

MT Dept of Livestock  
 PO Box 202001, Helena MT 59620-2001  
 (406) 444-2043

MONTANA

CERTIFICATE OF VETERINARY INSPECTION

81- 808609

Contact State of Destination for Movement Requirements and Certificate Validity  
 FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM

|  |  |  |  |   |  |   |  |
|--|--|--|--|---|--|---|--|
| INSPECTION DATE: 5/1/23  |  | ISSUE DATE: 5/1/23   |  | ENTRY PERMIT #: 64651-N/A   |  | BRAND INSP #: -   |  |
| NAME: Jay Peist<br>CONSIGNOR (Contact Person at Origin)  |  | NAME: Roland Garcia<br>CONSIGNEE (Contact Person at Destination)   |  | NAME: _____<br>CARRIER (Transporter)  |  | NAME: _____<br>CARRIER (Transporter)  |  |
| PHYSICAL ADDRESS: 190 Drake Dr.<br>Kalispell, MT 59901   |  | PHYSICAL ADDRESS: 406-755 525 County Rd. 375<br>Medina, TX 78253   |  | PHYSICAL ADDRESS: Same as Consignor   |  | PHYSICAL ADDRESS: _____   |  |
| CITY, STATE, ZIP, COUNTY: Kalispell, MT 59901  |  | CITY, STATE, ZIP, COUNTY: Medina, TX 78253   |  | CITY, STATE, ZIP: _____   |  | CITY, STATE, ZIP: _____   |  |
| ORIGIN OF ANIMALS: same as above   |  | DESTINATION OF ANIMALS: same as above  |  | PREMISES ID#: 81-C-0016   |  | PREMISES ID#: USDA # 74-C-1131  |  |
| Species/Number in Shipment   |  | Purpose(s) of Movement (check all that apply)  |  | CARRIER   |  | Flock/Herd Free For:  |  |
| <input type="checkbox"/> Beef Cattle # _____<br><input type="checkbox"/> Horses # _____<br><input type="checkbox"/> Goats # _____<br><input type="checkbox"/> Poultry # _____<br><input type="checkbox"/> Dairy Cattle # _____<br><input type="checkbox"/> Sheep # _____<br><input type="checkbox"/> Swine # _____<br><input checked="" type="checkbox"/> Other(specify) # Below |  | <input checked="" type="checkbox"/> Interstate <input type="checkbox"/> Intrastate<br><input type="checkbox"/> Show <input type="checkbox"/> Race <input type="checkbox"/> Rodeo <input checked="" type="checkbox"/> Sale <input type="checkbox"/> Pet <input type="checkbox"/> Breeding<br><input type="checkbox"/> Feeding <input type="checkbox"/> Grazing <input type="checkbox"/> Training <input type="checkbox"/> Slaughter<br><input type="checkbox"/> Medical Treatment <input type="checkbox"/> Other (specify): _____ |  | <input type="checkbox"/> Air <input type="checkbox"/> Boat <input type="checkbox"/> Car<br><input type="checkbox"/> Mail <input type="checkbox"/> Rail <input type="checkbox"/> Trail<br><input checked="" type="checkbox"/> Truck <input type="checkbox"/> Other (specify) _____ |  | <input type="checkbox"/> TB <input type="checkbox"/> Bruc. <input type="checkbox"/> PRV <input type="checkbox"/> Johne's<br><input type="checkbox"/> Scrapie <input type="checkbox"/> NPIP<br><input type="checkbox"/> Other (specify): _____<br>Herd/Flock # _____ |  |
| VETERINARY CERTIFICATION STATEMENTS  |  | Current State/Area Status  |  | TEST RECORDS - Are legible copies of official charts (with individual animals identified and animals that are not shipped lined out) attached to all copies?  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Record #: _____   |  |
| Visual inspection only, animals appear in good health.   |  | Tuberculosis: <input checked="" type="checkbox"/> Free <input type="checkbox"/> MAA <input type="checkbox"/> MA  |  | Brucellosis: <input checked="" type="checkbox"/> Free <input type="checkbox"/> Class A  |  | <input type="checkbox"/> PRV Free<br><input type="checkbox"/> Other (specify): _____  |  |

| LINE # | OFFICIAL/FEDERAL EAR TAG #<br>REGISTRATION TATTOO<br>OR OTHER PERMANENT IDENTIFICATION | AGE | BREED    | SEX | Bruc. Vacc.<br>Status/Tattoo | IMPORT REQUIRED TESTS AND RESULTS<br>Contact State of Destination for Requirements |      |             |             |     | TEMPERATURE (if required)<br>VACCINATION AND/OR TREATMENT<br>Please list Date, Product, and Reason for<br>Vaccination/Treatment |
|--------|--|-----|----------|-----|------------------------------|--|------|-------------|-------------|-----|---|
|        |  |     |          |     |                              | Date   | Test | Accession # | Results +/- | Lab |   |
| 1      | Casey - Black Bear #0006FAD880   | 12  | Ursa MC  |     |                              |  |      |             |             |     |   |
| 2      | Hersey - Tiger #981020007710692  | 10  | Felis FS |     |                              |  |      |             |             |     |   |
| 3      |  |     |          |     |                              |  |      |             |             |     |   |
| 4      |  |     |          |     |                              |  |      |             |             |     |   |
| 5      |  |     |          |     |                              |  |      |             |             |     |   |
| 6      |  |     |          |     |                              |  |      |             |             |     |   |
| 7      |  |     |          |     |                              |  |      |             |             |     |   |
| 8      |  |     |          |     |                              |  |      |             |             |     |   |
| 9      |  |     |          |     |                              |  |      |             |             |     |   |
| 10     |  |     |          |     |                              |  |      |             |             |     |   |

|   |   |  |                            |                          |  |
|---|---|--|----------------------------|--------------------------|--|
| OWNER/AGENT STATEMENT:<br>The animals in this shipment are those certified to and listed on this certificate. |   | VETERINARY CERTIFICATION - I certify that I am a deputy state veterinarian authorized to inspect animals and issue certificates, that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No further warranty is made or implied. |                            | OFFICIAL OFFICE USE ONLY |  |
| SIGNATURE: <u>Alenda Heavers</u>  | SIGNATURE: <u>Scott Smiley</u>                        | DATE: <u>May 1, 23</u>   | PHONE: <u>406-270-8576</u> |                          |  |
| DATE: <u>5/1/23</u>   | PRINT NAME: <u>Scott Smiley</u>                       | ADDRESS: <u>777 Greenridge Dr Kalispell, MT 59901</u>  |                            |                          |  |
|   | USDA ACCRED. # <u>031022</u> MT LICENSE # <u>1969</u> | E-MAIL: _____  |                            |                          |  |