



Patty Judge  
Secretary of Agriculture

# CERTIFICATE OF VETERINARY INSPECTION

## IOWA Department of Agriculture & Land Stewardship

Animal Industry, Wallace Building, 2nd Floor, Des Moines, Iowa 50319

No. 42- 1864253

Permit No. (515) 281-5547  
Fax No. (515) 281-4282

OWNER AND/OR CONSIGNOR NAME <u>Ralph Swinehart</u> STREET <u>000 Bluehart Lane</u> CITY <u>Yorktown</u> ST <u>IA</u> ZIP <u>52444</u> COUNTY _____		CONSIGNEE AND DESTINATION NAME <u>Boyle and Bull Pig Sls</u> STREET <u>From Bureau Building - IAH</u> CITY <u>Ames</u> ST <u>IA</u> ZIP <u>50011</u> COUNTY <u>Story</u>		RECONSIGNEE AT PUBLIC SALE NAME _____ STREET _____ CITY _____ ST _____ ZIP _____ CITY _____ DATE _____	
SPECIALS Cattle _____ Swine <input checked="" type="checkbox"/> Purpose of Movement _____ Horses _____ Breeding _____ Sheep <input checked="" type="checkbox"/> Feeding _____ Other _____ Slaughter _____ <input checked="" type="checkbox"/> Exhibition _____		AREA STATUS Brucellosis Free Class A _____ Class B _____ Class C _____ Tuberculosis Free Reciprocity Modified Accredited _____		HERD STATUS Brucellosis Certified or Validated Number _____ T.B. Accredited Herd Number _____ Aujeszky's (PRV) Qualified Free Number _____ <u>Story</u>	
INSPECTION DATE <u>3-14-09</u> PERMIT NUMBER _____		Treated For _____ Product _____ Date _____			

Signature (Veterinarian) \_\_\_\_\_  
NOTE: Reconsigner is responsible for and must meet state of destination and other movement requirements.

IDENTIFICATION TAG or REGISTRY NUMBER	DESCRIPTION OF ANIMALS	AREA STATUS			HERD STATUS			Tuberculin Test			Brucellosis Test			Other Tests			
		Brucellosis Free	Class A	Class B	Class C	Brucellosis Certified or Validated Number	T.B. Accredited Herd Number	Aujeszky's (PRV) Qualified Free Number	Date of Injection	Results of 72 Hour Observation	Lab BAPA	Card	Other	Brucellosis Vaccination Date or Tattoo	Date	Lab	Results
<u>H2XXX0001</u>	<u>Duroc gilt</u>	<input checked="" type="checkbox"/>															
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*This pig presented at final destination for 30 days after the 1st S.I. and then must be tested for Brucellosis.*

OWNER/AGENT STATEMENT (WHERE APPLICABLE): I certify the animals in this shipment are those certified to and listed on this certificate. Owner/Agent Signature <u>Ralph Swinehart</u> Printed Name <u>Ralph Swinehart</u> Address <u>000 Bluehart Ln</u> City, State, Zip <u>Yorktown IA</u>		CERTIFICATION OF ISSUING VETERINARIAN: 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 diseases, (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. Accredited Veterinarian Signature <u>Dr. Maxwell Sharp</u> Printed Name <u>Dr. Maxwell Sharp</u> Address <u>1001 Harvest Avenue Lane</u> City, State, Zip <u>Creston City, IA 50544</u> Telephone No. <u>XXX-XXX-XXXX</u>	
Ver Accreditation Code <u>5555</u> Date <u>3-15-09</u>		Inspected Date <u>3-14-09</u>	