



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF AGRICULTURE  
AND RURAL DEVELOPMENT

JAMIE CLOVER ADAMS  
DIRECTOR

**MEMORANDUM**

DATE: March 31, 2015  
TO: Indiana State Animal Health Official  
FROM: Dr. James Averill, Michigan State Veterinarian  
RE: Returned Health Certificates

Attached are copies of Certificates of Veterinary Inspection (animal health certificates) issued by veterinarian(s) in your state for animal shipments to Michigan that do not meet our import requirements. The reason for the noncompliance is noted on each animal health certificate.

These returned certificates are used as a means to educate veterinarians in other states about Michigan import regulations should they send more animals to Michigan in the future.

We are forwarding the Certificates of Veterinary Inspection (animal health certificates) to your office so that you can forward the copy to the issuing veterinarian(s) in your state. We would encourage all veterinarians to either call our office at (517) 284-5674 or visit our website <http://www.michigan.gov/animalimport> to clarify import requirements before animals are shipped in order to obtain Michigan's most current importation requirements.

Thank you for your cooperation in this matter,

JJA/cmd

Attachments



State Form 55300 (6-13)  
 Indiana State Board of Animal Health  
 Discovery Hall, Suite 100  
 1202 East 38th Street, Indianapolis, IN, 46205  
 (317) 544-2400

# INDIANA CERTIFICATE OF VETERINARY INSPECTION - ALL SPECIES

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

Certificate Number

**3268731426610011**

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

ENTRY PERMIT #:

INSPECTION DATE: <b>03/17/2015</b>		SHIPMENT DATE: <b>03/17/2015</b>		<input type="radio"/> Large Animal		<input checked="" type="radio"/> Small Animal									
CONSIGNOR - Contact Person at Origin				CONSIGNEE - Contact Person at Destination				CARRIER (Transporter)							
First Name <b>STEVEN</b>		Last Name <b>LEHMAN</b>		AND/OR		First Name <b>JOHN</b>		Last Name <b>STOTTELE</b>		AND/OR		Business Name <b>THE FAMILY PUPPY</b>			
Business Name				Business Name <b>THE FAMILY PUPPY</b>				Physical Address <b>44125 WEST 12 MILE RD, SUITE E-121</b>							
Physical Address of Animals <b>59453 CR 33</b>				Physical Address of Animals <b>44125 WEST 12 MILE RD, SUITE E-121</b>				City <b>NOVI</b>		State <b>MI</b>		Zip Code <b>48377</b>		Phone Number <b>(248) 982-2121</b>	
City <b>MIDDLBURY</b>		State <b>IN</b>	Zip Code <b>46560</b>		County <b>ELKHART</b>		City <b>NOVI</b>		State <b>MI</b>	Zip Code <b>48377</b>		County		Transport Method <b>CAR</b>	
Phone Number <b>(574) 825-8744</b>		Location ID#		Phone Number <b>(248) 802-7650</b>		Location ID#		<input checked="" type="checkbox"/> Interstate		<input type="checkbox"/> Intrastate		Purpose of Movement <b>SALE</b>			
Consignor's Address (if different)				Consignee's Address (if different)				<input type="checkbox"/> Print Reconsigned							

Weather Acclimation Statement

SPECIES	# OF ANIMALS	DESCRIPTION / BREED / MICROCHIP	AGE	SEX	RABIES VACC DATE	RABIES BOOSTER DUE	RABIES TAG NUMBER	RABIES SERIAL NUMBER	OTHER TESTS, VACCINATIONS/TREATMENT. PLEASE LIST DATE & PRODUCT USED
Canine	2	YORKSHIRE TERRIER: BLK AND TAN 15-02, 15-03	9W	M					PYRANTEL: 02/03/15 PANACUR: 03/06/15 THRU 03/08/15 IVOM. POUR ON: 02/25/15 NEOPAR: 02/18/15 5WAY: 03/02/15 MARQUIS: 03/09/15
Canine	2	YORKIE/POMERANIAN 1504: CHOC SABLE 1505: BLK AND WHT	9W	M					PYRANTEL: 02/03/15 PANACUR: 03/14/15 THRU 03/16/15 IVOM. POUR ON: 02/24/15 NEOPAR: 02/18/15 5WAY: 03/10/15 MARQUIS: 03/16/15
<b>TOTAL</b>	<b>4</b>								



**OWNER/AGENT STATEMENT**

"The animals in this shipment are those certified to and listed on this certificate."

**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.

Date **03/17/2015** Printed Name **HILARY C. REINHOLD, DVM** Phone **(260) 463-2157** Email **lagrangevetclinic@hotmail.com**

Address **1005 N DETROIT ST** City **LAGRANGE** State **IN** Zip **46761**

USDA Accreditation # **044229** State of License **IN** License # **0006873**

SIGNATURE

Signature **Hilary Reinhold, DVM**

Digitally signed by Hilary Reinhold, DVM  
 DN: cn=Hilary Reinhold, DVM, o=LaGrange Veterinary Clinic, ou, email=lagrangevetclinic@hotmail.com, c=US  
 Date: 2015.03.17 12:33:27 -0400