



CERTIFICATE OF VETERINARY INSPECTION
WYOMING LIVESTOCK BOARD (307) 777-7515
2020 CAREY AVENUE, 4TH FLR.
CHEYENNE, WY 82002-0051

307-431-1226

No. OOH-83-281719

THIS CERTIFICATE IS VALID FOR 30 DAYS

1. Name of Consignor/Owner/Origin Terry Warnerke			4. Name of Consignee/Destination Bayer exports			7. Brand Inspection Number			10. PERMIT NO. 1140311530						
2. Address 2309 Bullhorn Ave			5. Address			8. Carrier Name Cubers Trailer			11. Date Inspected 3-11-14						
3. Origin Address (if Different From Above) Worland WY 82401			6. Destination Address (if Different From Above) Shelby MT			9. Address									
12. Species <input type="checkbox"/> Bovine <input checked="" type="checkbox"/> Equine <input type="checkbox"/> Ovine <input type="checkbox"/> Swine		13. Number of Animals Shipped 12		14. ORIGIN OF SHIPMENT Market/County		15. Purpose of Movement <input type="checkbox"/> Breeding <input type="checkbox"/> Feeding/Grazing <input type="checkbox"/> Show <input checked="" type="checkbox"/> Slaughter <input type="checkbox"/> Other		16. Area Status <input type="checkbox"/> TB Free <input type="checkbox"/> TB Mod. Accred. <input type="checkbox"/> Brucellosis Free <input type="checkbox"/> PRV Free <input type="checkbox"/> Other		17. Herd or Flock Status <input type="checkbox"/> Accredited Herd No. _____ <input type="checkbox"/> Certified Herd No. _____ <input type="checkbox"/> Validated Herd No. _____ <input type="checkbox"/> Qualified Herd No. _____ <input type="checkbox"/> Other		18. HERD TEST DATES 1. _____ 2. _____ 3. _____		19. VACCINATION and/or TREATMENT For _____ Date and Product _____	
20. INDIVIDUAL ANIMAL IDENTIFICATION AND TEST DATA						TUBERCULIN TEST (INTRADERMAL)			BRUCELLOSIS			OTHER TESTS/COMMENTS			
LINE #	EAR TAG NO. OR OTHER OFFICIAL ID/ DESCRIPTION	AGE	BREED	SEX	J N O S	Date	Date		BRUC. VACC. TATTOO SYMBOL	For		Other Vaccination			
						Hour	Hour			Date and Product		Type and Date			
						TEST DONE	TEST RESULTS			RESULTS	RESULTS				
1	12 year old mare Palomine 12y old mare														
2															
3															
4															
5															
6															
7	Headed to slaughter only														
8															
9															
10															
11															
12															
13															
14															
15															
23. Official Use Only					22. OWNER/AGENT STATEMENT					21. VETERINARY CERTIFICATION					
The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.					The animals in this shipment are those certified and listed on the certificate.					I certify, as an accredited veterinarian, that the above-described animals have been inspected by me and that they are not showing signs of infectious, contagious, and/or communicable disease, (except where noted). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No further warranty is made or implied.					
					Date 3-11-14		Signature of Owner/Agent X			Date 3-11-14		Signature of Accredited Veterinarian X Mandy Throckmorton			Vet. License 1357
Address Worland WY 82401					Address 801 North 1st St Worland WY 82401					Printed Name Mandy Throckmorton DVM					
										Telephone Number 307-347-2781					



WYOMING CERTIFICATE OF VETERINARY INSPECTION

Wyoming Livestock Board, 1934 Wyott Drive, Cheyenne, WY 82002

Contact State of Destination for Movement Requirements and Certificate Validity

FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM

No. 83-386534

ENTRY PERMIT NO:
H140314678

BRAND INSPECTION FORM:

ISSUE DATE:

INSPECTION DATE: 3/14/14

NAME CONSIGNOR (Contact Person at Origin) <i>Terry Wronke</i>		NAME CONSIGNEE (Contact Person at Destination)		NAME CARRIER (Transporter) <i>Terry Wronke</i>	
PHYSICAL ADDRESS <i>2309 Big Horn Ave</i>		PHYSICAL ADDRESS <i>Shelby, MT</i>		PHYSICAL ADDRESS <i>Same</i>	
CITY, STATE, ZIP, COUNTY PHONE <i>Woodland WY 82401</i>		CITY, STATE, ZIP, COUNTY PHONE		CITY, STATE, ZIP PHONE	
ORIGIN OF ANIMALS <input checked="" type="checkbox"/> same as above PREMISES ID#		DESTINATION OF ANIMALS <input checked="" type="checkbox"/> same as above PREMISES ID#		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 type="checkbox"/> No Record #:	
Species/Number in Shipment <input type="checkbox"/> Beef Cattle # <input type="checkbox"/> Dairy Cattle # <input checked="" type="checkbox"/> Horses # <i>40</i> <input type="checkbox"/> Sheep # <input type="checkbox"/> Goats # <input type="checkbox"/> Swine # <input type="checkbox"/> Poultry # <input type="checkbox"/> Other(specify): #		Purpose(s) of Movement (check all that apply) <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/> Breeding <input type="checkbox"/> Grazing <input type="checkbox"/> Rodeo <input type="checkbox"/> Sale <input type="checkbox"/> Show <input type="checkbox"/> Feeding <input checked="" type="checkbox"/> Slaughter <input type="checkbox"/> Training <input type="checkbox"/> Race <input type="checkbox"/> Pet <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Other (specify):		CARRIER <input type="checkbox"/> Truck <input type="checkbox"/> Trail <input type="checkbox"/> Car <input type="checkbox"/> Mail <input type="checkbox"/> Rail <input type="checkbox"/> Boat <input type="checkbox"/> Air <input type="checkbox"/> Other (specify):	
		Flock/Herd Free For: <input type="checkbox"/> TB <input type="checkbox"/> Bruc. <input type="checkbox"/> PRV <input type="checkbox"/> Johne's <input type="checkbox"/> Scrapie <input type="checkbox"/> NPIP <input type="checkbox"/> Other (specify):		Herd/Flock #	
		Current State/Area Status 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 PRV Free: <input type="checkbox"/> Other (specify): <input type="checkbox"/>			

VETERINARY CERTIFICATION STATEMENTS

LINE #	OFFICIAL/FEDERAL EAR TAG # REGISTRATION TATTOO OR OTHER PERMANENT IDENTIFICATION	AGE	BREED	SEX	Bruc. Vacc. Status/Tattoo	IMPORT REQUIRED TESTS AND RESULTS Contact State of Destination for Requirements					TEMPERATURE (if required) VACCINATION AND/OR TREATMENT Please list Date, Product, and Reason for Vaccination/Treatment
						Date	Test	Accession #	Results +/-	Lab	
1	<i>S Stallions</i>		<i>QH</i>	<i>F</i>							
2		<i>1-5 yr</i>		<i>M</i>							
3											
4	<i>35 Mares</i>		<i>various</i>								
5											
6	<i>various colors</i>										
7											
8											
9											
10											

OWNER/AGENT STATEMENT
"The animals in this shipment are those certified to and listed on this certificate."
SIGNATURE _____
DATE _____

VETERINARY CERTIFICATION - I certify, as an accredited veterinarian that the above described animals have been inspected by me and that they are not showing signs of infectious contagious and/or communicable 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.
SIGNATURE *Mandy Thoe* DATE *3/14/14*
PRINT NAME *Mandy Thoe* PHONE: *307-347-2781*
ADDRESS *82 N 10th St Woodland WY 82401*
USDA ACCREDITATION # *021407* WY LICENSE: # *1351* E-MAIL: *cpv5@connect.net*

OFFICIAL USE ONLY

OFFICIAL USE ONLY
The Veterinarian Issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.