

**CERTIFICATE OF VETERINARY INSPECTION**  
**TENNESSEE DEPARTMENT OF AGRICULTURE**  
 Consumer & Industry Services – Animal Health  
 Box 40627, Melrose Station  
 Nashville, Tennessee 37204  
 615/837-5120



**DISTRIBUTION:**

White – TN State Veterinarian  
 Canary – Accompany shipment  
 Pink – TN State Veterinarian  
 Goldenrod – Issuing Vet. Retain  
 (Forward copies within 7 days)

PERMIT NUMBER
<b>D 969323</b>

DATE INSPECTED <b>12-13-17</b>	Expiration 30 days of issuance	
CERTIFICATE ISSUED FOR		
<input type="checkbox"/> SHOW	<input checked="" type="checkbox"/> SALE	<input type="checkbox"/> BREEDING
<input type="checkbox"/> FEEDING	<input type="checkbox"/> SLAUGHTER	<input type="checkbox"/> _____

OWNER OR CONSIGNOR <b>Jason Bailey</b>	CONSIGNEE <b>Raul Benavides</b>
ORIGIN ADDRESS <b>8706 Mascot Rd.</b>	DESTINATION ADDRESS <b>Farm Rd 10.30, Mile 2</b>
CITY <b>Knoxville</b> STATE <b>TN</b> ZIP CODE <b>37920</b>	CITY <b>Eagle Pass</b> STATE <b>Tx</b> ZIP CODE <b>78852</b>
COUNTY OF ORIGIN <b>Knox</b>	PHONE #: <b>865-933-1691</b>

SPECIES	CATTLE/HERD STATUS	LAST TEST DATE	SWINE HERD STATUS	LAST TEST DATE	ANIMALS IN SHIPMENT
<input type="checkbox"/> CATTLE <input type="checkbox"/> SHEEP <input type="checkbox"/> SWINE <input type="checkbox"/> GOATS <input checked="" type="checkbox"/> HORSES <input type="checkbox"/> _____	<input type="checkbox"/> Accredited TB No. _____ <input type="checkbox"/> Certified Bruc. No. _____ <input type="checkbox"/> _____ No. _____		<input type="checkbox"/> Validated Bruc. No. _____ <input type="checkbox"/> Qualified PRV No. _____ <input type="checkbox"/> _____ No. _____		<b>39</b>

Official Permanent Identification	Other Identification, Name or Description	AGE	BREED	SEX	BRUCELLOS TEST		TB TEST	OTHER TESTS			EQUINE TEMP.
					VAC. TATTOO OR DATE	LAB	INJ.	EIA LAB	PRV	OTHER	
						DATE	OBS.	DATE	DATE	DATE	
		RESULTS		RESULTS	RESULTS	RESULTS	RESULTS	RESULTS			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											

**RECEIVED**  
 DEC 20 2017  
 Tennessee State Vet's Office

This load consists 32 head of horses and 7 Donkeys of mixed Age, sex, and Breeds see Attached coggins for current TID.

CERTIFICATION OF OWNER / AGENT (Where Applicable)	CERTIFICATION OF ISSUING VETERINARIAN
The animals in this shipment are those certified to and listed on this 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.
SIGNATURE OF OWNER / AGENT	SIGNATURE OF ISSUING VETERINARIAN <b>Nick Mason DVM</b>
	ACCREDITATION CODE <b>049210</b>
	Type or print the name of issuing veterinarian <b>Nick Mason DVM</b> email address:
	ADDRESS <b>P.O. Box 670</b> CITY <b>Rockersville</b> STATE <b>TN</b> ZIP CODE <b>37057</b>