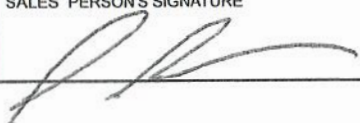


ANIMAL SALE REPORT

PINELLAS COUNTY CODE CHAPTER 14 REQUIRES THE SALE OF DOGS AND CATS TO BE REPORTED TO THE ANIMAL SERVICES DEPARTMENT WITHIN 30 DAYS AFTER THE TRANSFER OF OWNERSHIP. PLEASE INFORM THE NEW OWNER THAT DOGS AND CATS MUST HAVE A RABIES VACCINATION AND A COUNTY LICENSE AT 4 MONTHS OF AGE. MAIL OR DELIVER THIS COPY TO THE SHELTER AT 12450 ULMERTON ROAD, LARGO, FLORIDA 33774.

Microchip # 933000321 082345

NEW OWNER (LAST NAME) <u>Both</u>		FIRST <u>Liza</u>	INITIAL <u>A</u>
STREET <u>10302 Cedarvue St</u>		APT./LOT #	
CITY <u>Weeki Wachee</u>		STATE <u>FL</u>	ZIP CODE <u>34613</u>
PHONE <u>727-237-2546</u>	NAME OF PET <u>T.B.D</u>		APPROX. WT <u>3#</u>
BREED <u>Morkie</u>	COLOR(S) <u>BLK / TAN</u>	SEX <u>F</u>	AGE <u>10/23/25</u>
DATE OF SALE <u>3/1/25</u>	SALES PERSON'S SIGNATURE 		

E003 Rev. 20160209

VENDOR / PET SHOP / KENNEL

NAME <u>All About Puppies</u>	
ADDRESS <u>7190 Ulmerton Road</u>	
CITY <u>Largo</u>	ZIP <u>33771</u> PHONE <u>727-536-4900</u>
PERMIT # <u>14</u>	

FOR OFFICE USE ONLY

14-1702

WHITE - PINELLAS COUNTY CANARY - NEW OWNER PINK - SELLER

Alexandra Julian



Missouri Department of
Agriculture
PO Box 630
Jefferson City, MO 65102
Phone: 573-751-3377
Fax: 573-751-6919

<https://agriculture.mo.gov/animals/health/>

CERTIFICATE OF VETERINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM
For Interstate Travel - Certificate Valid for 30 days from Inspection

CERTIFICATE NUMBER

24-MO-22903688

INSPECTION DATE 2024-12-20	ISSUE DATE 2024-12-20	ENTRY PERMIT NUMBER	BRAND INSPECTION NUMBER & ISSUE DATE
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ORIGIN OF SHIPMENT Virgil & Ruthie Snodgrass 1248 SW 100th Rd Asbury, MO 64832 Barton County Phone: 417-642-5650 PIN/LID: /	CONSIGNOR, PRESENT OWNER OF SHIPMENT Virgil & Ruthie Snodgrass 1248 SW 100th Rd Asbury, MO 64832 Barton County Phone: 417-642-5650 PIN/LID: /	DESTINATION OF SHIPMENT All About Puppies * 7190 Ulmerton Rd Largo, FL 33771 Phone: 727-595-1474 PIN/LID: /	CONSIGNEE, NEW OWNER OF SHIPMENT All About Puppies * 7190 Ulmerton Rd Largo, FL 33771 Phone: 727-595-1474 PIN/LID: /	CARRIER, TRANSPORTER Johnson Pet Courier Johnson's Precious Cargo 1229 Crow St Webb City, MO 64870 Phone: 417-622-1751 PIN/LID: /
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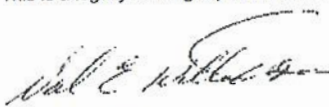
SPECIES - NUMBER IN SHIPMENT Canine () - 1 animal	PURPOSE(S) OF MOVEMENT Sale	CARRIER TYPE Automobile	HERD STATUS NUMBER	HERD FREE FOR	CURRENT STATE/AREA STATUS
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REMARKS/ADDITIONAL CERTIFICATION STATEMENTS
This pup is too young for Rabies Vaccination | The dog(s) listed on Certificate of Veterinary Inspection (CVI) are: Free from signs of any infectious or communicable disease; Did not originate within an area under quarantine for rabies; and Are not known to have a history of exposure to a rabies-infected animal prior to importation.
Shipping Date: 2024-12-26

Name: Pup 933000321082345 | **DOB:** 2024-10-23 | **Color:** Black tan & White | **Gender:** Female | **Breed:** Morkie | **Head Count:** 1

Official ID Types: | IDs:

Remarks: Intra Trac III 12/9/24 (Merck Ser# 00541488C, Exp. 4/4/25) Neopar 11/25/24, 12/9/24 (Neotech Ser# 7336, Exp. 2/20/26) NeoVac DA2 12/9/24 (NeoTech SN 9091, Exp 8/1/25) Pyrantel 11/6/24, 11/20/24 (Columbia Labs Ser# 088007R, Exp. 2/28/27) Safeguard 12/7/24-12/9/24 (Merck Ser# F501A01, Exp 9/30/25) Veterinary advising not vaccinating Leptospirosis vaccine. Lepto vaccine not given, not in the best interest of the puppies. All medications given under advice of veterinarian. Fecal exam Negative. Parvo Test Neg.

OWNER / AGENT STATEMENT The animals in this shipment are those certified to and listed on this certificate. Signature _____ Date _____	VETERINARIAN'S SIGNATURE: This is a legally binding equivalent of a handwritten signature.  Neil Willard DVM 2024-12-20 21:05:44 CST	Neil Willard 518 E 47 Hwy Girard, KS 66743 Phone: 620-724-8150 License Number and State: 5354 - MO National Accreditation Number: 053790
OFFICIAL USE ONLY The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.	VETERINARIAN CERTIFICATION - I certify, as an accredited Veterinarian, that the above 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.	



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Animal Industry
Bureau of Animal Disease Control

OFFICIAL CERTIFICATE OF VETERINARY INSPECTION
FOR INTRASTATE SALE OF A DOG OR CAT

Pursuant to Section 585.14, 585.145 and 828.29, F.S.,
Rule 5C-27.001 F.A.C.

EXPIRES 30 DAYS
FROM DATE OF
ISSUANCE

Section 828.29, Florida Statutes, provides that each dog or cat offered for sale within the state must be accompanied by a current Official Certificate of Veterinary Inspection (OCVI), issued by a veterinarian licensed by the state and accredited by the United States Department of Agriculture.

SELLER				PURCHASER			
Name	All About Puppies	Email		Name	Liza Roth	Email	l.roth@vet.com
Address	7190 Ulmerton Road			Address	10302 Cedarview St	Purchase Date:	
City	Largo	State	FL	City	Weeki Wachee	State	FL
		Zip Code	33771			Zip Code	34613
Breeder Name and Address (if different from seller)							
Ruthie Snodgrass 1248 SW 100TH Road Asbury, MO 64832							

ANIMAL IDENTIFICATION					Optional
Species:	Age or Birth Date:	Sex:	Breed(s):	Color(s):	Tattoo:
<input checked="" type="checkbox"/> Dog <input type="checkbox"/> Cat	10/23/2024	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Morkie	Black Tan White	
					Microchip: 933000321082345

HEALTH RECORD INFORMATION													
IMMUNIZATIONS													
VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN	VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN
Canine Distemper	Zoetis	MLV	706404B	6/10/25	12/31/24		Bordetella	Merck	Oral	07541/190	3/4/26	12/31/24	
Hepatitis	"	"	"	"	"		Rabies	---	---	---	---	---	
Parainfluenza	"	"	"	"	"		Panleukopenia	---	---	---	---	---	
Leptospirosis	Not	In	Pets	Best	Interest		Feline Viral Rhinotracheitis	---	---	---	---	---	
Canine Parvo	Zoetis	MLV	706404B	6/10/25	12/31/24		Calicivirus	---	---	---	---	---	

DIAGNOSTIC TEST	TEST TYPE	MANUFACTURER	DATE OF NEGATIVE TEST
Canine Heartworm	Too Young	---	---
Feline Leukemia	---	---	---
Fecal Test	Floatation	Butler	12/31/2024
Other Test	---	---	---

ANTHELMINTIC	TYPE	MANUFACTURER	DATE ADMINISTERED
Broad Spectrum	Panacur	Merck	12/31/2024
Other Anthelmintic			

OTHER INFORMATION/COMMENTS: L31525, 2 Lbs 2 oz, Temp 100.7 F, HR 120 BPM, RR 24 BPM

ISSUING VETERINARIAN CERTIFICATION: I hereby certify that the described animal was examined by me on the shown date; that the vaccines, anthelmintic, and diagnostic tests herein were administered by me, or under my direction. Said animal is found to be healthy and to the best of my knowledge exhibits no sign of contagious or infectious disease, has no evidence of internal or external parasites, including coccidiosis and ear mites. To the best of my knowledge this animal has not been exposed to rabies, nor did the animal originate from and area under a quarantine for rabies.

Signature: *Nia Rameta* Printed Name: Nia Rameta, DVM
 Email: tampa@coastalvets.com Telephone: (813)-644-3961 Exam Date: 12/31/2025
 Address: 2909 N Dale Mabry Hwy City: Tampa State: FL Zip Code: 33607
 Clinic/Hospital Name: Coastal Animal Clinic FL License No. VM16070 Accreditation no. 063181

Questions: State Veterinarian's Office, Division of Animal Industry, 407 S. Calhoun Street, Tallahassee, FL 32399-0800 Phone: (850) 410-0900 or www.FLDOCS.gov/da

Distribution: One Copy - Purchaser, One Copy - Seller, One Copy - Examining Veterinarian
 Retention: The examining veterinarian must retain one copy of the official certificate of veterinary inspection on file for at least 1 year after the date of examination. The seller must retain one copy of the official certificate of veterinary inspection on record for at least 1 year after the date of sale



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SELLER				PURCHASER			
Name	All About Puppies	Email		Name	Liza Roth	Email	lizaroth@gmail.com
Address	7190 Ulmerton Road			Address	10302 Cedarview St	Purchase Date:	
City	Largo	State	FL	City	Weeki Wachee	State	FL
		Zip Code	33771			Zip Code	34613
Breeder Name and Address (if different from seller)							
Ruthie Snodgrass 1248 SW 100th Road Asbury MO 64832							

ANIMAL IDENTIFICATION					Optional
Species:	<input checked="" type="checkbox"/> Dog <input type="checkbox"/> Cat	Age or Birth Date:	10/23/24	Sex:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Breed(s):	Morkie		Color(s):	Black/Tan/ White	
Tattoo:					
Microchip:	933000321082345				

HEALTH RECORD INFORMATION

IMMUNIZATIONS

VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN	VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN
Canine Distemper	Merck	MLV	04020038	02/13/27	01/23/25		Bordetella	Merck	Oral	02541758	03/04/26	12/31/24	
Hepatitis	Zoetis	MLV	706404B	06/10/25	12/31/24		Rabies	---	---	---	---	---	---
Parainfluenza	"	"	"	"	"		Panleukopenia	---	---	---	---	---	---
Leptospirosis	Not	In	Pets	Best	Interest		Feline Viral Rhinotracheitis	---	---	---	---	---	---
Canine Parvo	Merck	MLV	04020038	02/13/27	01/23/25		Calicivirus	---	---	---	---	---	---

DIAGNOSTIC TEST	TEST TYPE	MANUFACTURER	DATE OF NEGATIVE TEST
Canine Heartworm	Too Young	---	---
Feline Leukemia	---	---	---
Fecal Test	Floatation	Butler	01/23/25
Other Test	---	---	---

ANTHELMINTIC	TYPE	MANUFACTURER	DATE ADMINISTERED
Broad Spectrum	Panacur	Merck	01/23/25
Other Anthelmintic			

OTHER INFORMATION/COMMENTS: L31525 ² Lbs ⁵ oz, Temp 100.2F, HR 120 BPM, RR 24 BPM
GD 1/IV Bilateral MPL

ISSUING VETERINARIAN CERTIFICATION: I hereby certify that the described animal was examined by me on the shown date; that the vaccines, anthelmintic, and diagnostic tests herein were administered by me, or under my direction. Said animal is found to be healthy and to the best of my knowledge exhibits no sign of contagious or infectious disease/has no evidence of internal or external parasites, including coccidiosis and ear mites. To the best of my knowledge this animal has not been exposed to rabies, nor did the animal originate from and area under a quarantine for rabies.

Signature: Printed Name: Brooke Certo, DVM
 Email: tampa@coastalvets.com Telephone: (813)-644-3961 Exam Date: 01/23/25
 Address: 2909 N Dale Mabry Hwy City: Tampa State: FL Zip Code: 33607
 Clinic/Hospital Name: Coastal Animal Clinic FL License No. VM10640 Accreditation no. 008493

Questions: State Veterinarian's Office: Division of Animal Industry, 407 S. Calhoun Street, Tallahassee, FL 32399-0800 Phone: (850) 410-0900 or www.FDACS.gov

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SELLER				PURCHASER			
Name	All About Puppies			Name	Liza Roth		
Email				Email	l.roth@coastalvets.com		
Address	7190 Ulmerton Road			Address	10302 Cedarview Dr		
City	Largo	State	FL	City	Weeki Wachee	State	FL
Zip Code	33771	Zip Code		Zip Code	34613	Zip Code	
Breeder Name and Address (if different from seller)							
Ruthie Snodgrass 1248 SW 100th Road Asbury MO 64832							
ANIMAL IDENTIFICATION						Optional	
Species:	Age or Birth Date:	Sex:	Breed(s):	Color(s):	Tattoo:	Microchip:	
<input checked="" type="checkbox"/> Dog <input type="checkbox"/> Cat	10/23/24	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Morkie	Black/Tan/White		933000321082345	

HEALTH RECORD INFORMATION

IMMUNIZATIONS

VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN	VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN
Canine Distemper	Elanco	MLV	E155558A	10/10/25	02/13/25		Bordetella	Merck	Oral	025411758	03/04/26	12/31/24	
Hepatitis	"	"	"	"	"		Rabies	Zoetis	KV	74968	02/13/25	02/13/25	
Parainfluenza	"	"	"	"	"		Panleukopenia	---	---	---	---	---	
Leptospirosis	Not	In	Pets	Best	Interest		Feline Viral Rhinotracheitis	---	---	---	---	---	
Canine Parvo	Elanco	MLV	E155558A	010/10/25	02/13/25		Calicivirus	---	---	---	---	---	

DIAGNOSTIC TEST	TEST TYPE	MANUFACTURER	DATE OF NEGATIVE TEST
Canine Heartworm	Too Young	---	---
Feline Leukemia	---	---	---
Fecal Test	Floatation	Butler	02/13/25
Other Test	---	---	---

ANTHELMINTIC	TYPE	MANUFACTURER	DATE ADMINISTERED
Broad Spectrum	Panacur	Merck	02/13/25
Other Anthelmintic			

OTHER INFORMATION/COMMENTS: L31525, 2 Lbs 9 oz, Temp 101.0 F, HR 140 BPM, RR 32 BPM

Grade 1/IV Bilateral MPL

ISSUING VETERINARIAN CERTIFICATION: I hereby certify that the described animal was examined by me on the shown date; that the vaccines, anthelmintic, and diagnostic tests herein were administered by me, or under my direction. Said animal is found to be healthy and to the best of my knowledge exhibits no sign of contagious or infectious disease, has no evidence of internal or external parasites, including coccidiosis and ear mites. To the best of my knowledge this animal has not been exposed to rabies, nor did the animal originate from and area under a quarantine for rabies.

Signature: [Signature] Printed Name: Brooke Certa, DVM
 Email: tampa@coastalvets.com Telephone: (813)-644-3951 Exam Date: 02/13/25
 Address: 2909 N Dale Mabry Hwy City: Tampa State: FL Zip Code: 33607
 Clinic/Hospital Name: Coastal Animal Clinic FL License No. VM10640 Accreditation no. 005443

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BREED/ID# 631525
Morkie (P)

DOB:
10/23/24

BREEDER: RUTHIE & VIRGIL SNODGRASS

1248 S W 100TH ROAD ASBURY, MO 64832

USDA: 43-A-0799 STATE: CB000CFX

TRANSPORTER: JOHNSON'S PET COURIER 1229

CROW ST. WEBB CITY MO. 64870 USDA: 43-T-0042

CONDITIONS NOTED:

6d 1/4 Bilateral medial
Patella luxation