3518	9	F	BL								
3519	14	N	BL								
3520	4	N	TH								
3521	20	F	QH								
3522	8	F	QH								
3523	12	N	QH								
3524	6	N	QH								
3525	11	N	QH								
3526	10	N	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 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 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 States of Texas and New Mexico.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

ORIGIN HEALTH CERTIFICATE

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: 3/30/10
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): 11-318000291
23. Signature of endorsing federal veterinarian:
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): ED BROWN VMO
25. SIGNATURE OF ISSUING VETERINARIAN: JS 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.

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

2. CERTIFICATE NO. FROM VS FORM 17-140: G29760

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	DATE M	DATE N	DATE O
Moore Brian S. UKFA	3527	11	N	SN											
Hoover Dr.	3528	15	N	QH											
Jonestown PA 17038	3529	13	F	QH											
	3530	8	F	QH											
	3531	12	N	QH											
	3532	10	F	QH											
	3533	7	N	TH											
	3534	20	N	QH											
	3535	20	N	QH											
	3536	10	N	QH											
	3537	10	N	QH											
	3538	10	N	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 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 animal has an infirmity, illness, injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.

11-318000292

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

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READ INSTRUCTIONS FROM VS FORM 17-140

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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)*: Marc Rivard S.

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

2. CERTIFICATE NO. FROM VS FORM 17-140: L060886

3. PAGE NO. 1 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 Rivard USA	3016	12	F	[illegible]				(6) [illegible]							
21 Hwy 2	3017	6	N	[illegible]				[illegible]							
Inclusion on Page	3018	18	N	[illegible]				[illegible]							
	3019	20	N	[illegible]											
	3020	16	F	[illegible]				(7) [illegible]							
	3021	15	F	[illegible]				[illegible]							
	3022	14	N	[illegible]				[illegible]							
	3023	16	F	[illegible]				[illegible]							
	3024	4	F	[illegible]				[illegible]							
	3025	5	N	[illegible]											
	3026	8	F	[illegible]				(8) [illegible]							
	3027	20	F	[illegible]				[illegible]							

[illegible]
1/40

11-318000293

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.: L080886
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/26/10
5. U.S. PORT OF EMBARKATION (City and State): Junction PA
6. STATE CODE: 42
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Mure Dr.
8. CONSIGNOR'S CITY (or Town): Junction
12. CONSIGNOR'S STATE: Pennsylvania
13. STATE CODE: 42
14. ZIP CODE: 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): Pavel Canada Export Inc 317 Kang St Julie St Abbe Quebec
DESTINATION COUNTRY: CE
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

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 222	11	F	Mule			✓	[illegible]							
2222	17	N	Mule				[illegible]							
[illegible]	11	N	CN				[illegible]							
[illegible]	12	F	JT				[illegible]							
[illegible]	15	N	JH											
[illegible]	7	F	CN			✓	[illegible]							
2229	7	F	WH				[illegible]							
[illegible]	12	N	SH				[illegible]							
[illegible]	10	F	SN				[illegible]							
[illegible]	11	F	CN				[illegible]							
[illegible]	10	F	Mule			✓	[illegible]							
[illegible]	6	F	WH				[illegible]							
[illegible]	11	N	CN			✓	[illegible]							
[illegible]	10	N	SH				[illegible]							
[illegible]	11	N	SH				[illegible]							
[illegible]	11	F	WH				[illegible]							
[illegible]	10	N	WH			✓	[illegible]							
[illegible]	9	F	WH				[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: 1-26-2010
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): 11-318000294
23. Signature of Endorsing Federal Veterinarian
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): DR. M. HORNBECH, AVIC
25. SIGNATURE OF ISSUING VETERINARIAN: [illegible]

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)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.
2. CERTIFICATE NO.: L061191
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/4/10
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: 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: 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

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
USFA 2818	9	F	TH											
2819	10	N	QH											
2820	14	F	TH											
2821	12	F	QH											
2822	7	N	QH											
2823	10	F	QH											
2824	7	N	QH											
2825	12	N	QH											
2826	14	F	QH											
2827	7	N	QH											
2828	3	F	QH											
2829	14	N	QH											
2830	3	F	QH											
2831	11	N	QH											
2832	14	N	QH											
2833	6	F	QH											
2834	10	N	QH											
2835	12	F	QH											

1. The animals were inspected within 30 days prior toexport and found to be healthy and free from ecidence of communicable diseases and exposure there to.
2. ~~The animals ere to the best of the k knowledge and 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 Canada since birth (or).
4. The animals ahve met all of the inport requirements of the USA and have resided in the USA or the pastr 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: 1-05-10
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): 2
23. Signature of Endorsing Federal Veterinarian
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): FD TRUNTZ DVM
25. SIGNATURE OF ISSUING VETERINARIAN

11-318000295

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: Cavel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: L061191

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, Brian S.	2836	9	F	QH								
94 Hoover Dr.	2837	14	F	QH								
Jonestown, PA 17038	2838	10	F	QH								
	2839	12	F	TH								
	2840	14	N	SN								
	2841	15	F	QH								
	2842	7	F	QH								
	2843	8	N	QH								
	2844	10	N	QH								
	2845	12	F	QH								
	2846	14	F	QH								
	2847	16	F	SN								

5. During the previous 21 days the animals have not been in the state of Texas.

6. ~~The animals at the time of the inspection were found to be 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 an infirmity, illness, injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.

11-318000296

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.: L060882
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/11/10
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): Travel Canada Export Inc. 517 Rang St. Julie est, St. Andre [illegible]
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; 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
Moore, Brian S.														
94 Hoover Dr														
Jonestown PA 17038														
USFA 2848	10	F	QH											
2849	10	N	QH											
2850	9	N	QH											
2851	10	N	BL											
2852	4	N	SN											
2853	12	F	QH											
2854	10	N	PE											
2855	9	N	QH											
2856	10	N	QH											
2857	11	F	QH											
2858	9	F	QH											
2859	10	F	QH											
2860	10	F	QH											
2861	9	N	SN											
2862	7	N	QH											
2863	11	N	QH											
2864	12	F	QH											
2865	10	F	TH											

(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 James Hill were 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 states of Texas and New Mexico.

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: 1-12-2010
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): Zero
23. Signature of Endorsing Federal Veterinarian
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): McLaughlin, Donald
25. SIGNATURE OF ISSUING VETERINARIAN: LV0070324 Acct# 5701

11-318000297

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

PART 2 - PORT VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

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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: L060882

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 USFA	2866	10	N	TH								
71 Hover Dr.	2867	7	N	QH								
Jonestown PA 17038	2868	7	F	QH								
	2869	5	F	QH								
	2870	10	N	QH								
	2871	10	F	QH								
	2872	7	N	QH								
	2873	10	N	QH								
	2874	7	N	QH								
	2875	10	F	QH								
	2876	12	F	QH								
	2877	10	F	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 animal has an infirmity, illness, injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.

ORIGIN HEALTH CERTIFICATE
APPROVED
FEDERAL VETERINARIAN
DEPARTMENT OF AGRICULTURE

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

11-318000298

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.: L061190

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/30/09

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: 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

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
USA 2756	16	N	SN											
2759	7	N	QH											
2760	14	N	SN											
2761	14	N	SN											
2762	12	F	QH											
2763	16	N	QH											
2764	10	N	QH											
2765	12	F	QH											
2766	15	N	SN											
2767	14	F	SN											
2768	10	N	BL											
2769	7	F	QH											
2770	16	N	SN											
2771	12	F	SN											
2772	14	F	SN											
2773	10	F	QH											
2774	16	N	BL											
2775	15	N	BL											

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 toany communicable disease within 60 days preceding the date of inspection.~~
3. The animals have resided inthe 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

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: 12/30/09

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 head

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

25. SIGNATURE OF ISSUING VETERINARIAN: BVM 32L Acct# 5204

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

11-318000299

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: L061190

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

Moore, Brian S.
94 Hoover Dr.
Joneatown, 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
2776	8	F	QH								
2777	12	N	TH								
2778	4	F	TH								
2779	8	F	TH								
2780	12	N	QH								
2781	20	N	SN								
2782	14	F	QH								
2783	1	F	SN								
2784	1	N	SN								
2785	14	F	TH								
2786	14	N	TH								
2787	20	F	SN								

5. During the previous 21 days the animals have not been in the state of Texas.

6. The animals at thetimeof the inspection were found to be healthy and in a physical condition fit to be transported.

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

8. Fit to be transported means tht on the day of inspiction 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.

11-318000300

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): Marc Brown S
2. CERTIFICATE NO.: L061196
3. PAGE NO.: 1 OF 2.

4. DATE ISSUED: 1/15/N
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. 527 Rang St Julie est [illegible]
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; 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

Marc Brown 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
USFF 2878	14	N	BL		
2879	12	N	BL		
2880	10	F	BL		
2881	10	N	TH		
2882	10	F	AP		
2883	14	F	TH		
2884	10	N	QH		
2885	7	N	TH		
2886	7	F	TH		
2887	7	N	TH		
2888	10	M	TH		
2889	14	N	SN		
2890	14	F	SN		
2891	20	N	SN		
2892	7	N	SN		
2893	10	F	SN		
2894	10	N	SN		
2895	10	N	AP		

CERTIFIED BRUCELLOSIS FREE AREA

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

(1) The animals were inspected 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 Dr. 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 United States or Canada since birth (or)
(4) The animals have met all of the import requirements of USA and have resided in the USA for the past 60 days.
(5) The animals at the time of the inspection were found to be healthy and in a physical condition fit to be transported.

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: 1-14-2010
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): 11-318000301 30 head
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: BW07032L Acct 452041

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: L061176

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	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

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	2896	5	N	Mule								
24 Hoover Dr.	2897	10	N	Mule								
Jonestown PA 17038	2898	14	F	Mule								
	2899	14	N	TH								
	2900	10	N	TH								
	2901	10	N	QH								
	2902	10	F	QH								
	2903	10	N	QH								
	2904	10	N	AP								
	2905	10	N	Mule								
	2906	10	N	Mule								
	2907	10	N	Mule								

(6) 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.

(7) During the previous 2 days the animals in this shipment have not been in the states of Texas or New Mexico.

(8) Fit to be transported means that in the opinion of inspection no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animals are being transported causing the animal to suffer.

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

11-318000302

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.: L060880

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/19/10

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

6. STATE CODE: 42

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

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: 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

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
USA 2908	1	N	TH								
2909	7	F	TH								
2910	4	F	TH								
2911	12	N	QH								
2912	10	F									
2913	4	F									
2914	2	F									
2915	4	N									
2916	7	N									
2917	12	N									
2918	18	F									
2919	10	F									
2920	12	F									
2921	1	F									
2922	5	F									
2923	12	N									
2924	10	N									
2925	11	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 k knowledge and belief of James S. Holt were not eeposed toa ny communicable disease within 60 days preceding the date fo inspectoin.
3. ~~The animals have resided in the USA and Canada sice birth (or).~~
4. The animals have met all of the import requirements of the USAans have resided in the UBA ofr the past 60 days.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

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: 1-19-10

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

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

25. SIGNATURE OF ISSUING VETERINARIAN: [signature] 1/19/2010

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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.

2. CERTIFICATE NO. FROM VS FORM 17-140: L060880

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) ✓ E — CERTIFIED BRUCELLOSIS FREE AREA ✓ G

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE F	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore, Brian S.	2226	2	N	QH					
94 Hoover Dr.	2227	12	F	QH					
Jonestown, PA 17038	2228	12	F	QH					
	2229	12	F	QH					
	2230	2	N	TH					
	2231	2	N	TH					
	2232	9	N	QH					
	2233	12	N	QH					
	2234	14	F	QH					
	2235	9	F	QH					
	2236	12	N	QH					
	2237	4	M	TH					

5. During the previous 21 days the animals have not been in the state of TEXAS.& New mexico.

6. The animals at the time of the inspection were found to be healthy and in a phjsical 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 are being transported with an infirmity, illness, injury or any other condition that could be aggravated whsen the animals are being transported causing the animals to suffer.

11-318000304

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

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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: L060883

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. USFA	2956	15	N	SN							
91 Hoover Dr.	2957	17	N	SN							
Jonestown PA 17038	2958	16	F	SN							
	2959	14	F	QH							
	2960	12	N	TH							
	2961	12	F	QH							
	2962	10	N	QH							
	2963	7	N	TH							
	2964	20	F	TH							
	2965	14	N	TH							
	2966	12	N	QH							
	2967	8	N	QH							

(5) During the previous 21 days the animals have not been in the state of Texas and New Mexico.

(6) The animals at the time of the inspection were found to be 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 to transport may result in that shipment to be not released entry to Canada.

(8) Fit to be transported means that on the day of inspection the animals have been transported with an infirmity, illness, injury, or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.

ORIGIN HEALTH CERTIFICATE
APPROVED
23

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 3 - PORT COPY 11-318000305

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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.: L060883
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/16/10
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: 17028
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): Coral Canada Export Inc. 517 Rang St Julie est St Ambroise Avellin
DESTINATION COUNTRY: QE
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	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 USFA
94 Hoover 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
2938	9	N	AS		
2939	14	F	QH		
2940	12	F	QH		
2941	14	F	QH		
2942	10	F	QH		
2943	16	N	SN		
2944	20	F	BL		
2945	15	N	Mule		
2946	9	F	QH		
2947	10	F	QH		
2948	14	N	SN		
2949	12	F	SN		
2950	6	F	QH		
2951	5	F	QH		
2952	16	N	BL		
2953	6	F	QH		
2954	14	N	SN		
2955	12	N	SN		

CERTIFIED BRUCELLOSIS FREE AREA

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

(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 James S Hill were not exposed to any communicable disease within 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: 1-19-10
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): 30 head
23. Signature of Endorsing Federal Veterinarian
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): F.J. BROWN JR VMO
25. SIGNATURE OF ISSUING VETERINARIAN: BVD 7032 L Acct #52041

11-318000306

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): [illegible]

2. CERTIFICATE NO.: L060884

3. PAGE NO.: 1 OF [illegible]

4. DATE ISSUED: 1/26/10

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

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: 42

14. ZIP CODE: [illegible]

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] Export Inc [illegible]

DESTINATION COUNTRY: DE

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

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] FA 2968	4	F	TH				(1) The animals are exported [illegible]				
2969	7	N	TH				[illegible]				
2970	6	F	TH				[illegible]				
2971	4	F	TH				[illegible]				
2972	7	N	TH				[illegible]				
2973	14	N	QH				(2) The animals are [illegible]				
2974	10	N	QH				[illegible]				
2975	14	N	QH				[illegible]				
2976	8	F	QH				[illegible]				
2977	10	N	QH				[illegible]				
2978	12	N	QH				(3) The animals have not [illegible]				
2979	16	F	QH				[illegible]				
2980	10	F	QH				[illegible]				
2981	12	F	QH				(4) The animals have [illegible]				
2982	14	N	QH				[illegible]				
2983	7	N	QH				(5) [illegible]				
2984	5	N	TH				[illegible]				
2985	4	F	TH				No [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: 1-26-2010

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

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: [illegible]

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): DR. M. KORNREICH, AVIC

25. SIGNATURE OF ISSUING VETERINARIAN: [illegible]

VS FORM 17-140 (MAR 98) Previous edition may be used. 11-318000307

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.

Best Copy Available

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

2. CERTIFICATE NO. FROM VS FORM 17-140: L060764

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

Moore Brian S.
24 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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
UFA 2786	6	F	TH											
2787	8	F	TH											
2788	7	F	TH											
2789	7	N	QH											
2790	10	F	TH											
2791	14	F	QH											
2792	16	N	QH											
2793	4	F	TH											
2794	5	F	TH											
2795	16	F	BL											
2796	14	F	SN											
2797	10	M	TB											

(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 the 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 animal has an infirmity, illness, injury or any other condition that could be exacerbated when the animals are transported, causing them to suffer.

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

11-318000308

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.: L060890

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/1/00

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

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Flower 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: Jonestown Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

16. CONSIGNEE'S 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 [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.

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 Brian S.	USA 3028	6	F	TH				(1) The animals were imported within							
94 Flower Rd	3029	5	N	QH				30 days prior to export and found to be							
Jonestown PA 17038	3030	14	F	BL				healthy and free from evidence of							
	3031	10	N	SN				communicable diseases and exposure							
	3032	4	F	QH				thereto							
	3033	8	F	QH				(2) The animals were to the best of the							
	3034	14	N	SN				knowledge and belief of James S. Hill							
	3035	10	N	SN				were not exposed to any communicable							
	3036	10	F	SN				disease within 60 days preceding							
	3037	8	N	QH				the date of inspection.							
	3038	10	N	SN				(3) The animals have resided in the							
	3039	10	F	SN				USA or Canada since birth (or)							
	3040	16	N	QH				(4) The animals have met all of the							
	3041	12	F	SN				import requirements of the USA and							
	3042	12	F	SN				have resided in the USA the past 60							
	3043	14	N	SN				days.							
	3044	6	N	SN				(5) During the previous 60 days the animals							
	3045	14	N	SN				have not been in the states of Texas and 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: 2/2/00

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): 11-31 8000309

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: [signature] Lic 70321 Acct# 5204

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)*: Marc, Brian S

Best Copy Available

2. CERTIFICATE NO. FROM VS FORM 17-140: LD60174

3. PAGE NO.: 2 of

16. CONSIGNEE'S NAME: Coral 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]	3046	10	F	SN				[illegible]							
[illegible]	3047	12	N	SN				[illegible]							
[illegible]	3048	14	N	SN				[illegible]							
	3049	14	F	SN											
	3050	10	N	SN				The exporter has been advised that							
	3051	10	F	TH				any [illegible] affecting the health of							
	3052	10	F	SN				physical condition of the animals							
	3053	10	F	SN				that may result in [illegible]							
	3054	4	F	SN				[illegible] may result in the [illegible]							
	3055	10	N	SN				[illegible]							
	3056	10	N	SN											
	3057	12	M	SN				[illegible]							

11-318000310

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)	2. CERTIFICATE NO.	3. PAGE NO.
Moore, Kevin S.	L061376	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)
2/22/10	Jacobson PA	42	74 Hoover Dr	Jonestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
PA	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
Pavel Canada Export Inc 517 Kanagi Julie rd St Pete-Avdh	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 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
Moore Kevin	USFA 3178	4	N	PE											
74 Hoover Dr	3179	7	F	QH											
Jonestown PA 17038	3180	4	N	QH											
	3181	7	N	QH											
	3182	10	N	QH											
	3183	9	N	QH											
	3184	6	N	QH											
	3185	10	F	QH											
	3186	10	F	QH											
	3187	7	F	TH											
	3188	6	F	TH											
	3189	5	F	TH											
	3190	12	F	PL											
	3191	14	F	PL											
	3192	3	N	QH											
	3193	12	F	QH											
	3194	4	M	QH											
	3195	5	N	QH											

(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 James Hill 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.

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)
2/23/10	Hill James S	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	32 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 DVM	J Hill Accredited

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

11318000311

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 Exoprt Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140
~~L061358~~ JSH
L061376

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
WEA 3196	10	F	TH								
3197	7	N	TH								
3198	10	N	TH								
3199	8	F	TH								
3200	7	F	TH								
3201	10	F	TH								
3202	10	F	TH								
3203	6	F	TH								
3204	14	F	TH								
3205	12	F	OH								
3206	10	F	OH								
3207	14	F	OH								

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 of the inspection wers found to be 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 ofthe animals tha may render them unfit for transport may result in the shipmen to be refused entry to Canada.

8. ~~Fit to be transported means that on the day of inspection no animals ahve aninfirmity, illness, injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.~~

ORIGIN HEALTH

11-318000312

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.: L061381

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/25/10

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

6. STATE CODE: PA

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 Canda Export Inc. 517 Rang st. Julia est st. Andre-Avellin

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	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
~~[illegible]~~											
~~[illegible]~~											
~~[illegible]~~											
~~[illegible]~~											
UFA 3208	4	F	QH								
3209	15	F	Mule								
3210	9	N	BL								
3211	8	F	AP								
3212	15	N	Mule								
3213	7	N	QH								
3214	10	F	SN								
3215	10	N	SN								
3216	5	N	TH								
3217	15	F	SN								
3218	20	N	QH								
3219	12	F	QH								
3220	10	F	QH								
3221	10	F	BL								

CERTIFIED BRUCELLOSIS FREE AREA

1. The animals were inspected within 30 days prior to export andfound to by healthy and free from evidence fo communicable disease ~~xxxxxx xx days preceding xxxx~~ 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 within 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 ofthe import requirements fothe 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: 2/25/2010

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): ~~11-318000313~~ 30 head

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN: J Holt

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)*: Moore, Brian S.

Best Copy Available

2. CERTIFICATE NO. FROM VS FORM 17-140: L061381

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

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
3222	5	F	SN								
3223	10	F	SN								
3224	10	F	SN								
3225	10	F	SN								
3226	15	N	SN								
3227	10	N	SN								
3228	10	F	SN								
3229	10	F	SN								
3230	15	N	SN								
3231	5	N	SN								
3232	9	N	TH								
3233	5	N	TH								
3234	5	N	TH								
3235	9	N	TH								
3236	9	F	TH								
3237	9	F	Male								

Owner's name: Moore, B.S.
Owner's street address: 94 Hoover Dr.
Owner's city/town, state code & zip code: 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 of the inspection were found to be healthy and in physical condition fit to be transported.

7. The exporter has been advised that any deterioration in the 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 condirion that could be aggravated when the animals afe being transported causing the animals to suffer.

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

11-318000314

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)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore, Brian S.
2. CERTIFICATE NO.: L061382
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/1/10
5. U.S. PORT OF EMBARKATION (City and State): Jonestown PA
6. STATE CODE: 42 ~~PA~~
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 (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 est st. Anre-Avellin
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

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
USFA 3238	7	F	QH								
3239	3	N	QH								
3240	5	N	TH								
3241	2	F	QH								
3242	10	F	QH								
3243	7	N	QH								
3244	5	N	TH								
3245	10	F	SN								
3246	10	F	TH								
3247	12	F	TH								
3248	16	F	QH								
3249	5	N	TH								
3250	16	F	TH								
3251	15	F	QH								
3252	16	N	BL								
3253	16	N	BL								
3254	4	F	QH								
3255	10	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 animals were to the best of the knowledge and belief of James S. Holt were not exposed to any communicable disease within 60 days preceding the date fo inspection.
3. The animals have redided in the USA and Canada since birth (or).
4. The animals have met all of the import requirements fo 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: 3-2-2010
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): 11-318000315
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: Business Authorized

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)*: Moore, Brian S.

2. CERTIFICATE NO. FROM VS FORM 17-140: L061382

3. PAGE NO.: 2 of 2

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

Best Copy Available

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 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
[illegible]	11	N	EN								
[illegible]	10	N	EN								
[illegible]	7	F	QH								
[illegible]	15	N	EN								
[illegible]	9	F	QH								
[illegible]	7	F	QH								
[illegible]	11	N	EN								
[illegible]	7	F	QH								
[illegible]	12	N	EN								
[illegible]	10	F	QH								
[illegible]	7	N	EN								

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 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 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.

11-318000316

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.: L060889

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/1/10

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: PA 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*): 5 cavel canada export inc. 577 Rang st. Julia est STAndre-AVELLIN

DESTINATION COUNTRY: CANADA P

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 / 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
USA 3056	14	N	SN											
3057	6	F	SN											
3060	10	N	QH											
3061	12	F	SN											
3062	16	F	SN											
3063	16	N	SN											
3064	16	N	SN											
3065	4	F	QH											
3066	12	N	SN											
3067	16	N	SN											
3068	6	F	SN											
3069	16	F	SN											
3070	16	F	SN											
3071	15	N	SN											
3072	15	F	MG											
3073	16	F	MWL											
3074	15	F	BL											
3075	15	N	BL											

1 The animals were inspected within 30 days prior to export and found to be healthy and free from evidence of communicable diseases and exposethere to.

2 The animals were to the bestof the knowledge and beliefof James S Holt were not exposed to any communicable disease within 60 dayspreceding the date of inspection.

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

4 The animals hyae met all onthe 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 states of Texas and New Mexico .

6 THE animals at the time of the inspection were found to be healthy and in a physical condition fit to be transported.

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: 2/1/2010

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): 11-318000317

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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): Moore Brian S.

Best Copy Available

2. CERTIFICATE NO. FROM VS FORM 17-140: L050889

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

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.	3076	14	N	BL											
88 Hoover Dr.	3077	12	N	PE											
Jonestown, PA 17038	3078	10	N	BL				7							
	3079	4	N	OH											
	3080	5	N	OH											
	3081	5	N	OH											
	3082	5	N	OH				8							
	3083	6	N	OH											
	3084	12	F	BL											
	3085	9	N	OH											
	3086	12	F	OH											
	3087	7	N	TH											

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 an infirmity, illness, injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.

11-318000318

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.: L060864

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/7/09

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. André-Avellin

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

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
USFA 2638	10	F	TH											
2639	8	F	TH											
2640	9	N	TH											
2641	12	F	QH											
2642	20	N	SN											
2643	10	F	TH											
2644	6	N	TH											
2645	20	N	QH											
2646	14	N	TH											
2647	18	F	QH											
2648	9	F	QH											
2649	7	N	QH											
2650	16	F	QH											
2651	12	N	QH											
2652	10	N	QH											
2653	14	F	QH											
2654	8	F	QH											
2655	16	N	QH											

1. The animals were inspected within 30 day6s prior to export and found to be healthy and free from evidence of communicable diseases and exp9osure 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 Canada since birth (or).
4. The animals have met all of the import requirements fo 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: 12 8 09

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 DVM

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

25. SIGNATURE OF ISSUING VETERINARIAN: JSHolt USDA 7432L Acct #5704

11-318000319

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

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate ... 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

...ENT OF AGRICULTURE
ANIMAL ... ANT 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 S. Brian

2. CERTIFICATE NO. FROM VS FORM 17-140: L060864

3. PAGE NO.: 2 of 2

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

Best Copy Available

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
USFA 2656	7	F	SH											
2657	17	F	QH											
2658	14	F	BL											
2659	20	N	BL											
2660	18	F	BL											
2661	10	F	SN											
2662	14	F	QH											
2663	6	N	SN											
2664	14	N	QH											
2665	6	N	TH											
2666	6	N	TH											
2667	8	F	TH											

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

5. During the previous 21 days the animals have not been in the state of Texas.

6. ~~The animals at the time ofthe inspection wertfound to be healthy and in a physical condition fit to be transported.~~

7. The exporter has been advised that any deterioration in the health or physical conditioom of the animals that may render them unfit for transport may result in the shipment fo 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.

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.: L061185

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/1/09

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-Avellen

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)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F
USA 2608	15	F	BL		
2609	16	F	PE		
2610	14	F	BL		
2611	7	F	QH		
2612	5	N	QH		
2613	4	F	TH		
2614	12	N	QH		
2615	16	N	SN		
2616	12	F	BL		
2617	14	N	BL		
2618	20	N	BL		
2619	15	N	BL		
2620	20	N	BL		
2621	14	N	PE		
2622	12	N	BL		
2623	18	N	BL		
2624	16	F	BL		
2625	4	N	TH		

CERTIFIED BRUCELLOSIS FREE AREA

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

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. Thee animals were to the best of the knowledge and belief of James S. Holt were not exposed to any communicable diseasee within 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: 12 08 09

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 head

23. Signature of Endorsing Federal Veterinarian: F.D. Brown Jr. DVM

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

25. SIGNATURE OF ISSUING VETERINARIAN: Acc #5204

11-318000321

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)*: Moore, Brian S.

2. CERTIFICATE NO. FROM VS FORM 17-140: L061185

3. PAGE NO.: 2 of 2

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

Best Copy Available

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

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. (ASM)	2626	7	N	TH										
94 Hoover Dr.	2627	5	N	TH										
Jonestown, PA 17038	2628	4	N	SN										
	2629	12	F	QH										
	2630	17	F	QH										
	2631	6	F	TH										
	2632	8	F	QH										
	2633	10	F	SN										
	2634	7	N	SN										
	2635	12	N	SN										
	2636	7	N	TH										
	2637	5	F	QH										

5. During the previous 21 days the animals have not been in the state of Texas.

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

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

8. Fit to be transported means 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.

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

11-318000322

PART 4 - FIELD STATION

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: L060866

3. PAGE NO.: 2 of 2

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

Best Copy Available

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

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.	FB2596	9	N	OH											
94 Hoover Dr.	2597	15	N	SN											
Jonestown, PA 17038	2598	9	N	SN											
	2599	12	N	RL											
	2600	16	F	RL											
	2601	14	F	OH											
	2602	10	N	SN											
	2603	6	N	OH											
	2604	5	F	OH											
	2605	15	N	RL											
	2606	10	N	OH											
	2607	20	F	OH											

5. During the previous 21 days the animals have not been in the state of TExas.

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

7. The exporter has been advised tht 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 an infirmity, illness, injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.

11 318000323

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.: L060866

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11/30/09

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: 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

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
USA 2578	14	N	PN								
2579	11	N	SN								
2580	5	N	QH								
2581	5	N	QH								
2582	10	N	AP								
2583	4	F	QH								
2584	6	N	TH								
2585	7	N	TH								
2586	16	N	BL								
2587	5	N	TH								
2588	12	N	SN								
2589	14	N	SN								
2590	6	F	QH								
2591	13	F	QH								
2592	9	N	SN								
2593	8	F	SN								
2594	15	N	SN								
2595	11	N	SN								

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 ere to the best of the knowledge an belief of Jmes S. Holt were not exposed to any communicable disease within 60 days precedign the date of inspection.
3. ~~The animals have resided in the USA and Canada since birth (or).~~
4. The animals have met all ofthe import requirements of the USA and have resided in the USA 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 01 09

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 head

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: B007232L AnH 5204

11-318000324

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)*: Moore Brian S.

Best Copy Available

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

2. CERTIFICATE NO. FROM VS FORM 17-140: LO60860

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. USFA	2686	7	N	QH											
94 Hoover Rd	2687	14	N	QH											
Jonestown PA 17038	2688	10	N	QH											
	2689	20	F	QH											
	2690	20	N	BL											
	2691	14	F	SN											
	2692	12	N	QH											
	2693	14	F	AP											
	2694	12	N	QH											
	2695	10	F	TH											
	2696	9	N	QH											
	2697	8	F	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 animal has an identifiable illness, injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.

MD
12/8/09

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

11-318000325

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.: L060860

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/7/09

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: 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): Covell Canada Export Inc. 517 Rang St Julie est St Andre - Avellin

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	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
Moore B.S.														
94 Hoover Rd.														
Jonestown PA 17038														
USFA 2668	20	F	TH											
2669	14	N	QH											
2670	3	F	TH											
2671	8	N	QH											
2672	10	F	QH											
2673	7	N	QH											
2674	12	N	QH											
2675	16	F	Mule											
2676	12	N	QH											
2677	14	F	QH											
2678	12	F	TH											
2679	10	F	TH											
2680	14	N	QH											
2681	20	N	QH											
2682	15	N	SN											
2683	12	N	QH											
2684	10	F	SN											
2685	12	G	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 James S. Hoff were 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.

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: 12-8-09

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

23. Signature of Endorsing Federal Veterinarian: F.D. Brown DVM

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

25. SIGNATURE OF ISSUING VETERINARIAN: J Hoff

B100 7032 L
Acct #5204

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

11-318000326

PART 3 - PORT VETERINARIAN

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 Brown S

Best Copy Available

2. CERTIFICATE NO. FROM VS FORM 17-140: C7932

3. PAGE NO.: 2 of 2

16. CONSIGNEE'S NAME: Natural Meat

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ☐ CERTIFIED BRUCELLOSIS FREE AREA

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

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 & S.	U3FA0015	5	N	TH			(6)	The	animals	at	the	time	of	the
24 Mare Dr.	0016	6	F	TH				inspection	were	found	healthy		and	in
Tarentum PA 15084	0017	2	F	TH				sound	physical	condition		to be	transported	
	0018	7	N	TH										
	0019	20	N	OH			(7)	The	exporter	has	been	advised	that	
	0020	9	N	TH				any	deterioration	in	the	health	or	
	0021	11	N	TH				physical	condition	of	the	animals		
	0022	14	N	TH				that	may	render	them	unfit	for	
	0023	8	N	TH				transport	may	result	in	the	shipment	
	0024	6	N	TH				to	be	refused	entry	to	Canada.	
	0025	2	F	OH										
	0026	20	N	OH			(8)	Fit	to	be	transported	means	that	
								on	the	day	of	inspection	the	animal
								has	no	outward	illness	nor	any	
								other	condition	that	could	not	adequately	
								when	the	animals	are	being	transported	
								including	the	animals	to	sector		

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

11-318000327

PART 4 – FIELD STATION

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 Ryan J

16. CONSIGNEE'S NAME: Natural Meat

Best Copy Available

2. CERTIFICATE NO. FROM VS FORM 17-140: G37176

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

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 Ryan J	USFA0969	10	F	SN				(6)	The animals at the time of the						
20 Moore Dr.	0970	10	M	SN					inspection were healthy and						
Troy Town NB	0971	7	M	TH					in a physical condition fit to be						
17058	0972	70	N	SN					transported.						
	0973	70	F	SN											
	0974	11	F	SH				(7)	The carrier has been advised that						
	0975	12	M	SH					any deterioration in the health						
	0976	7	F	SH					or physical condition of the animals						
	0977	17	F	SN					that may render them unfit to transport						
	0978	10	F	SN					may result in the shipment to be						
	0979	10	M	SN					refused entry in Canada						
	0980	15	M	SN											
								(8)	For the transportation means that						
									on the day of inspection the animals						
									have no obviously illness, injury or						
									any other condition that could be						
									aggravated when the animals are						
									being transported causing the animals						
									to suffer						

4/21/09

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

11-318000328

PART 4 - FIELD STATION

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)

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

Best Copy Available

2. CERTIFICATE NO: G 37198

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4/2/09

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

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: 17028

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): Natural Meat, 517 Rang St Julie est. 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 / 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
Jamestown PA 17028

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
USEA 0951	20	N	QH				(1)	The animals were imported within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.						
0952	14	N	SN											
0953	6	N	TH											
0954	15	N	QH											
0955	16	N	QH				(2)	The animals are to the best of the knowledge and belief of James S. Holt were not exposed to any communicable disease within 40 days preceding the date of inspection.						
0956	7	F	QH											
0957	7	F	QH											
0958	20	F	TH											
0959	16	N	SN											
0960	12	N	QH				(3)	The animals have resided in the USA or Canada since birth (or)						
0961	8	F	QH											
0962	10	N	SN				(4)	The animals have met all of the import requirements of the USA and have resided in the USA or the past 60 days						
0963	9	N	SN											
0964	7	F	SN											
0965	6	N	SN											
0966	8	N	SN				(5)	During the previous 21 days the animals have not been in the state of Florida						
0967	9	N	SN											
0968	10	F	SN											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

4/03/2009

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: 4/03/09

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN: BV007032L Acct# 5204

11-318000329

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

PART 4 - FIELD STATION

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.
Marc [illegible]	G 28780	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)
6/22/09	Jonestown	PA	94 Hoover Dr.	Jonestown

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

9. SEMEN (Check if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean: 2	Cold Country Exports Inc 17 Kar St Islington Ontario	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 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	DATE M	DATE N	DATE O
Marc [illegible]														
94 Hoover Drive														
Jonestown PA 17038														
USA [illegible]	20	F	QH				(1)							
[illegible]	[illegible]	F	TH											
[illegible]	[illegible]	N	SN											
[illegible]	[illegible]	F	SN											
[illegible]	[illegible]	N	SN				(2)							
[illegible]	[illegible]	F	SN											
[illegible]	[illegible]	N	SN											
[illegible]	[illegible]	N	SN											
[illegible]	[illegible]	F	SN											
[illegible]	[illegible]	N	SN				(3)							
[illegible]	[illegible]	F	QH											
[illegible]	[illegible]	F	TH				(4)							
[illegible]	[illegible]	N	SN											
[illegible]	[illegible]	N	SN											
[illegible]	[illegible]	F	SN											
[illegible]	[illegible]	N	SN				(5)							
[illegible]	[illegible]	N	SN											
[illegible]	[illegible]	F	SN											

VALID ONLY IF USDA VETERINARY SEAL APPLIED HERE

ORIGIN HEALTH CERTIFICATE APPROVED VETERINARIAN 23 DEPARTMENT OF AGRICULTURE

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)
	H. H. Jones	☐ 2 Federal ☐ 1 State ☑ 3 Accredited	

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of endorsing federal veterinarian

11-318000330

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

PART 5 – ISSUING VETERINARIAN

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

16. CONSIGNEE'S NAME: [illegible] Export Inc

2. CERTIFICATE NO. FROM VS FORM 17-140: G2870

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
[illegible]	[illegible]	[illegible]	[illegible]				[illegible]	[illegible]				[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]				[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]				[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]										[illegible]	
[illegible]	[illegible]	[illegible]	[illegible]				[illegible]	[illegible]				[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]				[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]				[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]				[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]				[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]				[illegible]	[illegible]	[illegible]
[illegible]														
[illegible]							[illegible]	[illegible]						
								[illegible]						
								[illegible]						
								[illegible]						
								[illegible]						
								[illegible]						
								[illegible]						

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: 28778

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6/16/09

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

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 911 [illegible] Dr

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

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: [illegible]

14. ZIP 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)*

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

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

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]	14	N	QH											
[illegible]	11	F	JH											
[illegible]	[illegible]	N	QH											
[illegible]	7	N	QH											
[illegible]	14	N	SN											
[illegible]	11	N	QH											
[illegible]	15	N	[illegible]											
[illegible]	12	F	SN											
[illegible]	[illegible]	F	SN											
[illegible]	2	N	SN											
[illegible]	9	F	SN											
[illegible]	[illegible]	N	SN											
[illegible]	11	N	QH											
[illegible]	12	N	QH											
[illegible]	20	N	QH											
[illegible]	20	F	QH											
[illegible]	12	F	QH											
[illegible]	[illegible]	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.

19. DATE ENDORSED: 6-16-09

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

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)*: 20 [illegible]

23. Signature of endorsing federal veterinarian: [illegible]

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

25. SIGNATURE OF ISSUING VETERINARIAN: [illegible]

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

11-318000332

PART 4 - FIELD STATION

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)*

Best Copy Available

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

During the previous twenty-one(21)days, the animal(s) in this shipment has/have not been in the state(s) of Missouri or Texas.

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

11-318000333

PART 5 – ISSUING 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)

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

Best Copy Available

2. CERTIFICATE NO: G 28754

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6/9/09

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

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hawk 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): Equi Canada Export Inc. 377 Rang St. Julie-rd St. Andre Avellin

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
☒ 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
Moore B.S.	USFA 13410	5	N	SN										
94 Hawk Dr.	1341	12	N	SN										
Jonestown PA 17038	1342	2	F	SN										
	1343	13	N	SN										
	1344	8	F	SN										
	1345	13	F	SN										
	1346	7	F	SN										
	1347	4	N	SN										
	1348	20	F	QH										
	1349	5	N	PF										
	1350	12	F	QH										
	1351	11	F	TH										
	1352	10	F	TH										
	1353	11	N	PL										
	1354	14	F	TL										
	1355	9	N	SN										
	1356	10	F	QH										
	1357	10	N	SN										

(1) The animals were injected within 30 days prior to export and found to be healthy and free from communicable diseases and exposure thereto.

(2) The animals were to the best of the knowledge and belief of James S. Hill DVM 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 for the past 60 days.

(5) During the previous 21 days the animals have not been in the ~~Flo~~ state of Florida

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: 6/9/09

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): 30 Load

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN: DVM Accl# 5704

11 318000334

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

PART A – FIELD STATION

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, Kim S.

Best Copy Available

2. CERTIFICATE NO. M VS FORM 17-140: 328754

3. PAGE NO.: 2 of 2

16. CONSIGNEE'S NAME: Cold 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]	20	F	JH											
[illegible]	10	F	JH											
[illegible]	14	F	GW											
[illegible]	15	N	BL											
[illegible]	12	F	JH											
[illegible]	16	F	JH											
[illegible]	20	N	SN											
[illegible]	11	N	SN											
[illegible]	10	F	SN											
[illegible]	10	F	JH											
[illegible]	12	N	SN											
[illegible]	11	N	SN											

(6) The animals at the time of the inspection were found to be free of any physical condition that would be transmitted to the transported.

(7) The animals have been examined that are free of any disease or physical condition of the animals that may affect the health of the animals or the health of the animals in the shipment to be specified destination in Canada.

(8) To the transporter knowledge that at the time of inspection the animal has no injury, illness or any other condition that should be reported with the animals are being transported. Signature

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

PART 4 - FIELD STATION

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.
	G 28752	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)
	Jackson PA	PA		

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE

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)	DESTINATION COUNTRY	ENTER CODE
	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	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
USFA	10	F												
	4	F												
	4	N												
	2	N												
	2	N												
	4	F												
	4	F												
	4	F												
	4													
	4	F												
	4	N												
	4													
	4													
	4													
	4	N												
	4													
	4	F												
	4	N												
		F												

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

ORIGIN HEALTH CERTIFICATE
APPROVED
FEDERAL VETERINARIAN
23
U.S. DEPARTMENT OF AGRICULTURE

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 Federal ☐ 1 State ☑ 3 Accredited	

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of endorsing federal veterinarian

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

PART 5 – ISSUING VETERINARIAN

11-218000336

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)*: Moser Brian S

Best Copy Available

2. CERTIFICATE NO. M VS FORM 17-140: CC0702

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 / TYPE TEST / DATE

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
Moser R.S. 11 Moser Dr. Jimersville PA 17038														
1208	4	F	SM											
1229	12	N	SM											
1230	20	N	SM											
1231	20	F	DH											
1232	7	F	DH											
1233	10	F	DH											
1234	7	N	DH											
1235	2	N	DH											
1236	14	N	DH											
1237	20	F	DH											
1238	10	F	DH											
1239	16	F	DH											

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

(7) The exporter has been advised that due to deterioration in the health of the animals and their condition, they could not be transported as the shipment may result in the animals being refused entry to Canada.

(8) Fit to be transported means that on the day of inspection the animals had no apparent illness or any other condition that would be exacerbated when the animals are transported causing the animals to suffer.

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

PART 4 - FIELD STATION

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. VS FORM 17-140: G29308

3. PAGE NO.: 2 of 2

16. CONSIGNEE'S NAME: Cardel Export Inc.

Best Copy Available

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.	USA 1178	10	N	SW			(4)	The animals			
24 Mayer Dr	1179	12	N	SW				were found			
Jamestown PA 16226	1180	10	F	OH				healthy and			
	1181	10	F	TH				ready for the			
	1182	7	N	PE			(7)	The owner has			
	1183	2	N	OH				been advised			
	1184	9	F	TH				that any			
	1185	6	F	OP				deterioration			
	1186	5	N	OH				of the health			
	1187	2	N	OH				or physical			
	1188	10	N	OH				condition of			
	1189	16	F	OH				the animals			
								that occur			
								while they			
								are being			
								transported			
								will be			
								returned			
								to the			
								farm.			
							(8)	It is to			
								be transported			
								we are			
								that the			
								the chance			
								of infection			
								in animals			
								be minimized.			
								Those injury			
								or any other			
								condition			
								that could			
								be aggravated			
								when the			
								animals are			
								being			
								transported			
								following			
								the animals			
								to the			

11-318000338

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 – FIELD STATION

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: G 29317

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11-1-07

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

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*

8. CONSIGNOR'S CITY *(or Town)*

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17022

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

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
☑ 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

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]				[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]				[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]				[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]				[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]				[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]				[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]				[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]				[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]				[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]				[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]				[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]				[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]				[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]				[illegible]	[illegible]	[illegible]	[illegible]	[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: 11 NOV 07

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)*: 11-318000339

23. Signature of endorsing federal veterinarian

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)*: [illegible]

16. CONSIGNEE'S NAME: [illegible]

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

MODIFIED ACCREDITED AREA (TB) ——

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	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]	[illegible]				[illegible]	[illegible]				[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]					[illegible]				[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]					[illegible]				[illegible]	[illegible]	[illegible]
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	[illegible]	[illegible]	[illegible]	[illegible]					[illegible]				[illegible]	[illegible]	[illegible]

11-318000340

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 5 – ISSUING 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: G 37197

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/16/09

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

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hover 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): Covel Canada Export Inc. 317 Rang St Julien at St. Andre-Avellin

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 ☒ 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 Hover 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 1190	12	N	QH								
1191	4	F	QH								
1192	20	F	TH								
1193	14	F	TH								
1194	2	N	AP								
1195	10	F	QH								
1196	10	N	BL								
1197	15	F	QH								
1198	20	F	BL								
1199	12	F	TH								
1200	12	N	QH								
1201	14	N	SAI								
1202	20	F	TH								
1203	10	N	SN								
1204	14	F	TH								
1205	11	N	SN								
1206	14	F	SN								
1207	20	N	BL								

(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 James S. Hett 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.

(4) The animals have met all of the import requirements of the USA and has resided in the USA for the past 60 days.

(5) During the previous 21 days the animals in this shipment have not been in the state of Florida.

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: 5-18-09

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

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: BK07032L

11-318000341

VS FORM 17-140 (MAR 98) 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 rev ... *MB 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: Gouel Canada Export Inc.

2. CERTIFICATE NO. FROM VS FORM 17-140: 337197

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 B S.	[illegible]	20	N	TH											
24 Hower Dr	1209	14	E	TH											
Trenton PA 17028	1210	10	E	TH											
	1211	9	E	TH											
	1212	9	E	TH											
	1213	10	E	TH											
	1214	9	E	TH											
	1215	5	E	TH											
	1216	4	E	TH											
	1217	5	E	TH											
	1218	5	E	TH											
	1219	6	E	TH											

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

(7) The exporter has been advised that any alteration in the health or physical condition of the animals might may render them unfit for transport and 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 developed illness injury or any other condition that would have prevented them from being transported causing the animals to suffer

11-318000342

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 Ranch

16. CONSIGNEE'S NAME: Red Canada Export Inc

2. CERTIFICATE NO. FROM VS FORM 17-140: 327127

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 / TYPE TEST / DATE

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 Ranch														
[illegible]														
Tamworth [illegible]														
[illegible]	2	F	TH											
[illegible]	2	F	TH											
[illegible]	2	F	TH

Best Copy Available

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)

Mark Brown

G 37197

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)
5/18/09	Jonestown PA	42	94 Flower Dr.	Jonestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	42	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)	DESTINATION COUNTRY	ENTER CODE
Pearl Canada Export Inc. 99 Kerr St. Tilbury, Ontario N0P 2L0	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

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)

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
Mark P. S.	USA 1190	12	N	OH				1	[illegible]				[illegible]	[illegible]	[illegible]
94 Flower Dr.	1191	4	F	OH					[illegible]						
Jonestown PA 17038	1192	20	F	TH					[illegible]						
	1193	14	F	TH					[illegible]						
	1194	2	N	AP					[illegible]						
	1195	6	F	OH				2	[illegible]						
	1196	10	N	[illegible]					[illegible]						
	1197	15	F	OH					[illegible]						
	1198	20	F	BL					[illegible]						
	1199	12	F	TH					[illegible]						
	1200	12	N	OH				3	[illegible]						
	1201	14	N	SN					[illegible]						
	1202	20	F	TH				4	[illegible]						
	1203	10	N	SN					[illegible]						
	1204	14	F	TH					[illegible]						
	1205	11	N	SN					[illegible]						
	1206	14	F	SN				5	[illegible]						
	1207	20	N	BL					[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)
5/18/09	R.H. Jones	☐ 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
	F.D. BROWN JR DVM	

11-318000344

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

PART 4 – FIELD STATION

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)

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

2. CERTIFICATE NO: C 29336

3. PAGE NO.: 1 OF 2

Best Copy Available

4. DATE ISSUED: 5/19/09

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

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): Coral Canada Export Inc. 97 King St. Julianstown, New Brunswick

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
☑ 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 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
HCAL01	14	F	QH								
1021	12	F	QH								
1022	11	F	QH								
1023	14	F	TH								
1024	12	F	QH								
1025	14	N	QH								
1026	12	N	TH								
1027	12	F	SN								
1028	14	F	TH								
1029	12	N	SN								
1030	14	N	SN								
1031	12	N	SN								
1032	12	F	QH								
1033	6	F	SN								
1034	14	N	QH								
1035	12	N	QH								
1036	6	N	TH								
1037	10	F	QH								

(1) The animals were inspected & tested prior to export and found to be healthy and free of communicable disease and exposure thereto.

(2) The animals were in the possession of the breeder and depiction of James S. Hall were in the proposed herd of communicable disease within 60 days preceding the date of inspection.

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

(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 Florida.

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: 5/19/09

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): 3

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

11-318000345 No. 1

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

PART A - FIELD STATION

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 o*
Moore [illegible]

Best Copy Available

2. CERTIFICATE NO. M VS FORM 17-140
CO9396

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

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 [illegible]														
90 Rouge Rd														
Tantallon NS B3Z 1W5														
1291	15	F	TH											
1246	6	F	TH				(2)							
1243	12	F	TH											
1244	11	F	TH											
1245	10	F	TH											
1246	14	F	TH											
1247	12	F	TH											
1248	11	F	TH											
1249	6	F	TH				(6)							

(1) The animals at the time of the inspection were found to be healthy and in a condition to be transported

(2) The inspector has been advised that [illegible] the health status of the animals that will stay behind. Moore unit Co. Inc. may decide to sell the animals on by [illegible] Canada.

(6) Est to be transported were tested on the date of inspection. No results have [illegible] Moore unit Co. Inc. other [illegible] the sale of [illegible] the animals are being transported [illegible] the animals to other [illegible]

11-318000346

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

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: G 29335

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/4/09

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

6. STATE CODE: 42

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

8. CONSIGNOR'S CITY (or Town):

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 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): Powell Equine [illegible] 517 [illegible] Julia [illegible]

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
☒ 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
USA 1120	6	N	TH								
1121	20	F	QH								
1122	7	F	TH								
1123	20	F	TH								
1124	12	F	TH								
1125	4	N	QH								
1126	7	N	QH								
1127	8	N	TH								
1128	7	N	TH								
1129	5	N	TH								
1130	10	F	TH								
1131	10	N	TH								
1132	7	N	TH								
1133	20	F	BL								
1134	3	F	QH								
1135	11	F	BL								
1136	20	F	QH								
1137	20	F	TH								

(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 James [illegible] not exposed to any communicable disease within 60 days preceding the date 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 Florida

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): H.H. 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

23. Signature of endorsing federal veterinarian:

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

25. SIGNATURE OF ISSUING VETERINARIAN: [signature] 6N07036 Acct# 5204

11-318000347

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

PART 4 – FIELD STATION

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

Best Copy Available

16. CONSIGNEE'S NAME: Carvell ~~International~~ Export Inc. (Canada)

2. CERTIFICATE NO. FROM VS FORM 17-140: 629355

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	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.	1148	6	F	SN											
[illegible] Hoover Dr	1149	2	N	QH											
[illegible] PA 17022	1150	2½	F	QH											
↓	1151	14	F	TH											
	1152	14	F	TH											
	1153	14	F	TH											
	1154	12	N	SN											
	1155	10	F	QH											
	1156	2½	N	QH											
	1157	16	F	TH											
	1158	2	N	QH											
	1159	14	F	QH											

Column headers: MODIFIED ACCREDITED AREA (TB); 18. INDIVIDUAL IDENTIFICATION; CERTIFIED BRUCELLOSIS FREE AREA.

Handwritten remarks across columns H–O:

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

(2) The exporter has been advised that any deterioration in the health or physical condition of the animals after they are inspected may result in the shipment to be refused entry to Canada.

(3) Fit to be transported means that on the day of inspection no animal has any infirmity, illness, injury or any other condition that will be aggravated when the animals are being transported causing the [illegible] to suffer.

[illegible signature] 5/15/09

11-318000348

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

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 Kevin S

Best Copy Available

2. CERTIFICATE NO: G 28776

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/25/99

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

6. STATE CODE: 42

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

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

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17-37

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): Covel Canada Export Inc. 47 Rang St Julie et St Andre Avellin

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
☒ 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.

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
Marc E. S.	USA 1250	10	N	QH			(1)	The animals at the time of inspection						
94 Maple Dr.	1251	11	E	QH				were found healthy and in a physical						
Jamestown PA 17037	1252	10	E	QH				condition fit to be transported.						
	1253	9	E	TH										
	1254	11	E	TH			(2)	The animals were inspected within						
	1255	11	E	TH				3 days prior to export and found to						
	1256	6	N	TH				be free of illness and free from evidence						
	1257	10	E	TH				of communicable disease and exposure						
	1258	11	E	TH				thereto.						
	1259	11	N	TH			(3)	The animals were to the best of the						
	1260	11	N	TH				knowledge and belief of James S. Hill						
	1261	9	N	TH				not exposed to any communicable						
	1262	17	F	TH				disease within 60 days preceding the						
	1263	10	N	QH				date of inspection.						
	1264	12	E	QH			(4)	The animals have met all the import						
	1265	9	E	QH				requirements of the USA to the port						
	1266	11	N	QH				Montreal (2)						
	1267	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: 5/26/99

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): H.H. 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): 3

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

DEWITT AUG 11 2001

11-318000349

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

PART 4 - FIELD STATION

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.

Best Copy Available

16. CONSIGNEE'S NAME: Cool Creek Aqua Farm

2. CERTIFICATE NO. FROM VS FORM 17-140: 6287Ma

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 D.S.							(5)	The				[illegible]	[illegible] in the USA	
96 Wheeler Rd.								[illegible]	Canada			since [illegible]		
Jamestown PA 17038	1270	20	N	SN										
	1271	20	N	SN			(6)	During	the			previous	14 days	these
	1272	10	N	SN				two	(5)			on	farm	in the
	1273	7	N	SN										
	1274	11	N	SN			(7)	The	veterinarian			has	been	advised that
	1275	11	N	SN				any	vaccination			in the	herd	
	1276	11	N	SN				other	[illegible]			of the	animals	that
	1277	13	F	SN				[illegible]						
	1278	12	F	SN				[illegible]						
	1279	12	N	SN				[illegible]						
							(8)	It	is			[illegible]		
								[illegible]						
								[illegible]						
								[illegible]						
								[illegible]						
								[illegible]						
								[illegible]						

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

11-318000350

PART 4 – FIELD STATION

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 37196

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4/6/09

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

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 24 Mower 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): National Mem. + 517 Kane St Juliard St Saint-Hellin

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
☒ 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, B.S.
Owner's street address: 24 Mower Dr.
Owner's city/town, state code (FIPS code on reverse) & zip code: 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
USA 0961	20	N	SN				(1)	The	animals		
0962	15	N	SN					prior	to	export	and
0963	18	N	SN					and	See	from	evidence
0964	6	F	TH					Hence	and	cause	thereto
0965	10	N	OH				(2)	The	animals	were	
0966	12	N	OH					Knowledge	and	belief	of
0967	14	F	OH					prior	NH	exposed	to
0968	10	N	OH					Hence	within	60 days	
0969	12	N	OH					date	of	inspection	
0970	20	F	Mule				(3)	The	animals	have	resided
0971	20	N	Mule					or	Canada	since	birth
0972	20	N	OH				(4)	The	animals	have	met
0973	9	F	SN					import	requirements	of	the
0974	13	N	SN					have	resided	in	the
0975	20	N	SN					today			
0976	20	N	SN				(5)	During	the	previous	30 days
0977	11	F	SN					have	not	been	in
0978	8	F	SN								

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

Christy Wood VMO
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: 4/7/09

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): H.H. 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): 9

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Christy Wood VMO

25. SIGNATURE OF ISSUING VETERINARIAN: [signature]

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

11-318000351
PART 4 – FIELD STATION

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: [illegible]

3. PAGE NO.: 2 of 2

16. CONSIGNEE'S NAME: Natural Meat

Best Copy Available

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]	70	F	OH				(1)	[illegible]						
[illegible]	[illegible]	M						[illegible]						
1000	12	M	FN					[illegible]						
1001	6	M	FN					[illegible]						
1002	10	F	OH											
1003	10	F	OH				(2)	[illegible]						
1004	10	M	OH					[illegible]						
1005	6	F	FN					[illegible]						
1006	10	M	OH					[illegible]						
1007	10	M	OH					[illegible]						
1008	10	F	OH					[illegible]						
1009	4	M	TH											
[illegible]	[illegible]		[illegible]	[illegible]			(3)	[illegible]						
[illegible]								[illegible]						

CW 4/7/09

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

11-318000352

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

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): Muse Ryan S

2. CERTIFICATE NO: G 29316

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4/APR 9

5. U.S. PORT OF EMBARKATION (City and State): Jones Town

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 24 Hunt 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): National Horse (Canada Quarantine) 47 Kent St Julia at 2 Arthur Avellin

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
☒ 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

Muse Ryan S.
24 Hunt 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
USA 1010	5	N	QH								
1011	20	N	TH								
1012	6	F	QH								
1013	19	F	QH								
1014	7	N	TH								
1015	14	F	QH								
1016	4	F	QH								
1017	4	F	QH								
1018	6	F	TH								
1019	6	F	TH								
1020	20	F	QH								
1021	7	N	TH								
1023	8	N	TH								
1024	3	N	QN								
1025	9	N	TH								
1026	26	F	QH								
1027	12	F	TH								
USA 1028	12	F	TH								

(1) The animals were inspected within 30 days prior to report and found to be healthy and free from evidence of communicable disease and exposure thereto.

(2) The animals were in the best of the knowledge and belief of Ryan Muse not exposed to any communicable disease within 30 days preceding the date of inspection.

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

(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 Florida

TYPE TEST	DATE M	DATE N	DATE O

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: 21 APR 09

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): 30 hrd

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN: Accredited

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

11-318000353

PART 4 - FIELD STATION

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.

Best Copy Available

16. CONSIGNEE'S NAME: Natural Meat (Coral Canada Food Inc)

2. CERTIFICATE NO. FROM VS FORM 17-140: 622316

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.							(6)	The animals at the time of the						
24 Moore Dr								inspection were found healthy and in a						
Tantallon NS B3Z 1P8								physical condition not to be transported						
							(7)	The veterinarian has been advised that						
								non-delivery of the health of						
								physical condition of the animals that						
								will result in the non-delivery to the						
								destination in the shipment to be						
								delivered entry to Canada.						
							(8)	It is the intended that						
								on the day of inspection on animals						
								found to be clinically ill, injured or						
								any other condition that could be						
								aggravated when the animals are						
								being transported causing the animals						
								to suffer						

4/7/09

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

11-318000354

PART 4 – FIELD STATION

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)

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

2. CERTIFICATE NO: G 29309

3. PAGE NO.: 1 OF 2

Best Copy Available

4. DATE ISSUED: 4/14/09

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

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*

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

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17029

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

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

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
[illegible]	[illegible]	[illegible]	[illegible]				[illegible]	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]						
[illegible]	[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: 4/14/09

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)*: [illegible]

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN: [illegible]

11-318000355

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

PART 5 – ISSUING VETERINARIAN

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)*

Best Copy Available

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

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

11-318000356

PART 5 – ISSUING 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.

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: G 37151

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/15/09

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: 17028

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): Richard Hirst, 517 Hay St. Jct at St Anne - Aylmer

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
☒ 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

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
Marc, B.S.	USFA0344	12	F	M	Mare									
94 Hoover Dr	0345	12	N	Saddle										
Jonestown PA 17028	0346	12	N	Horses										
	0347	15	N											
	0348	12	N											
	0349	10	N											
	0350	15	N											
	0351	15	N											
	0352	10	N											
	0353	10	N											
	0354	10	N											
	0355	10	N											
	0356	10	F											
	0357	5	F											
	0358	2	N											
	0359	10	N											
	0360	15	F											
	0361	10	N											

(1) During the previous twenty-one (21) days the animals in this shipment has not been in the state of Florida.

(2) The animals being presented have been under residents of the USA for at least (60) days immediately prior to the date of exportation and is resident since birth.

(3) The animals were found by James H. Hoff to be free from any communicable disease.

(4) The animals were to the best of the knowledge and belief of James S. Hoff were not exposed to any communicable disease within (60) sixty days prior to the date of inspection.

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: 1-16-09

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

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

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

11-318000357

PART 4 – FIELD STATION

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: G37151

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: Natural Meat

Best Copy Available

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 B.S.
94 Hoover Dr.
Jonestown PA 17038

MODIFIED ACCREDITED AREA (TB) ✓ E

CERTIFIED BRUCELLOSIS FREE AREA ✓ G

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE F	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 0362	15	N	Mixed									
0363	15	N	Saddle									
0364	15	N	Horses									
0365	5	F										
0366	5	N										
0367	10	F										
0368	15	F										
0369	10	N										
0370	5	N										
0371	15	F										
0372	15	N										
0373	15	N										

(5) The animals at the time of the inspection were found healthy and in 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) Fit to be transported means that on the day of inspection no animals have an infirmity, illness, injury or any other condition that will be aggravated when the animals have been transported causing the animals to suffer.

NB
1/11/09

VS FORM 17-140A
(MAY 89)

Previous edition may be used.

11-318000358

PART 3 - PORT 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): [illegible]

2. CERTIFICATE NO: G 37176

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/11/09

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

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 [illegible]

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: [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)

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

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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
US FAO [illegible]	5	M	[illegible]											
0470	5	F	[illegible]											
0470	5	F	[illegible]											
0471	5	F												
0472	5	F												
0473	5	F												
0474	5	F												
0475	5	F												
0476	5	F												
0477	5	M												
0478	5	M												
0479	5	M												
0480	5	F												
0481	5	F												
0482	5	F												
0483	5	F												
0484	5	F												
0485	5	F												

VALID [illegible] Y SEA[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:

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): 52

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): DR. DUNLEY MCCAMMON DVM

25. SIGNATURE OF ISSUING VETERINARIAN: [illegible]

11-318000359

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

PART F - ISSUING VETERINARIAN

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)*: Murg, Kevin S.

2. CERTIFICATE NO. FROM VS FORM 17-140: 3 37176

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: Natural Meat

Best Copy Available

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, or 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
[illegible]	20	N	[illegible]		6	[illegible]						[illegible]	[illegible]	[illegible]
[illegible]	10	F	[illegible]			[illegible]						[illegible]	[illegible]	[illegible]
[illegible]	10	F	[illegible]			[illegible]						[illegible]	[illegible]	[illegible]
0449	15	N				[illegible]						[illegible]	[illegible]	[illegible]
0450	15	F				[illegible]						[illegible]	[illegible]	[illegible]
0451	15	F				[illegible]						[illegible]	[illegible]	[illegible]
0452	10	F				[illegible]								
0453	15	F			7	F+I	be transported					meats	that	
0454	10	F				[illegible]						[illegible]	[illegible]	[illegible]
0455	15	N				[illegible]						[illegible]	[illegible]	[illegible]
0456	15	N				[illegible]						[illegible]	[illegible]	[illegible]
0457	15	F				[illegible]						[illegible]	[illegible]	[illegible]
0458	15	F				[illegible]								0
0459	20	N			8	THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF ANIMAL INFECTIOUS DISEASE.								

ORIGIN HEALTH CERTIFICATE APPROVED 23 FEDERAL INTERVENTION

VS FORM 17-140A (MAY 89) *Previous edition may be used.*

PART 5 - ISSUING VETERINARIAN

11-318000360

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): Mum, Brian S.

2. CERTIFICATE NO: I 48100

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/27/09

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

6. STATE CODE: PA

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): National Meat, 517 Kingsville Julie St. Anne Aurelin

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 ☒ 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 E	√ 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
Mum B.S.														
94 Mum Dr														
Jonestown PA 17038														

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: 1-27-09

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

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): 32

23. Signature of endorsing federal veterinarian: F D Brown DVM

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

11-318000361

PART 5 - ISSUING VETERINARIAN

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 ...

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 Bros S.

2. CERTIFICATE NO. FROM VS FORM 17-140: [illegible]48100

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: Natural Meat

Best Copy Available

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

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 R.S.	71STA0454	[illegible]	F	Mixed		(6)									
24 Hover Dr.	0455	[illegible]	N	[illegible]											
Jamestown PA 17028	0456	10	N	[illegible]											
	0457	5	N												
	0458	5	F												
	0459	10	F												
	0460	10	F												
	0461	10	N			(7)									
	0462	5	N												
	0463	10	N												
	0464	10	N												
	0465	10	F												
	0466	10	N												
	0467	10	F												

Dear Sir: I have inspected the animals listed on this certificate and find them free from any evidence of contagious, infectious or communicable disease. I have advised that any animals that may be transported in the shipment are fit for transport according to Canada Feed Regulations. I have also advised that on the day of inspection no animals have an abnormal illness, injury or any other condition that could be considered when the animals are being transported and during the animals to collapse.

VS FORM 17-140A (MAY 89) Previous edition may be used.

11-318000362

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.

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

2. CERTIFICATE NO: G 37156

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/12/09

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

6. STATE CODE: PA

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 3 - Air 2 - Truck 4 - Ocean [2]

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
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): National Horse 417 Rue St. Julien at St Antoine Avelin

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.

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, B.S. 94 Hoover Dr. Jonestown PA 17036	USFA04H	10	N	Mixed										
	0405	10	N	Saddle										
	0406	5	F	Mares										
	0407	20	N											
	0408	10	F											
	0409	5	N											
	0410	5	N											
	0411	5	N											
	0412	10	F											
	0413	10	F											
	0414	5	N											
	0415	20	N											
	0416	5	N											
	0417	5	N											
	0418	5	F											
	0419	10	F											
	0420	10	F											
	0421	10	F											

(1) During the previous twenty (21) days the animals in this shipment have been in the state of Florida.

(2) The animals being vaccinated must have been within results of the USA for at least (two) sixty days immediately prior to the date of exportation or a resident since birth.

(3) The animals were found by Jonas S. Hilt to be free from any communicable disease.

(4) The animals were to the best of the knowledge and belief of Jonas S. Hilt not exposed to any communicable disease within sixty (60) days preceding the date of exportation.

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: 1-23-09

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Hilt Jonas 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): 32

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): P.D. Brown Jr. VMD

25. SIGNATURE OF ISSUING VETERINARIAN: [signature] VMD 7032L Aug 16 2004

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

11-318000363
PART 4 – FIELD STATION

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: 3 37156

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: Natural Meat

Best Copy Available

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

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 & zip code	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, P. S.	USEH0422	10	N	[illegible]											
74 Kauer Dr.	0423	5	N	[illegible]											
Jonestown PA 170[illegible]	0424	5	F	[illegible]											
↓	0425	5	F	↓											
↓	0426	10	N	↓											
↓	0427	10	N	↓											
↓	0428	10	F	↓											
↓	0429	10	F	↓											
↓	0430	10	F	↓											
↓	0431	10	N	↓											
↓	0432	10	N	↓											
↓	0433	5	F	↓											
↓	0434	10	F	↓											
↓	0435	10	N	↓											

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

(6) The exporter has been advised that the deterioration in health and the physical condition of the animals [illegible] transport [illegible] in the [illegible] to be placed [illegible]

(7) Fit to be transported means that in the opinion of the [illegible] no animals have been [illegible] illness, injury or any other condition that [illegible] aggravated when the animals are being transported causing the animals [illegible] suffering.

VS FORM 17-140A (MAY 89) *Previous edition may be used.*

11-318000364

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)

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

2. CERTIFICATE NO: I 48070

3. PAGE NO.: 1 OF 2

Best Copy Available

4. DATE ISSUED: 1/19/09

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 (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): Natural Meat, 517 Rang Ste-Julie at St. Andre-Avellin

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
☒ 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

B. S. Moore
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 0374	10	F	Mixed								
0375	N	N	Kiding								
0376	5	M	Horse								
0377	10	N									
0378	10	F									
0379	10	F									
0380	10	F									
0381	10	F									
0382	5	N									
0383	5	N									
0384	5	N									
0385	5	N									
0386	20	N									
0387	20	N									
0388	20	N									
0389	20	N									
0390	20	N									
0391	20	N									

(1) During the previous twenty-one (21) days the animals in this shipment have not been in the state of Florida.

(2) The animals being presented must have been either residents of the USA for at least sixty (60) days immediately prior to the date of exportation or a resident since birth.

(3) The animals were tested by James S. Hill to be free from any sign of communicable disease.

(4) The animals were to the best of the knowledge and belief of James S. Hill not exposed to any communicable disease within (60) sixty days preceding the date of Inspection.

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: 1-20-09

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): 30

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

25. SIGNATURE OF ISSUING VETERINARIAN: LICENSE 70324 Acct #5204

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

11-318000365

PART 4 - FIELD STATION

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: I 48070

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: Natural Meat

Best Copy Available

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

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 B.S.	HCFA 0392	20	N	[illegible]		(5)		[illegible]							
94 Rover Rd	0393	20	N	[illegible]				[illegible]							
Jamestown PA 17038	0394	20	N	[illegible]				[illegible]							
	0395	20	N												
	0396	20	N			(6)		The exporter has been advised that							
	0397	15	N					any other information on the health or							
	0398	10	N					physical condition of the animals that							
	0399	10	N					they receive animals which are thought							
	0400	10	N					will result in the shipment to be							
	0401	10	N					refused entry in Canada.							
	0402	10	N			(7)		It is to be transported means that on							
	0403	10	N					the day of inspection no animals have							
								an infectious illness, injury or any other							
								condition that could be aggravated when							
								the animals have been transported							
								causing the animals to suffer.							

VS FORM 17-140A (MAY 89) *Previous edition may be used.*

11-318000366

PART 4 - FIELD STATION

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

CONTINUATION SHEET FOR
UNITED STATES ORIGIN HEALTH CERTIFICATE

business name) Moore B.S.

16. CONSIGNEE'S NAME: Natural Meat

Best Copy Available

FROM VS FORM 17-140: 48063

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

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.	USFA0298	15	N	Mixed		(6)									
94 Hower Dr.	0299	15	F	Saddle											
Jonestown, PA 17038	0300	10	N	Horses											
	0301	10	N												
	0302	10	N												
	0303	20	N			(7)									
	0304	20	N												
	0305	20	N												
	0306	10	N												
	0307	10	F												
	0308	5	F												
	0309	15	N												
	0310	10	N												
	0311	10	N												

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

(7) 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 animal is being transported causing the animal to suffer.

VS FORM 17-140A (MAY 89)

Previous edition may be used.

PART 3 - PORT VETERINARIAN

11-318000367

The certificate is authorized by law 21 U.S.C 112). While you are not required to respond, no health ...

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: I 48063

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/6/09

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 (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): Natural Meat, 517 Rang Ste-Julie est St. Andre-Avellin

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
☒ 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 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
USFA0280		F	Mixed		
0281		F	Saddle		
0282		N	Horses		
0283		F			
0284		F			
0285		N			
0286		F			
0287		N			
0288		F			
0289		F			
0290		F			
0291		N			
0292		F			
0293		F			
0294		N			
0295		N			
0296		N			
0297		N			

CERTIFIED BRUCELLOSIS FREE AREA

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

(1) During the previous twenty-one (21) days, the animal(s) in this shipment has not been in the state of Florida.

(2) The animals being presented must have been either residents of the USA for at least sixty (60) days immediately prior to the date of exportation or a resident since birth.

(3) The animals were found by James S. Holt to be free from any communicable disease.

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

(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

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-JAN-09

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): 32

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

11-318000368

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.

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, Dennis 94 Moore Dr Jonestown PA 17038	I 48064	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)
11/6/08	Jonestown PA	42	94 Moore Dr	Jonestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	42	17038

9. SEMEN (Check if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]	567 [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	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS. ☐ 72 HRS.		DISEASE	DISEASE	DISEASE
	CERTIFIED BRUCELLOSIS FREE AREA	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]	10	N						(1)	During	the	previous	[illegible]		
[illegible]	[illegible]	N							[illegible]			[illegible]		
[illegible]	[illegible]	F							[illegible]			[illegible]		
[illegible]	[illegible]	F						(2)	[illegible]			[illegible]		
[illegible]	[illegible]	N							[illegible]			[illegible]		
[illegible]	[illegible]	N							either	[illegible]		[illegible]		
[illegible]	[illegible]	N							[illegible]	[illegible]		[illegible]		
[illegible]	[illegible]	N							[illegible]			[illegible]		
[illegible]	[illegible]	F							[illegible]			[illegible]		
[illegible]	[illegible]	N						(3)	The	animal		[illegible]		
[illegible]	[illegible]	F							[illegible]			[illegible]		
[illegible]	[illegible]	F							[illegible]			[illegible]		
[illegible]	[illegible]	N						(4)	[illegible]			[illegible]		
[illegible]	[illegible]	N							[illegible]			[illegible]		
[illegible]	[illegible]	F							[illegible]			[illegible]		
[illegible]	[illegible]	F							[illegible]			[illegible]		
[illegible]	[illegible]	N							[illegible]			[illegible]		
[illegible]	[illegible]	N							[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)
9-JAN-09	[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]	[illegible]

11-318000369

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

PART 5 - ISSUING VETERINARIAN

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: Natural Meat

Best Copy Available

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) ✓ E

18. INDIVIDUAL IDENTIFICATION

CERTIFIED BRUCELLOSIS FREE AREA ✓ G

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]												

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)

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

Best Copy Available

2. CERTIFICATE NO: G 37157

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/5/09

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

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 (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): National Horse 517 Perry Str. Julian et Nadie-Avallin

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
☒ 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 B. 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
USFA 0532	20	N	Mixed								
0533	24	N	Saddle								
0534	20	N	Horses								
0535	20	F									
0536	10	F									
0537	10	N									
0538	20	F									
0539	20	N									
0540	20	N									
0541	10	F									
0542	10	N									
0543	10	F									
0544	10	F									
0545	5	F									
0546	5	N									
0547	20	F									
0548	20	F									
0549	5	N									

(1) During the previous (21) twenty-one days the animals in the shipment have not been in the State of Florida.

(2) The animals being permitted must have been either residents of the USA for at least (60) days immediately prior to the date of exportation or a resident since birth.

(3) The animals were found to be free of evidence of any communicable diseases.

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

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

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: 06 FEB 09

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): 11-31800037(1)

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

PART 4 – FIELD STATION

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: National Meat

2. CERTIFICATE NO. FROM VS FORM 17-140: 37127

3. PAGE NO.: 2 OF 2

Best Copy Available

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
[illegible]	20	N	[illegible]											
0551	20	N	[illegible]											
0552	20	N	[illegible]											
0553	20	N												
0554	20	N												
0555	20	N												
0556	20	F												
0557	20	F												
0558	20	N												
0559	20	N												
0560	20	N												
0561	20	N												

Moore Brian S
71 Moore Dr.
Jonestown PA 17038

(1) The inspector has been advised that this health inspected the animals the Nancy Reid, 167 [illegible] would be transported to the slaughter the [illegible] Reid [illegible] to Canada.

(2) [illegible] be transported means that [illegible] the day of inspection no animal has an infectious, illness injury or any condition that could be aggravated during the animal have been [illegible] during the animals [illegible].

VS FORM 17-140A
(MAY 89)

Previous edition may be used.

11-318000372

PART 5 - ISSUING 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

2. CERTIFICATE NO: G 37166

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/9/09

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 3 - Air 2 - Truck 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): National Meat 517 Kang St. Intersect of Aldershullin

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
☒ 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.
74 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
USFA0562	20	F	BL								
0563	20	F	QH								
0564	10	F	TB								
0565	20	F	SN								
0566	20	F	SN								
0567	20	F	SN								
0568	15	F	SN								
0569	15	F	SN								
0570	15	F	SN								
0571	5	N	TB								
0572	10	N	QH								
0573	15	F	SN								
0574	20	F	BL								
0575	10	F	QH								
0576	10	F	QH								
0577	5	F	TB								
0578	15	N	SN								
0579	15	F	TB								

(1) During the previous (20) days prior to this shipment these animals were in the state of Florida.

(2) The animals were inspected within 30 days prior to export and found to be free from evidence of communicable diseases and exposure thereto.

(3) The animals have, to the best of the knowledge and belief of James S. Hill, not been exposed to any communicable disease within sixty days preceding the date of inspection.

(4) The animals have resided in the United States or Canada since birth or have met all the required 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: 2/11/2009

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): 32

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN: [signature] USDA 0320 [illegible]

11-318000373

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

PART 4 – FIELD STATION

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

CONTINUATION SHEET FOR
UNITED STATES ORIGIN HEALTH CERTIFICATE

business name) Moore, Brian S.

16. CONSIGNEE'S NAME: Natural Meat

Best Copy Available

FROM VS FORM 17-140: G 37166

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

Owner's name	Owner's street address	Owner's 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.	24 Hawer Dr	Scarborough ON M1B 3E8	US A0580	1	F	SW											
			0581	10	N	TB											
			0582	9	N	MIX											
			0583	15	F	OH											
			0584	5	F	TB											
			0585	5	F	TB											
			0586	10	N	SW											
			0587	20	F	TB											
			0588	15	F	TB											
			0589	15	N	OH											
			0590	10	N	SW											
			0591	20	F	OH											
			0592	15	N	SW											
			0593	10	N	SW											

(5) [illegible] at the time of inspection to be healthy and in [illegible] condition fit to be transported.

(6) The animals have been advised that 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 into Canada.

(7) Fit to be transported means that on the date of inspection the animals have an [illegible] absence of any condition that could be aggravated when the animals have been transported including the animals to [illegible].

(8) The animals have met all of the import requirements of the USA and have resided in the USA for the past 60 days.

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 37158

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/12/09

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

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 (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): National Meat 517 Rang St - Julie et St Anne-Avellin

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
☒ 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 B.S.											
94 Hower Dr											
Jonestown PA 17038											
USFA0594	10	F	TH								
0595	10	F	TH								
0596	10	F	TH								
0597	5	F	TH								
0598	5	F	TH								
0599	10	F	TH								
0600	10	N	QH								
0601	5	N	QH								
0602	20	F	SN								
0603	20	N	SN								
0604	15	N	PE								
0605	15	N	BL								
0606	15	N	BL								
0607	20	N	BL								
0608	20	N	QH								
0609	10	F	SN								
0610	15	N	SN								
0611	10	N	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 Jonathan H. not exposed to any communicable disease within 60 days preceding the date of inspection.

(3) The animals have resided in the USA since birth

(OR)

(4) The animals have met all of the export 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: 2/13/09

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN: BK007032L Aug 15 2011

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

11-318000375

PART 4 – FIELD STATION

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: G 37158

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: Natural Meat

Best Copy Available

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

17. FARM ORIGIN	ID NO. OR DESCRIPTION (15) 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.	~~USFA 0611~~	~~[illegible]~~	~~[illegible]~~	~~[illegible]~~											
211 Hoover Dr.	USFA 0612	10	N	SN											
Jonestown PA 17036	0613	20	N	SN											
	0614	5	N	QH											
	0615	10	N	QH											
	0616	10	F	QH											
	0617	10	F	QH											
	0618	20	F	SN											
	0619	20	N	SN											
	0620	10	N	SN											
	0621	10	F	SN											
	0622	10	F	SN											
	0623	10	F	TH											

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

(6) During the previous 21 days the animals have not been in the state of Florida.

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

(8) Fit to be transported means that in the day of inspection no animal have an obvious illness, injury or any condition that would be aggravated when the animals have been transported during the animal transportation.

VS FORM 17-140A
(MAY 89)

Previous edition may be used.

PART 3 OF 3 FIELD STATION

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: G 37159

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/17/09

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: 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): Natural meat, 317 Ramp 7 Jalan at St Andrew-Avalin

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
☒ 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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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
Marc Brian S	USA 0624	5	N	BL											
94 Hoover Dr	0625	10	F	QH											
Jonestown PA 17036	0626	5	N	QH											
	0627	5	F	QH											
	0628	10	F	SN											
	0629	10	F	SN											
	0630	10	F	SN											
	0631	10	F	SN											
	0632	10	F	SN											
	0633	5	N	QH											
	0634	10	F	SN											
	0635	10	F	SN											
	0636	10	N	QH											
	0637	10	N	QH											
	0638	20	N	QH											
	0639	10	F	TH											
	0640	5	N	TH											
	0641	5	N	QH											

(1) The animals were imported 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 in the best of the knowledge and belief of James Shelf not exposed to any communicable disease within 60 days preceding the date of this notice.

(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 Florida.

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: 2/18/09

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

23. Signature of endorsing federal veterinarian: FD Brown DVM

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

25. SIGNATURE OF ISSUING VETERINARIAN: J Shelf

Knowledge and Belief

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

PARTS SHIPPED STATION

11-71800277

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: 37158

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: Natural Meat

Best Copy Available

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) ✓ E — CERTIFIED BRUCELLOSIS FREE AREA ✓ G

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
Mars, PA	11TA0642	5	N	QH				(6)	The animals of the						
91 Mars Dr	0648		F	TH					herd have						
Jeanette PA 15644	0649	5	N	QH					1/2						
	0645	5	N	SN											
	0646	5	N	SN											
	0647	5	N	QH				(7)	The exporter has						
	0648	5	N	QH											
	0649	5	N	QH											
	0650	5	N	SN											
	0651	5	N	SN											
	0652	5	N	SN											
	0653	10	N	SN											
								(8)	It is						

VS FORM 17-140A (MAY 89) *Previous edition may be used.*

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

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)*: Mark Brian

2. CERTIFICATE NO: G 37177

3. PAGE NO.: 1 OF 1

4. DATE ISSUED: 2/10/00

5. U.S. PORT OF EMBARKATION *(City and State)*: Inter-Pennsylvania

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*: 94 Maple 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)*: Belmont Farm, 12 [illegible] Avenue

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
☒ 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.

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]	F	TH											
[illegible]	[illegible]	F	TH											
[illegible]	[illegible]	F	TH											
[illegible]	[illegible]	F	TH											
[illegible]	[illegible]	N	TH											
[illegible]	[illegible]	N	TH											
[illegible]	[illegible]	N	TH											
[illegible]	[illegible]	N	TH											
[illegible]	[illegible]	F	[illegible]											
[illegible]	[illegible]	F	TH											
[illegible]	[illegible]	F	TH											
[illegible]	[illegible]	F	TH											
[illegible]	[illegible]	F	TH											
[illegible]	[illegible]	F	TH											
[illegible]	[illegible]	F	TH											
[illegible]	[illegible]	F	TH											
[illegible]	[illegible]	N	N											

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: 2/10/00

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

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)*: [illegible]

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

11-318000379

PART 5 - ISSUING VETERINARIAN

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: Natural Meat

Best Copy Available

2. CERTIFICATE NO. FROM VS FORM 17-140: G 37177

3. PAGE NO.: 2 of 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ✔ G — DATE H — VAC I — 1/25 J — 1/50 K — 1/100 L

CERTIFIED BRUCELLOSIS FREE AREA: ✔ E — DATE F

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE M; DISEASE / TYPE TEST / DATE N; DISEASE / TYPE TEST / 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.
Jonestown, PA 17038

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D
USFA0672	10	F	SN
0673	10	N	QH
0674	20	N	QH
0675	20	N	BL
0676	10	F	QH
0677	10	F	QH
0678	10	N	QH
0679	10	N	SN
0680	10	N	SN
0681	20	N	QH
0682	5	F	QH
0683	10	N	SN

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

11-318000380

PART 4 - FIELD STATION

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: Natural Meat

Best Copy Available

2. CERTIFICATE NO. FROM VS FORM 17-140: 537200

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.	USFA0700	15	F	OH											
94 Hoover Dr	0703	5	F	TH											
Jonestown PA	0704	15	N	SN											
17032	0705	15	F	OH											
	0706	15	F	OH											
	0707	5	F	TH											
	0708	20	M	SN											
	0709	10	F	OH											
	0710	5	F	OH											
	0711	5	F	OH											
	0712	20	N	SL											
	0713	20	F	SN											

(6) During the previous 21 days the animals have not been in the state of Florida.

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

(8) Fit to be transported means that on the day of inspected the animals have no visibly illness, injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.

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

11-318000381

PART 3 – PORT 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: G 37200

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/27/09

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 (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): Natural Mart, 57 Rang St. Julie, St Andre Avellin

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
☒ 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 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
USFA0684	5y	F	TH								
0685	5y	F	TH								
0686	15	N	QH								
0687	5	N	QH								
0688	5	F	QH								
0689	10	F	QH								
0690	15	F	TH								
0691	15	F	TH								
0692	10	F	TH								
0693	10	F	TH								
0694	16	N	QH								
0695	10	N	QH								
0696	20	F	QH								
0697	16	F	QH								
0698	10	F	QH								
0699	10	N	SN								
0700	15	F	SN								
0701	10	F	QH								

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

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: 2/27/09

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN: BR007032L Acct#5204

11-318000382

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

PART 3 – PORT 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: G 37169

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/1/09

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

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 (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): Natural Meat, 517 Rang St. Julie-et St Andre-Avellin

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
☒ 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
Moore, B.S. 94 Hoover Dr. Jonestown PA 17038											
USFA0714	10	F	QH								
0715	2	N	PN								
0716	10	F	QH								
0717	20	N	BL								
0718	10	N	QH								
0719	10	N	QH								
0720	10	N	QH								
0721	10	N	QH								
0722	15	F	BL								
0723	10	N	SN								
0724	10	N	TH								
0725	10	F	QH								
0726	10	F	TH								
0727	10	F	TH								
0728	10	N	QH								
0729	5	F	QH								
0730	10	F	TH								
0731	10	F	QH								

(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 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.

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: 3/2/2009

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

23. Signature of endorsing federal veterinarian: APPROVED

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

25. SIGNATURE OF ISSUING VETERINARIAN: B1007032L Acct #5201

11-318000383

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

PART 3 – PORT VETERINARIAN

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: Natural Meat

Best Copy Available

2. CERTIFICATE NO. FROM VS FORM 17-140: 637169

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 / 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.	USA0732	15	F	TH											
24 Hoover Dr.	0733	10	F	TH											
Jonestown PA 17038	0734	10	F	TH											
	0735	15	N	SN											
	0736	10	N	SN											
	0737	10	F	SN											
	0738	15	F	SN											
	0739	20	N	SN											
	0740	15	N	SN											
	0741	10	F	TH											
	0742	5	N	TH											
	0743	10	F	SN											

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

(6) During the past 21 days the animals have not been in the State of Florida.

(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 an obvious injury or any other condition that could be aggravated when the animals are being transported causing the animals to suffer.

JDC 3/10/04

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

11-318000384

PART 3 – PORT 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

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 37172

3. PAGE NO: 1 OF 2

4. DATE ISSUED: 3/6/09

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

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: ~~Jonestown~~ Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17037

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): Natural Meat [illegible] Canada

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
☒ 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, B. S.											
94 Moore Dr.											
Jonestown PA 17037											
USFA 0747	10	F	QH								
0748	10	F	PL								
0749	5	F	TH								
0750	10	F	SN								
0751	10	N	SN								
0752	5	F	TH								
0753	5	F	SN								
0754	5	F	QH								
0755	10	F	TH								
0756	10	N	SN								
0757	20	N	QH								
0758	10	F	SN								
0759	10	F	TH								
0760	10	F	TH								
0761	10	F	TH								
0762	10	F	TH								
0763	10	F	TH								
0764	10	F	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 thereto.

(2) The animals are to the best of the knowledge and belief of James S. Hill were not exposed to any communicable diseases 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 24 days the animals have not been in the state of Florida.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED FOR VETERINARIAN 23

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): 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): 30

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

25. SIGNATURE OF ISSUING VETERINARIAN: DVM Accredited 5204

11-318000385

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

PART 4 – FIELD STATION

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]

Best Copy Available

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

17. FARM ORIGIN Owner's name *(Last name, two initials, & business name)* Owner's street address Owner's city/town, state code & zip code	18. INDIVIDUAL IDENTIFICATION (MODIFIED ACCREDITED AREA (TB)) ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G (CERTIFIED BRUCELLOSIS FREE AREA) 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]	10	F	TH			[illegible]	[illegible]				[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	10	F	TH				[illegible]				[illegible]	[illegible]	[illegible]
[illegible]	0767	10	F	TH				[illegible]				[illegible]	[illegible]	
	0768	10	F	TH			[illegible]	[illegible]				[illegible]	[illegible]	[illegible]
	0769	10	F	TH				[illegible]				[illegible]	[illegible]	[illegible]
	0770	10	F	TH				[illegible]				[illegible]	[illegible]	[illegible]
	0771	10	F	TH				[illegible]				[illegible]	[illegible]	[illegible]
	0772	10	F	TH				[illegible]				[illegible]	[illegible]	[illegible]
	0773	10	F	TH				[illegible]				[illegible]		
	0774	10	F	TH										
	0775	10	F	TH			[illegible]	[illegible]				[illegible]	[illegible]	[illegible]
	0776	10	F	TH				[illegible]				[illegible]	[illegible]	[illegible]
								[illegible]				[illegible]	[illegible]	[illegible]
								[illegible]				[illegible]	[illegible]	[illegible]
								[illegible]				[illegible]	[illegible]	[illegible]
								[illegible]				[illegible]	[illegible]	[illegible]

ORIGIN HEALTH CERTIFICATE APPROVED 23 DEPARTMENT OF AGRICULTURE

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

11-318000386

PART 5 – ISSUING 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. 0579-0212

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: G 37175

3. PAGE NO.: 1 OF 2

Best Copy Available

4. DATE ISSUED: 3/10/09

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

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Or Rural Route or Town): 94 Hoover Dr. 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): Natural Meat, 517 Rang St. Julien est St Andre-Avellin

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 ☒ 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.

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	DATE M	DATE N	DATE O
USFA0777	10	N	QH											
0778	10	N	QH											
0779	10	N	QH											
0780	14	N	SN											
0781	10	N	QH											
0782	15	N	BL											
0783	14	N	SN											
0784	12	F	QH											
0785	14	N	QH											
0786	10	N	TH											
0787	14	F	QH											
0788	12	N	QH											
0789	4	N	BL											
0790	12	N	SN											
0791	15	N	BL											
0792	15	F	QH											
0793	15	F	TH											
0794	15	F	TH											

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

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: 3/11/2009

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

23. Signature of endorsing federal veterinarian: DR. MICHAEL [illegible]

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

25. SIGNATURE OF ISSUING VETERINARIAN: J S Holt

B1007326 Acct #5241

11-318000387

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

PART 2 – VS RIVERDALE, MARYLAND

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

Best Copy Available

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) ——

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

FOREIGN HEALTH CERTIFICATE
APPROVED
23

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

11-318000388

PART 5 – ISSUING 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.

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]	G 37178	1 OF [illegible]

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)
31-[illegible]	Jonestown PA	12	[illegible]	Jonest[illegible]

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
[illegible]	PA (12)	17[illegible]

9. SEMEN (Check if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean ☒ 2	[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	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
[illegible]	[illegible]	[illegible]	[illegible]		[illegible]		[illegible]							
[illegible]	[illegible]	[illegible]	[illegible]											
[illegible]	[illegible]	[illegible]	[illegible]											
[illegible]	[illegible]	[illegible]	[illegible]											
[illegible]	[illegible]	[illegible]	[illegible]		[illegible]									
[illegible]	[illegible]	[illegible]	[illegible]											
[illegible]	[illegible]	[illegible]	[illegible]											
[illegible]	[illegible]	[illegible]	[illegible]											
[illegible]	[illegible]	[illegible]	[illegible]											
[illegible]	[illegible]	[illegible]	[illegible]		[illegible]									
[illegible]	[illegible]	[illegible]	[illegible]											
[illegible]	[illegible]	[illegible]	[illegible]											
[illegible]	[illegible]	[illegible]	[illegible]											
[illegible]	[illegible]	[illegible]	[illegible]											
[illegible]	[illegible]	[illegible]	[illegible]		[illegible]									
[illegible]	[illegible]	[illegible]	[illegible]											
[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]	[illegible] Jones	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	20

23. Signature of endorsing federal veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	[illegible]	[illegible]

11-318000389

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

PART 5 – ISSUING VETERINARIAN

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, [illegible]

16. CONSIGNEE'S NAME: Natural Meat

Best Copy Available

2. CERTIFICATE NO. FROM VS FORM 17-140: G37177

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 [illegible]	[illegible]	F	QH											
[illegible] Dr	[illegible]	F	QH											
Jonestown [illegible]	[illegible]	F	QH											
	[illegible]	F	TH											
	[illegible]	N	SN											
	[illegible]	F	QH											
	[illegible]	N	SN											
	[illegible]	N	SN											
	[illegible]	F	SN											
	[illegible]	F	N											
	[illegible]	F	BL											
	[illegible]	F	HF											

[illegible] animals at [illegible] time of inspection were found to be free of [illegible] and in [illegible] condition to be transported. The consignor has been advised that [illegible] in the [illegible] of the animals [illegible] may result in the shipment [illegible] being returned to Canada. [illegible] 30 days period means that [illegible] the day of inspection animals [illegible] showing any other condition that might be aggravated when the animals are being transported causing the animals to suffer.

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

11-318000390

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

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 37199

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/17/09

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

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 (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): Nadine Mont 374 Kings Hill Rd St Stephen Avellin

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
☒ 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.

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
Moore, B.S.	USA0837	7	N	PL											
94 Hoover Dr.	0838	6	F	QH											
Jonestown PA 17038	0839	7	F	QH											
	0840	10	F	QH											
	0841	10	F	QH											
	0842	15	F	TH											
	0843	7	F	QH											
	0844	6	N	SN											
	0845	17	N	SN											
	0846	15	F	QH											
	0847	10	F	SN											
	0848	5	N	QH											
	0849	13	N	QH											
	0850	6	N	QH											
	0851	7	N	QH											
	0852	10	F	QH											
	0853	10	F	TH											
	0854	10	F	QH											

(1) The animals were imported within 30 days prior to export and find to be free from evidence of communicable disease and approve Health.

(2) The animals were to the best of the knowledge and belief of James S Hyll were 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 Florida

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: 18 MAR 09

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): Hill 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): 30

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN: [signature] 8900703L Auth Cool

11-318000391

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

PART 4 – FIELD STATION

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: Natural Meat

Best Copy Available

2. CERTIFICATE NO. FROM VS FORM 17-140: 627199

3. PAGE NO.: 1 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 B.	USFA085	10	F	TH											
94 Marc Dr	0856	20	N	SN											
Swanton MD 21857	0857	12	F	BF											
	0858	16	N	SN											
	0859	7	N	DH											
	0860	7	F	HL											
	0861	5	N	DH											
	0862	4	F	SN											
	0863	4	F	SN											
	0864	9	N	SN											
	0865	7	N	SN											
	0866	20	N	TH											

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

11-318000392

PART 4 - FIELD STATION

Best Copy Available

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0020. The time required to complete this information collection is estimated to average between .50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information .

INSTRUCTIONS FOR COMPLETING VS FORM 17-140, UNITED STATES ORIGIN HEALTH CERTIFICATE AND VS FORM 17-140A, CONTINUATION SHEET FOR UNITED STATES ORIGIN HEALTH CERTIFICATE

Use a separate form for each Species. If additional lines are needed, use as many VS Forms 17-140A, Continuation Sheet for United States Origin Health Certificate, as needed. If more copies of this certificate are needed, duplicated copies may be made after endorsement, using any copy except the original. No additions, changes or deletions shall be made on this certificate unless initialed by the issuing, endorsing, or port veterinarian. (A double ruled line shall be used to delete animals not being shipped.)

1. Self-explanatory.
2. **CERTIFICATE NO.** - The imprinted certificate no. on the Certificate shall not be altered or crossed out, and all copies covering the same Species shall carry the same unaltered certificate no. Insert this no. on all VS Forms 17-140A used.
3. **PAGE NO.** - Show total number pages in the shipment on each sheet, (i.e., a shipment which would use one VS Form 17-140 and two VS Form 17-140A would be numbered: "Page 1 of 3; Page 2 of 3; and Page 3 of 3).
4. **DATE ISSUED** - The date the veterinary inspection is completed.
5. **U.S. PORT OF EMBARKATION** - The point of loading for export.
6. **STATE CODE** - See FIPS state codes below.
7. Self explanatory.
8. Self explanatory.
9. **SEMEN** - Check if Semen, but be certain to give the Species in Item 15.
10. Self explanatory.
11. Self explanatory.
12. Self explanatory.
13. **STATE CODE** - See FIPS state codes below.
14. Self explanatory.
15. **SPECIES** - (Check or Specify) - A separate certificate must be used for each species.
16. Enter name and address of consignee and FIPS country code.
17. Self explanatory. (FIPS State Codes Below)
18. **A - ID NO. OR DESCRIPTION** - Show the complete ear tag or tattoo no.

    B - AGE - Age measured in months.

    C - SEX - M-Male F-Female N-Neuter

18D - BREEDS

BOVINE

AN - Aberdeen Angus
AB - Abondance
AF - Afokander
AY - Ayshire
BA - Barzona
BE - Beefalo
BF - Beef Friesian
BM - Beef Master
BB - Belgium Blue
BG - Belter Galloway
BD - Blonde D'Aquitaine
BO - Braford
BR - Brahman
BH - Brahmental
BN - Brangus
BU - Braunvieh
SB - Brown Swiss (beef)
BS - Brown Swiss (dairy)
CP - Campine Red Pied
CN - Canadienne
CB - Charbray
CH - Charolais
CA - Chianina
DB - Danish Black and White
DJ - Danish Jersey
RW - Danish Red and White
DE - Devon
DR - Dexter
FP - East Flemish Red Pied
ER - Eringer
FA - Flamand
FL - Fleckvieh
FR - Fribourg
FB - Friesian (Belgium)
DF - Friesian (Dutch)
GA - Galloway (beef)
GD - Galloway (dairy)
GS - Gascone
GV - Gelbvieh
GR - Groninger
GU - Guernsey
HC - Hays Converter
HH - Hereford (horned)
HP - Hereford (polled)
SH - Highland (Scotch Highland)
HO - Holstein
HY - Hybrid (Alberta Hybrid)
JE - Jersey
KB - Kobe (Wagyu)
LU - Luing
LM - Limousin
LR - Lincoln Red
MA - Maine-Anjou
MR - Marchigiana
ME - Maremmana
MI - Meuse-Rhine-Ijessel
MO - Montbeliard
MG - Murray Gray
NM - Normandie
NR - Norwegian Red
PA - Parthenais
PI - Piedmont
PR - Pie Rouge
PZ - Pinzgauer
RA - Ranger
AR - Red Angus
RB - Red Brangus
RD - Red Dane (Red Danish, Danish Red)
WW - Red Holstein
RP - Red Poll
RN - Romagnola
RO - Rotbunte
AS - Salers
SG - Santa Gertrudis
MS - Shorthorn (milking)
SS - Shorthorn (beef-Scotch)
SP - Shorthorn (polled)
IS - Shorthorn (Illawarra)
SM - Simmental
DS - South Devon
SX - Sussex
TA - Tarentaise
TG - Tasmanian Grey
TL - Texas Longhorn
WB - Welsh Black
WF - West Flemish Red
XX - Crossbreds

PORCINE

YO - Yorkshire
LA - Landrace
HA - Hampshire
DU - Durec
LC - Lacombe
PC - Poland China
BK - Birkshire
SO - Spotted
CW - Chester White
PE - Pietrain
TM - Tamworth
WS - Wessex Saddleback
LW - Large White (British)
LB - Large Black (British)

CAPRINE

AL - Alpine
AG - Angora
LN - La Mancha
NU - Nubian
TO - Toggenburg

OVINE

BC - Border Cheviot
CO - Columbia
CR - Corriedale
DO - Dorset
FN - Finnish Landrace
HA - Hampshire
LE - Leicester
LI - Lincoln
MT - Montadale
NC - N. Country Cheviot
OX - Oxford
RA - Rambouillet
RM - Romnelet
SB - Scottish Blackface
SR - Shropshire
ST - Southdown
SU - Suffolk

EQUINE

AS - American Saddlebred
AP - Appalosa
AB - Arabian
BL - Belgian
CL - Clydesdale
HA - Hackney (Horse)
HK - Hackney (pony)
HU - Hunter
MN - Morgan
APL - Palomino
PE - Percheron
PN - Pinto
QH - Quarter Horse
SE - Shetland
SI - Shire
SN - Standardbred
SF - Suffolk Punch
TW - Tennessee Walking
TH - Thoroughbred
WE - Welsh

COLUMNS E - O

E, F, G, H, - Self Explanatory	I - VAC - Use "OV" official vaccinates, or vaccination date when required by country of destination.	J, K, L - Show Negative in highest Titer required.	M, N, O, - Self Explanatory

FIPS STATE CODES (Items 6, 13, and 17)

01 - Alabama
02 - Alaska
03 - Arizona
04 - Arkansas
06 - California
08 - Colorado
09 - Connecticut
10 - Delaware
11 - Dist. of Columbia
12 - Florida
13 - Georgia
15 - Hawaii
16 - Idaho
17 - Illinois
18 - Indiana
19 - Iowa
20 - Kansas
21 - Kentucky
22 - Louisiana
23 - Maine
24 - Maryland
25 - Mass.
26 - Michigan
27 - Minnesota
28 - Mississippi
29 - Missouri
30 - Montana
31 - Nebraska
32 - Nevada
33 - N. H.
34 - N. J.
35 - N. Mex.
36 - New York
37 - N. C.
38 - N. Dak.
39 - Ohio
40 - Oklahoma
41 - Oregon
42 - Pennsylvania
43 - P. R.
44 - R. I.
45 - S. C.
46 - S. Dak.
47 - Tennessee
48 - Texas
49 - Utah
50 - Vermont
51 - Virginia
52 - Virgin Island
53 - Wash.
54 - W. Virginia
55 - Wisconsin
56 - Wyoming

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: G 28771

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)*

12. CONSIGNOR'S STATE

13. STATE CODE

14. ZIP CODE

9. SEMEN *(Check if yes)* ☐

10. NO. DOSES OF SEMEN

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

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

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED FEDERAL VETERINARIAN 23 U.S. DEPARTMENT OF AGRICULTURE HEALTH CERTIFICATE

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: 07/07/09

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

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)*

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print, or stamp)*: Dr. Donald McLean, VMO

25. SIGNATURE OF ISSUING VETERINARIAN

11-318000394

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

PART 5 – ISSUING VETERINARIAN

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

Best Copy Available

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

APPROVED
Dr. Donald McLeod DVM
02/07/09

11-318000395

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 5 – ISSUING VETERINARIAN

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)

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

2. CERTIFICATE NO: G 28781

3. PAGE NO.: 1 OF [illegible]

Best Copy Available

4. DATE ISSUED: 6/2/29

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

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing [illegible] or Town): [illegible] Tonesta

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 12536

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]

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
☒ 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.

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
[illegible] 1424	3	N	QH				(1)	[illegible]				[illegible]	[illegible]	[illegible]
1427	4	F	QH									[illegible]	[illegible]	[illegible]
1414	7	F	VF					[illegible]				[illegible]	[illegible]	[illegible]
1487	6	F	QH					[illegible]				[illegible]		
1478	15	F	[illegible]				(3)	[illegible]				[illegible]	[illegible]	[illegible]
1429	[illegible]	N	[illegible]					[illegible]				[illegible]	[illegible]	[illegible]
1481	[illegible]	F	[illegible]					[illegible]				[illegible]	[illegible]	[illegible]
1471	14	F	[illegible]					[illegible]				[illegible]	[illegible]	[illegible]
1492	10	F	[illegible]					[illegible]				[illegible]	[illegible]	[illegible]
1493	10	F	[illegible]				(5)	[illegible]				[illegible]	[illegible]	[illegible]
1494	7	F	[illegible]					[illegible]				[illegible]	[illegible]	[illegible]
1495	12	F	QH				(4)	[illegible]				[illegible]	[illegible]	[illegible]
1496	7	F	TH					[illegible]				[illegible]	[illegible]	[illegible]
1497	20	F	[illegible]					[illegible]				[illegible]	[illegible]	[illegible]
1498	7	F	[illegible]					[illegible]						
1499	7	N	[illegible]				(6)	[illegible]				[illegible]	[illegible]	[illegible]
1500	7	N	[illegible]					[illegible]				[illegible]	[illegible]	[illegible]
1501	12	N	[illegible]					[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: [illegible]

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): [illegible]

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

25. SIGNATURE OF ISSUING VETERINARIAN: [illegible]

23. Signature of endorsing federal veterinarian

11-318000396

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

PART 5 – ISSUING VETERINARIAN

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 Rousseau

Best Copy Available

16. CONSIGNEE'S NAME: Paul Cuccia Front Inc

2. CERTIFICATE NO. FROM VS FORM 17-140: 6277R1

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
[illegible]	[illegible]	[illegible]	[illegible]				[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]		[illegible]	[illegible]			
[illegible]	[illegible]	[illegible]	[illegible]				[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]					[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
							[illegible]	[illegible]		[illegible]	[illegible]			
								[illegible]		[illegible]	[illegible]			
								[illegible]		[illegible]	[illegible]			
								[illegible]		[illegible]	[illegible]			
								[illegible]		[illegible]	[illegible]			
								[illegible]		[illegible]	[illegible]			
								[illegible]		[illegible]	[illegible]			
								[illegible]		[illegible]	[illegible]			

11-318000397

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

PART 5 – ISSUING 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)*: [illegible]

2. CERTIFICATE NO: G 28784

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7/15/[illegible]

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

6. STATE CODE: [illegible]

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

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

12. CONSIGNOR'S STATE: Jamestown

13. STATE CODE: PA

14. ZIP CODE: 17018

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] Canada Import Inc [illegible]

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
☑ 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
USA 1510	7	N	QH				(1)	[illegible]	[illegible]	[illegible]	[illegible]
1511	20	E	QH					[illegible]	[illegible]	[illegible]	[illegible]
1512	17	E	QH		14			[illegible]	[illegible]	[illegible]	[illegible]
1513	7	E	QN					[illegible]	[illegible]	[illegible]	[illegible]
1514	17	E	QL					[illegible]	[illegible]		
1515	11	E	QH				(2)	[illegible]	[illegible]	[illegible]	[illegible]
1516	12	N	QH					[illegible]	[illegible]	[illegible]	[illegible]
1517	10	N	QL					[illegible]	[illegible]	[illegible]	[illegible]
1518	7	E	TH					[illegible]	[illegible]	[illegible]	[illegible]
1519	15	N	TH					[illegible]	[illegible]	[illegible]	[illegible]
1520	3	N	QH				(3)	[illegible]	[illegible]	[illegible]	[illegible]
1521	16	N	AP					[illegible]	[illegible]	[illegible]	[illegible]
1522	5	N	TH								
1523	6	N	TH				(4)	[illegible]	[illegible]	[illegible]	[illegible]
1524	9	E	TH					[illegible]	[illegible]	[illegible]	[illegible]
1525	9	N	TH					[illegible]	[illegible]	[illegible]	[illegible]
1526	7	N	TH					[illegible]	[illegible]		
1527	20	E	QH								

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian: [signature]

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: 7-14-01

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)*: 25 [illegible]

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

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

11-318000398

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

PART 4 – FIELD STATION

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 E.

16. CONSIGNEE'S NAME: Canal Canada Export In

Best Copy Available

2. CERTIFICATE NO. FROM VS FORM 17-140: 628784

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 R.E.	KSA 1559	7	N	TH				(5)	During the previous 2 days the animals						
91 Hover Dr	1559	8	F	AD					have not been in the state of Missouri.						
Farmington MO 17035	1560	10	F	LN					or Brucellosis.						
	1561	17	N	MUL											
	1562	11	N	SN				(6)	The animals at the time of the inspection						
	1563	12	N	BL					were found to be healthy and in						
	1564	10	F	DH					physical condition fit to be transported.						
	1565	10	N	TH											
	1566	7	N	TH				(7)	The exporter has been advised that						
	1567	20	N	SN					any alteration in the health or						
									physical condition of the animals						
									that may occur from until the						
									transport may result in the shipment						
									being refused entry to Canada.						
								(8)	The to be transported means that at the						
									time of inspection the animals have an						
									determined illness injury or any other						
									condition that shall be disclosed						
									when the animals are being transported.						
									Canada the animals are destined to enter.						

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

11-318000399

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.: L061368

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/11/10

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

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 24 Moore Dr

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

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17268

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): Cow Canada Export Inc [illegible]

DESTINATION COUNTRY: Ontario

ENTER CODE: 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 / 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)

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 3118	10	N	SN				(1) The animals were inspected within 30 days							
24 Moore Dr	3119	7	N	JH				prior to shipment and found to be healthy							
Tornlow PA 17268	3120	10	F	SN				and free from evidence of communicable							
	3121	6	N	TH				disease and exposure thereto.							
	3122	8	F	SN											
	3123	10	N	SN				(2) The animals have been tested for Anaplasmosis							
	3124	7	F	SN				and Babesiosis at Texas A&M University and							
	3125	11	N	TH				found negative. The disease within 30 days							
	3126	5	F	SN				preceding the date of inspection.							
	3127	7	N	[illegible]											
	3128	10	N	SN				(3) The animals have been resident in the USA or Canada							
	3129	15	F	SN				since birth.							
	3130	10	F	SN				(4) The animals have met all of the import							
	3131	12	N	SN				requirements of the USA and have resided							
	3132	6	F	TH				in the USA for the past 60 days.							
	3133	8	F	TH				(5) During the previous 30 days the animals							
	3134	15	F	PL				have not been in the States of Texas or							
	3135	12	N	SN				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: 2/11/2010

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): 11318000400

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: [signature]

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)*: Marc Bros

Best Copy Available

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

2. CERTIFICATE NO. FROM VS FORM 17-140: LOB1560

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
[illegible]	6	N	QH			O	[illegible]							
[illegible]	7	N	TH				[illegible]							
[illegible]	4	N	RB				[illegible]							
[illegible]	10	N	SN											
[illegible]	11	F	QH			O	[illegible]							
[illegible]	6	N	TH				[illegible]							
[illegible]	4	F	QH				[illegible]							
[illegible]	11	N	SN				[illegible]							
[illegible]	12	N	QH				[illegible]							
[illegible]	2	N	[illegible]											
[illegible]	11	F	QH			O	[illegible]							
[illegible]	10	N	TH				[illegible]							

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