Oregon Department of Agriculture
Animal Health & Identification Division
635 Capitol St NE, Salem OR 97301-2352
Phone 503-986-4680

OREGON 92- 160154

OFFICIAL CERTIFICATE OF VETERINARY INSPECTION

SHIPPER

Name: KLM Withrose Corrals
Address: 26755 Hwy 20 W
City, State, ZIP: Hines OR 97738
Phone: 541-573-2748

Origin address, if different from above:

RECEIVER

Name: Whitney Campbell
Address: 13828 28th St. NE
City, State, ZIP: Lake Stevens WA 98258
Phone: 206-434-2115

Destination address, if different from above:

Shipping Date: 4.28.17

Permit from state of destination:

Carrier Name & Address: owner Campbell

ANIMAL INFORMATION

Circle Species: Cattle, Horses, Swine, Sheep, Goats, Poultry, Cervid, Camelid, Other

Circle or Fill in State Status: Bovine Brucellosis Free or; Bovine Tuberculosis Free or; Swine Pseudorabies Free or; Swine Brucellosis Free or

Circle or Fill in Purpose of Shipment: Exhibition, Training, Recreation, Breeding, Feeding, Slaughter, Other: New Owner

Origin of Shipment: County: Harney; Market:

Number of Animals: 1

Certificate is void 30 days from date of inspection.

OFFICIAL PERMANENT IDENTIFICATION - USDA EARTAG, REGISTRATION TATTOO, BRAND, ETC.	OTHER IDENTIFICATION OR DESCRIPTION	AGE	SEX	BREED	Tuberculosis Time	Tuberculosis Date	Brucellosis Test date	Brucellosis Lab name	Vaccination tattoo MO	V	YR	Other testing Tested for EIA	Date 4/6/17 Lab Salem OR
(L) NICK	13023407	4 yr old	mare	mustang	Inj							Result	Accession #
CHIST	Bay				Obs							NEG	17-11652
HIL													
MEEZI													
BRANDED													

Tuberculosis Result | Brucellosis Test run | Brucellosis Result

CLINIC

Please type or print Veterinarian's name: Marie A Custer DVM
Clinic name: Harney Co. Vet Clinic
Address: 1150 Crane Blvd
City State ZIP: Burns OR 97720
Phone: 541-573-6420

VETERINARIAN

I certify that I have inspected the above animal(s) and, except as noted, have found it (them) to be free of signs of infectious, contagious, or communicable disease. Each animal was tested, immunized, or treated as indicated and to the best of my knowledge meets both state of destination and federal interstate movement regulations. No other warranty is made or implied.

/s/ Marie A Custer DVM — Veterinarian's signature

Date of Inspection: 4/24/17

OFFICE OF THE STATE VETERINARIAN

The veterinarian signing this certificate is accredited and is authorized to inspect animals and issue certificates.

Form 3044 rev 1/2000 Distribution of copies: White & Blue to Department of Agriculture, Canary to accompany shipment, Pink to Owner, Goldenrod to Issuing Veterinarian - Keep records a **minimum** of three years.