







ADAM H. PUTNAM  
COMMISSIONER

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

NO. SA-B 33072

OFFICIAL CERTIFICATE OF VETERINARY INSPECTION  
FOR INTERSTATE MOVEMENT OF DOGS, CATS,  
AND OTHER NON-LIVESTOCK SPECIES

EXPIRES 30 DAYS  
FROM  
DATE OF ISSUANCE

Pursuant to § 585.145, F.S.  
5C-24.003, F.A.C.

Note: All documents and attachments submitted with this request are subject to public review pursuant to Chapter 119, F.S.

The Official Certificate of Veterinary Inspection (OCVI) for Interstate Movement must be completed and signed by a veterinarian licensed in the state of Florida and accredited by the United States Department of Agriculture (USDA). For information call the Division of Animal Industry (850/410-0900), the United States Department of Agriculture (USDA) (352/313-3060), or the Florida Fish and Wildlife Conservation Commission, Wildlife/Exotic Animals (850/488-6253).

CONSIGNOR				CONSIGNEE			
Name Zoological Wildlife Foundation				Name TIGER HAVEN			
Address 16725 SW 172 AVE				Address 237 HARVEY RD.			
City MIAMI		State FL		City KINGSTON		State TN	
Zip Code 33187				Zip Code 37163			
State of Origination FLORIDA				Destination TENNESSEE			
Telephone Number 305 769 3036				Telephone Number			

ANIMAL IDENTIFICATION

SPECIES	BREED/COLOR	AGE/BIRTHDATE	SEX	NAME	TATTO/ MICROCHIP	RABIES VACCINE TYPE		Manufac- turer	Serial Number	DATE OF RABIES VACCINATION
						Live Killed	1 year 3 year			
JAGUAR	BLACK	9/10/18	F							
LION	TAWNY	9/24/18	M							

ISSUING VETERINARIAN'S CERTIFICATION: This is to certify that the animal(s) was/were examined by me and is/are sufficiently healthy for shipment on this date. To my knowledge, the animal(s) has/have not been exposed to rabies and did/do not originate from a rabies quarantined area.

SIGNATURE: Thomas L. Goldsmith DATE: 4/20/19  
Typed/Printed Name: Thomas L. Goldsmith DVM MS FL Lic. #: 3495  
Address (Street & No.): 3021 JEFFERSON ST City: MIAMI State: FL Zip Code: 33123  
Name of Hosp/Clinic: MODERN EXOTIC VET SERVICES Telephone: 305 761 5456

Questions/Requesting Form Inventory, Contact: State Veterinarian, Division of Animal Industry, 407 South Calhoun Street, Tallahassee, Florida 32399-0800 • 850-410-0900  
www.FreshFromFlorida.com/ai

CONSIGNEE

**From:** [Cheryl Haddad](#)  
**To:** [Walter Cook](#)  
**Subject:** Tiger Haven Injury  
**Date:** Wednesday, February 20, 2019 3:50:39 PM

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Dear Mr. Cook,

This email is to inform you of an injury that occurred at Tiger Haven this morning. One of our keepers was changing out a water pan for a tiger and when she was putting the pan back in the water box, she slid on the wet ground. To catch her balance, she put her hand on the chain link and the tiger bit her finger. She sought medical attention immediately at the emergency room. She lost a bit of flesh on the end of her finger but is expected to make a full recovery. Please let me know if you need any other information.

Thank you,

Cheryl Haddad  
Tiger Haven, Inc.  
237 Harvey Rd.  
Kingston, TN 37763  
Tel: (865) 376-4100









## **Tiger Haven, Inc.**

*A Safe Place for Big Cats*

### **Total Inventory of cats 3-28-19**

Cheetah—1

Cougars—11

Jaguar—1

Leopards—28

Ligers—5

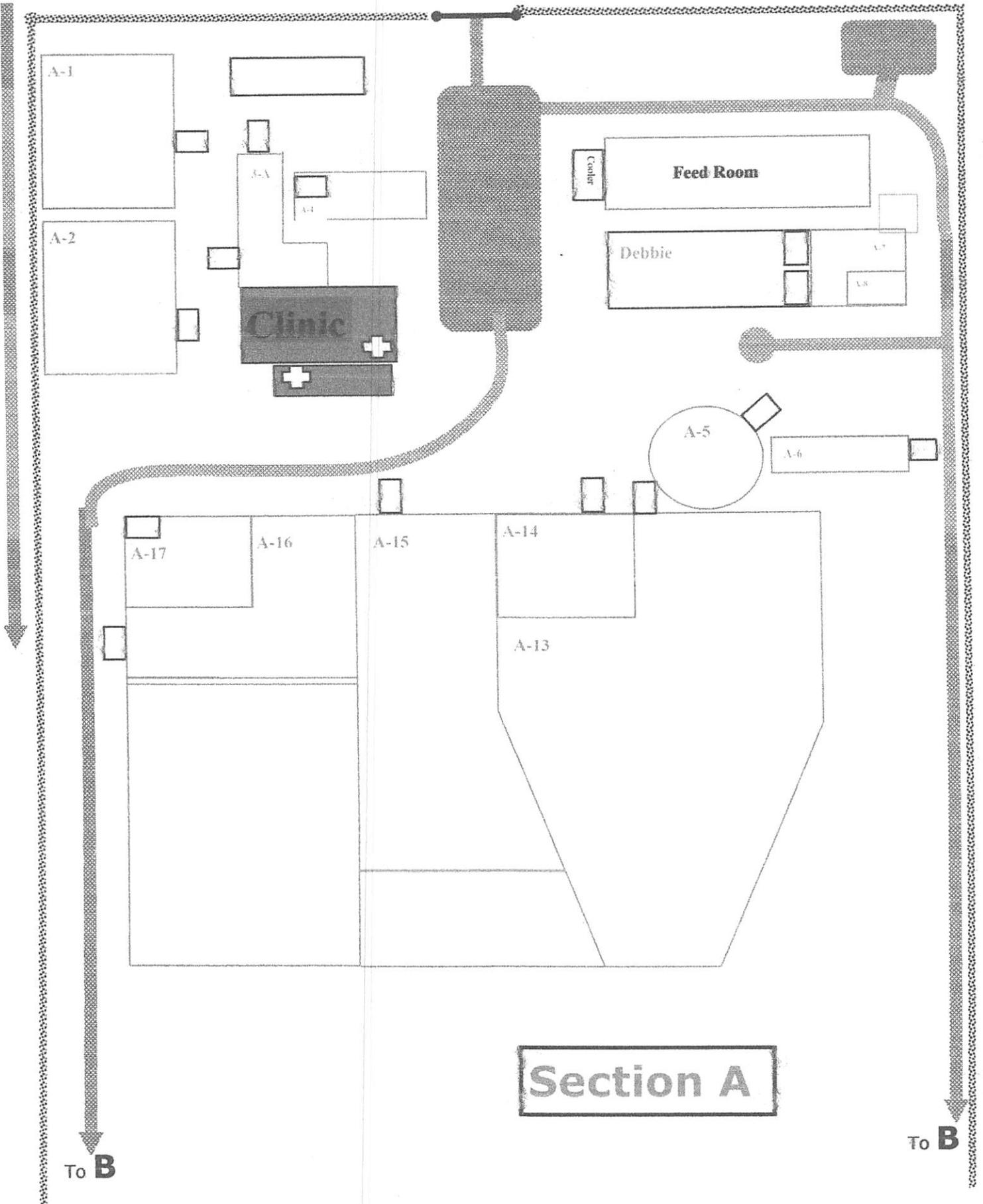
Lions—25

Tigers—161

**Total—232**

Lessers— Not Regulated—11

**Total—243**



**Section A**

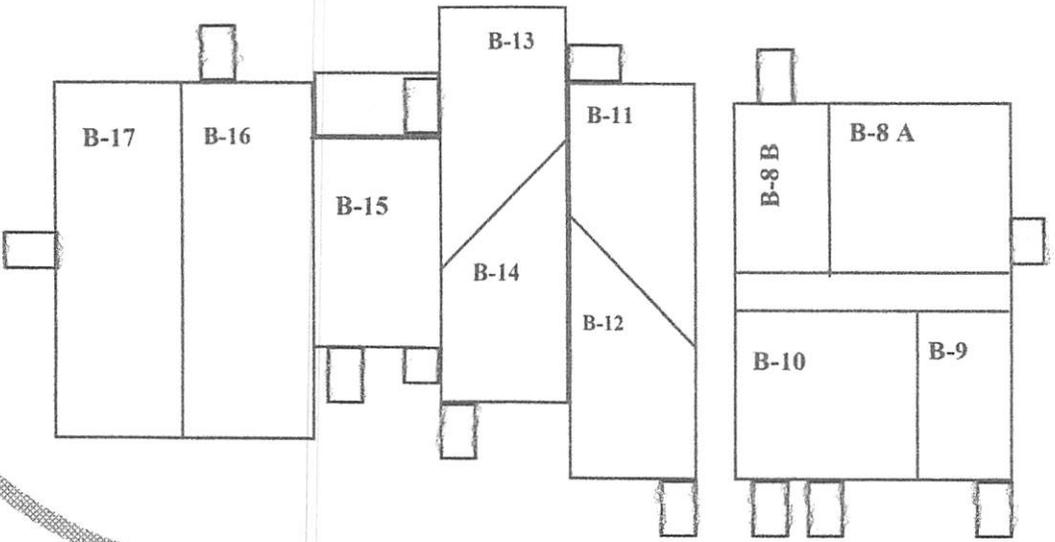
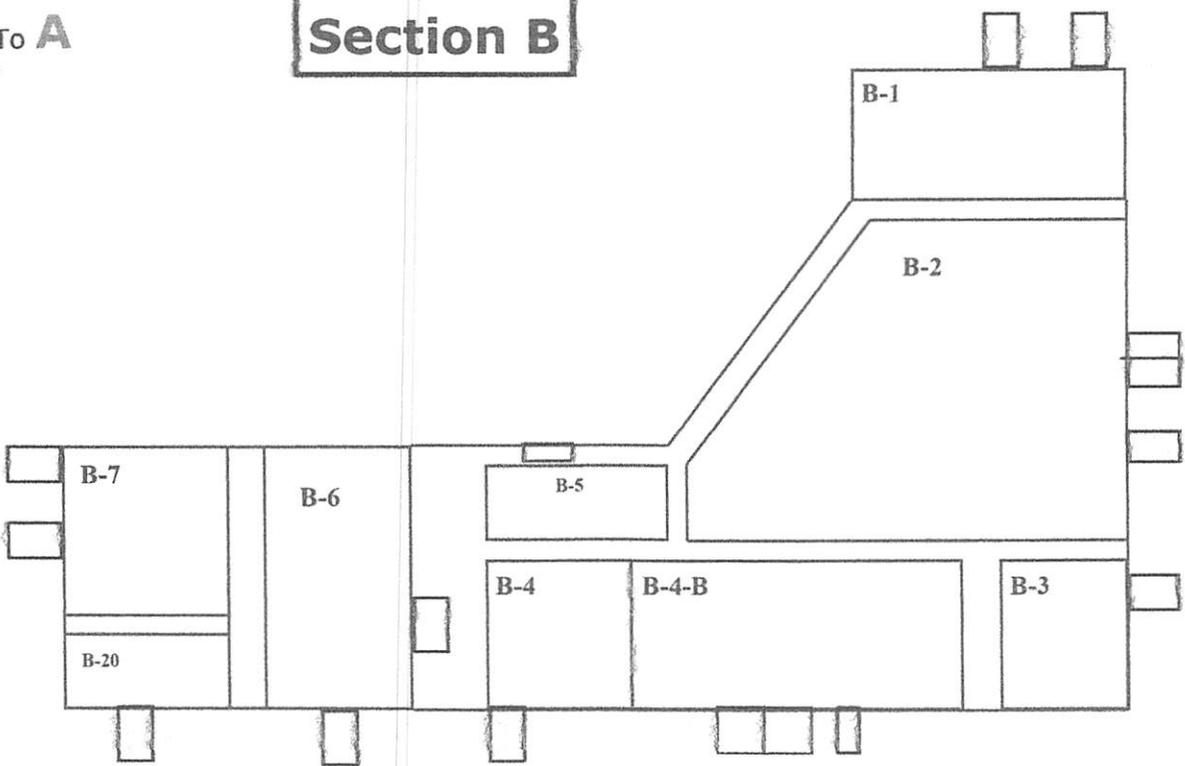
To  
Harvey Rd

To A

# Section B

To A

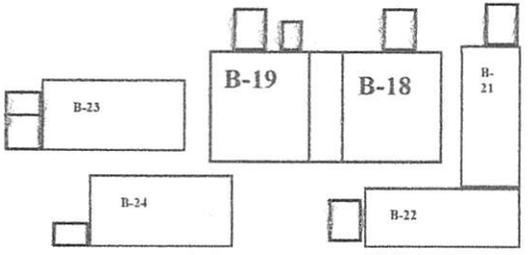
Side Gate



Well House

Office

Cemetery

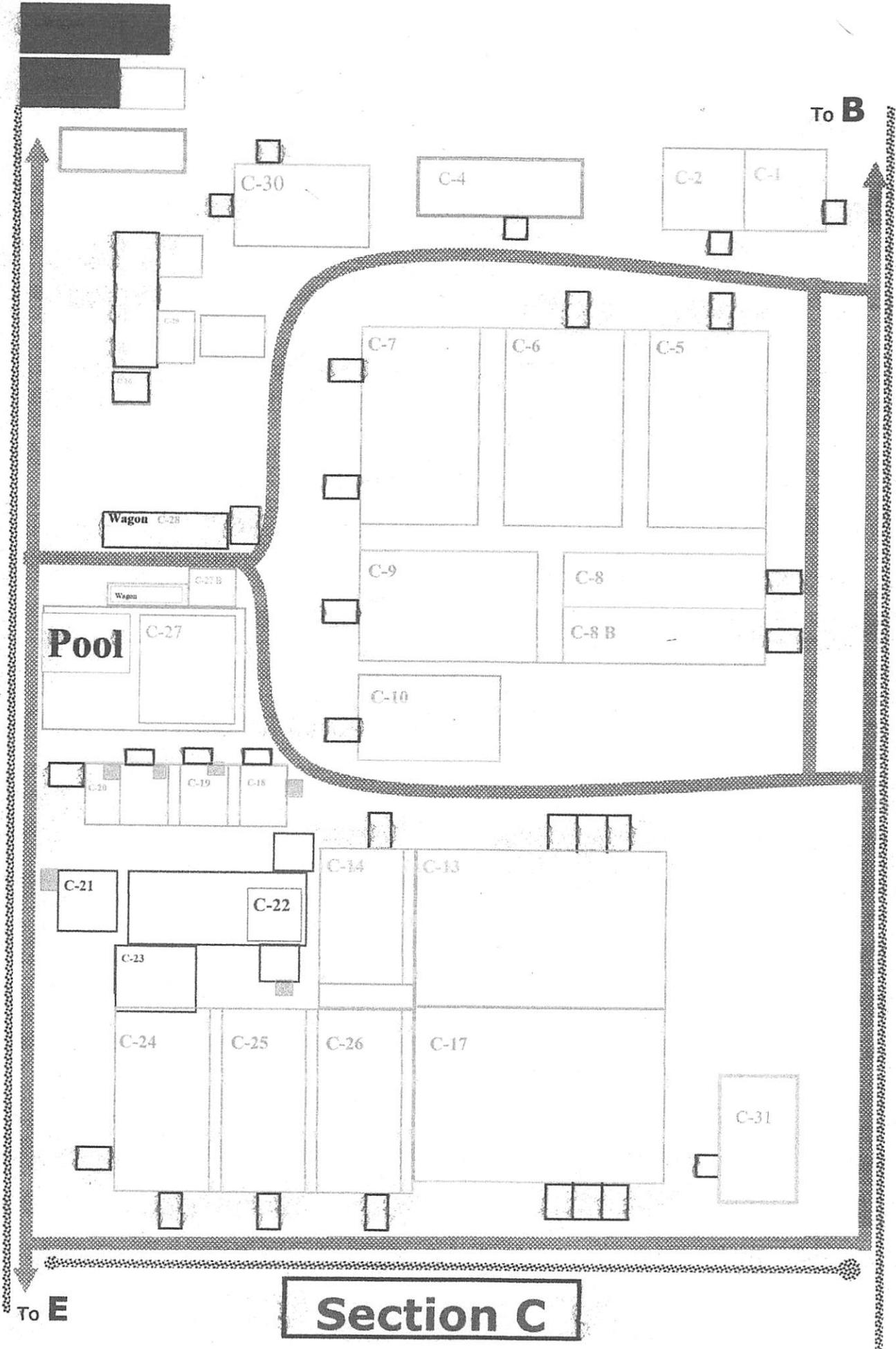


To C

To C

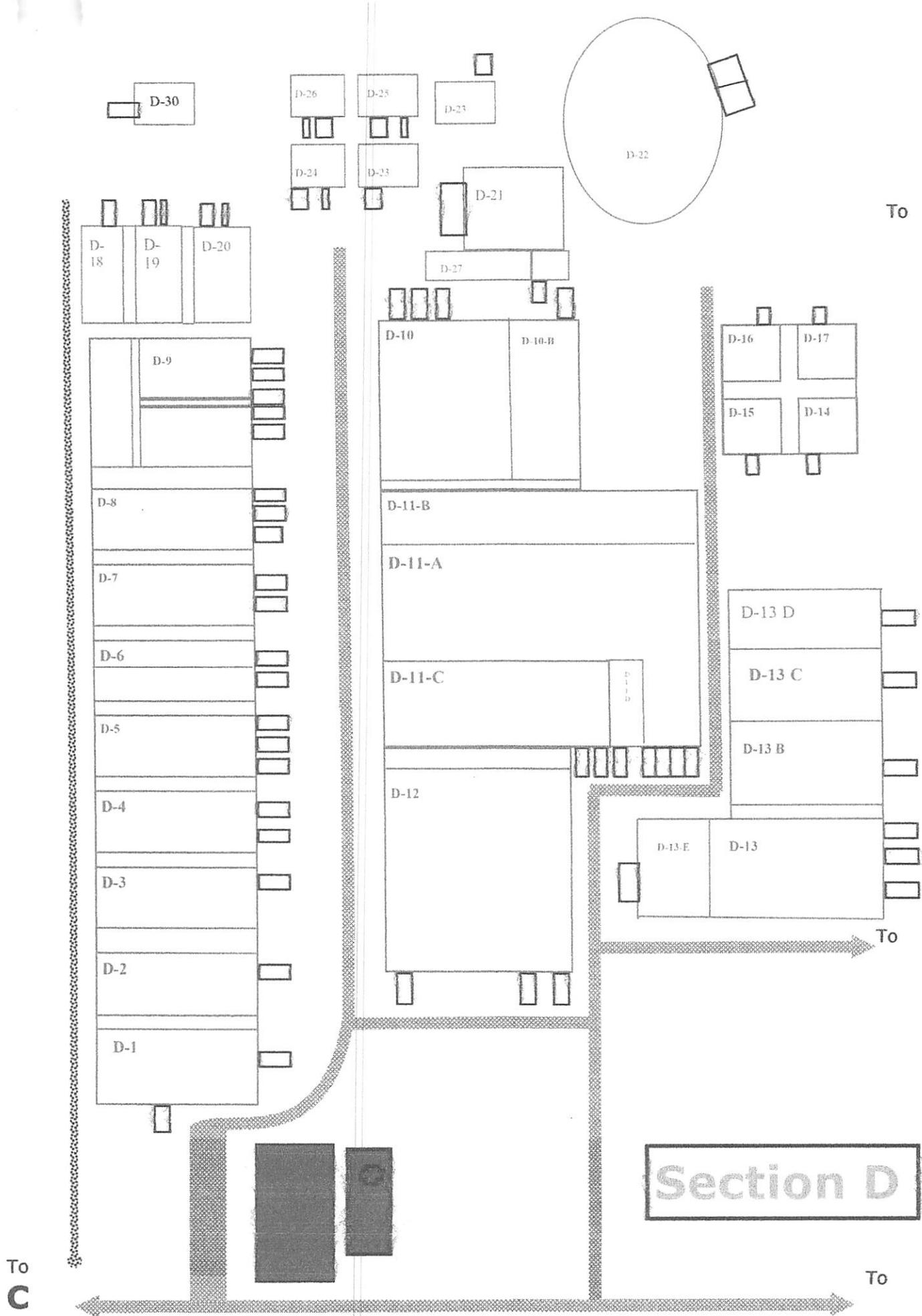
To B

To B

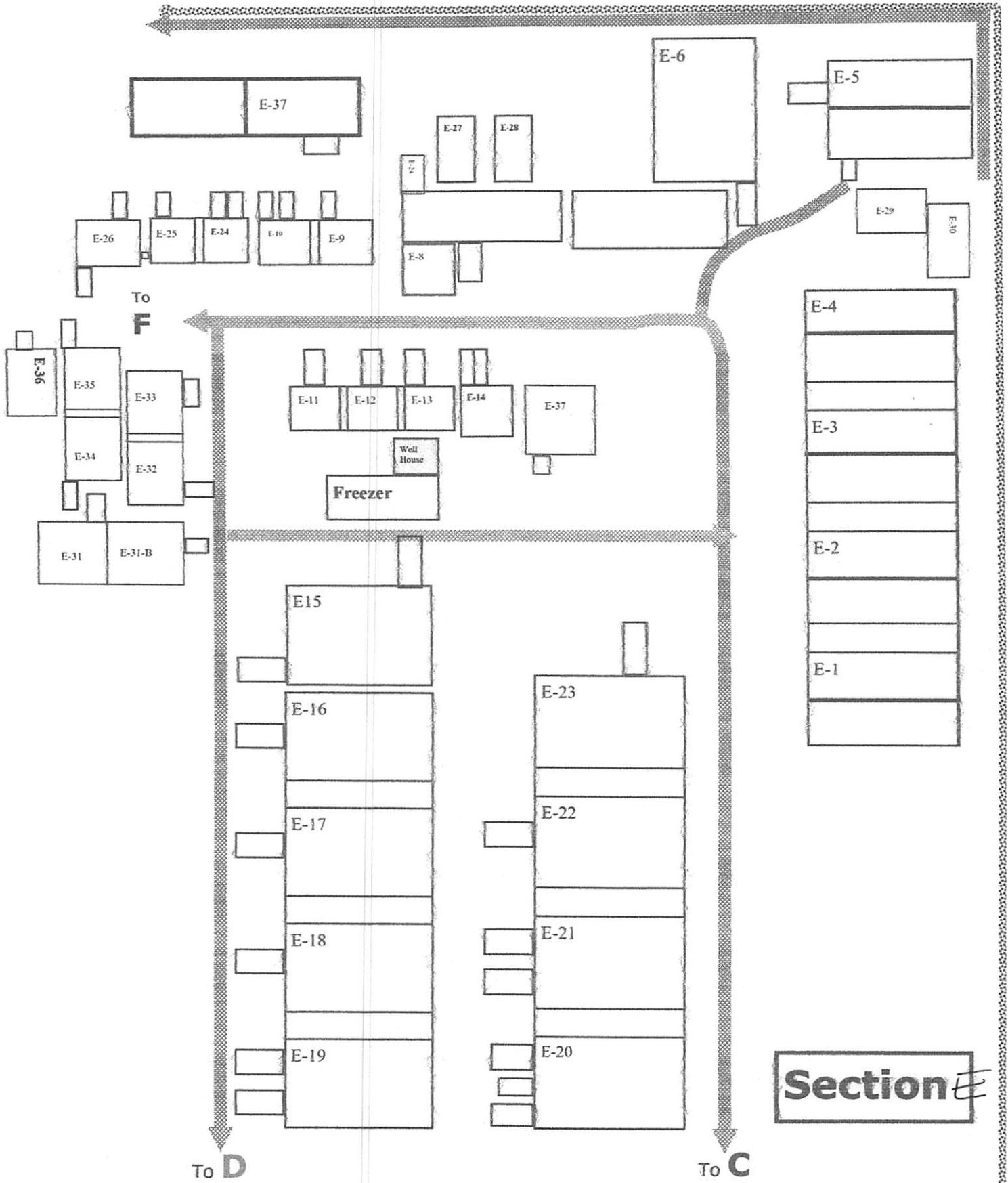


To E

**Section C**

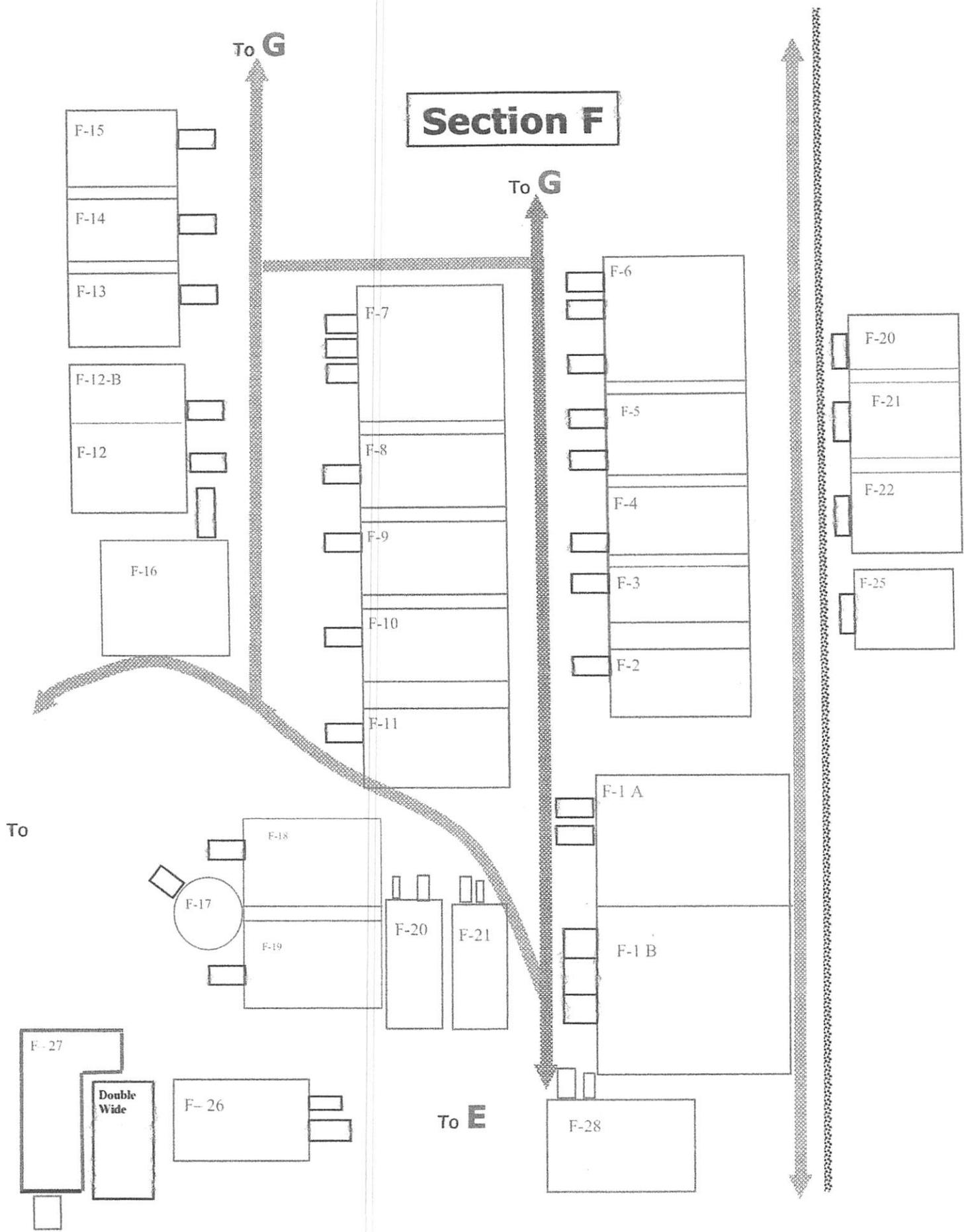


**Section D**



**Section E**

# Section F



# Section G

Housing

G-10

G-9

G-11

G-8

G-12

G-7

G-13

G-6

To  
**F**

G-15

G-14

G-5

G-15-B

To  
**F**

G-1 A

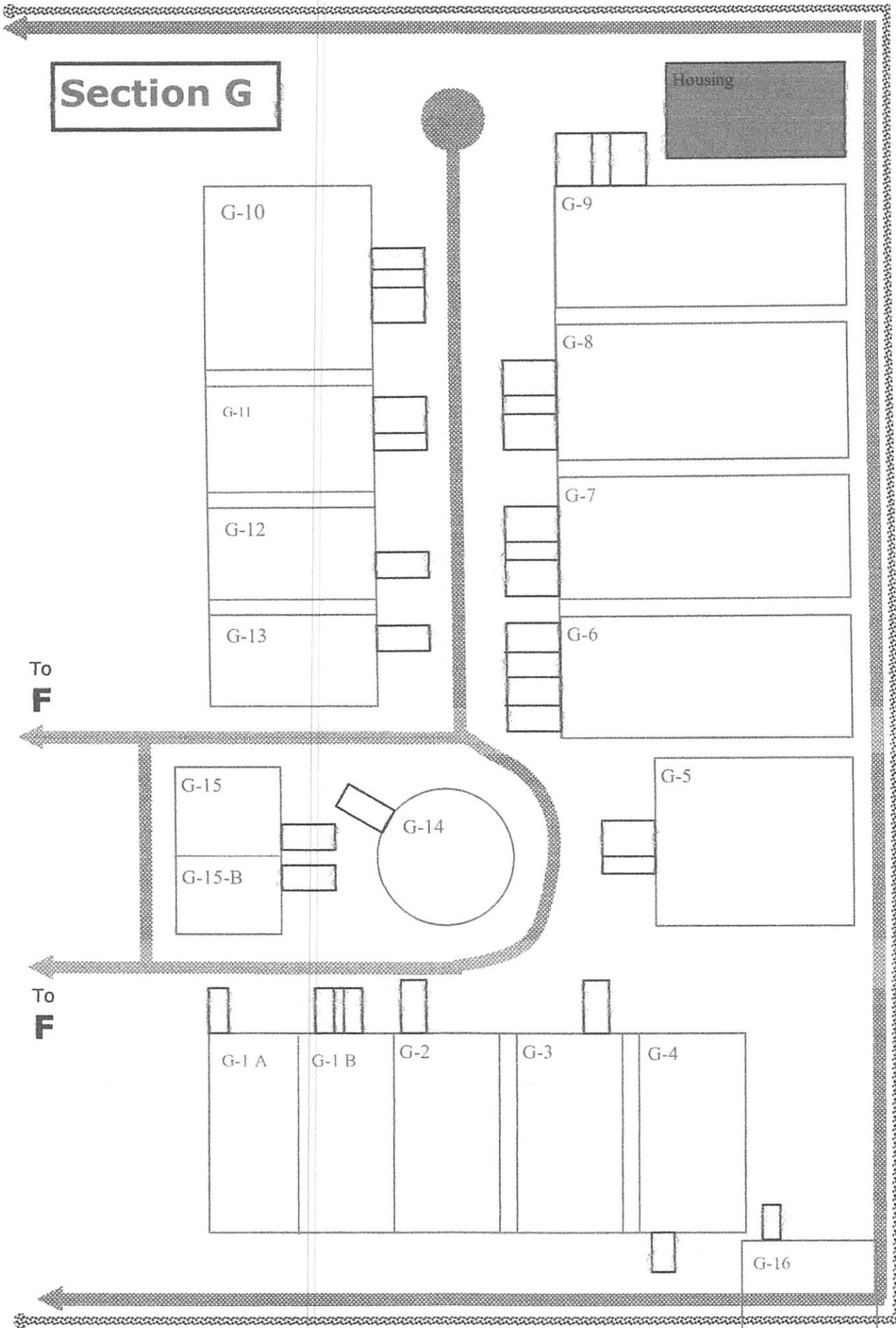
G-1 B

G-2

G-3

G-4

G-16



# INSPECTION FORM CLASS I FACILITIES

**TENNESSEE WILDLIFE RESOURCES AGENCY**

- Initial Inspection
- Compliance Inspection
- Renewal Inspection

- Type of Permit:**
- Commercial Propagator
  - Exhibitor
  - Personal Possession

Name (first) Tiger (middle initial) \_\_\_\_\_ (last) Haven  
 Mailing Address 237 Harvey Rd City Kingston State TN ZIP 37763  
 Phone: Residence ( \_\_\_\_\_ ) \_\_\_\_\_ Business ( 865 ) 376-4000

Location of Facility: County Roane Section:  NE  NW  C  SE  SW  
 A. Same as mailing address above.  
 B. Map attached showing location of cages.

Size of lot on which cages are located  
 Acres \_\_\_\_\_  
 Plat map attached

Species to be held: Inventory on file

Species:												
Number:	males	females										
Adults:												
Young:												

**Security**

1. Security Provided.....  Yes  No  
 A. Facility on premises of owner's residence  
 B. Resident caretaker or guard on premises
2. Perimeter Fencing Adequate.....  Yes  No  
 A. Eight feet or more in height  
 B. Four feet or more from cage  
 C. Will deter unauthorized entry  
 D. Prevents direct physical contact with animal  
 E. Cages inside secure building with covered exits

*12 ft wall 4 ft  
 Inturn  
 of 9 gauge  
 or greater*

**Type of fence:** Chain-link & wood  
 Material used \_\_\_\_\_  
 In good condition?  Yes  No  
 In need of repair?  Yes  No

**Cage Construction Adequate**

- .....  Yes  No
- A. Covered top
  - B. Well braced
  - C. Tension bars adequate
  - D. Metal clamps
  - E. Sufficient strength
  - F. Cage securely fastened to base or ground
  - G. Double safety doors
  - H. Divided cage or door on nest box
  - I. Locks and chains on exterior doors
  - J. Cage on a concrete slab
  - K. Buried fencing to prevent digging out
  - L. Utilizes a moat system
  - M. Has ample space for animal(s) held
  - N. Provides shelter from inclement weather
  - O. Has adequate drainage for water

*12 ft Wall  
 w/ 4 ft inturn  
 18-20 inches in  
 concrete*

**Cage materials used:**

Top	Walls
<input checked="" type="checkbox"/> Chainlink	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 9 Gauge	<input checked="" type="checkbox"/>
<input type="checkbox"/> 11.5 Gauge	<input type="checkbox"/>
<input type="checkbox"/> Solid Wall	<input type="checkbox"/>
<input type="checkbox"/> Steel Bars	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>

Cattle Panel

**Sanitation Adequate**

- .....  Yes  No
- A. Clean water provided
  - B. Food unspoiled and not contaminated
  - C. Waste removal adequate

The following conditions must be corrected in order to bring this facility into compliance:

(If more space is necessary, please use an additional form.)  
① Tree across from the pool enclosure must be removed.  
② Tree damaged B8, B18 D4 D2-D9  
③ Tree barbed D1 ④ Tree vegetation F1A+B  
F3, F4, F6, F8, L1A, L3, L7, B2 O13  
 Facilities must be reinspected after conditions are corrected. Contact: Walter Cook

Phone: 615-604-3269 These conditions must be corrected by June 30 2019  
 Date

Other comments: B2 - Move shed to middle of enclosure  
 (If more space is necessary, please use an additional form.) April 15, 2019

- Facility:**
- Approved
  - Not Approved
  - Conditional

Inspected by: Walter Cook Date: 3/28/19  
 Witnessed by: \_\_\_\_\_  
 Owner or his/her representative

I hereby certify that I was present when this inspection was conducted and I have received a copy of the report and am aware of its contents.

*F6 - repair gap by April 1 2019  
 B6, B5, + B15 - repair gate April 15 2019*





# CERTIFICATE OF VETERINARY INSPECTION



Tennessee Department of Agriculture  
 Ellington Agricultural Center  
 PO Box 40627, Nashville, TN 37204  
 Phone: 615-837-5120

Certificate Number: 63-960993769-1556126144  
 Entry Permit#: N/A  
 Issue Date: 2019-04-24  
 Void After: 2019-05-24

## Animal Movement

Moving Animals From	Carrier & Transport	Moving Animals To
Consignor Name: NASHVILLE ZOO at GRASSMERE	Shipment Date: 2019-04-25	Consignee Name: TIGER HAVEN
<b>CONSIGNOR CONTACT</b>	<b>CARRIER</b>	<b>CONSIGNEE CONTACT</b>
Consignor Address: 3777 Nolensville Pike Nashville, TN 37211	Carrier: Consignor	Consignee Address: 237 Harvey Road Kingston, TN 37763
Consignor Phone: (615) 833-1534	Phone:	Consignee Phone:
<b>LOCATION OF ANIMALS</b>	<b>TRANSPORT</b>	<b>DESTINATION OF ANIMALS</b>
Physical Address of Animals: 3777 Nolensville Pike Nashville, TN 37211	Transport Method:    Moving: Truck                      Intrastate	Physical Address of Destination: 237 Harvey Road Kingston, TN 37763
County:                      Premises ID: Davidson		County:                      Premises ID: Roane

## Animals Being Moved

Animal Type: Small animal	Species: Cats	Total Animals: 1	Area/State Status: N/A
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Row #	Name	ID	Quantity	Movement Purpose	Breed	Sex	Age	Inspected
1	Clouded leopard	Official IDs: 981020023234273  Other IDs: LOCAL ID 5689 GAN TYY18-02480	1	Other	Neofelis nebulosa	Male	1 years	2019-04-24

Type	Date	Booster Date	Tag #	Vaccine Serial #	Expiration Timeframe
Rabies	2019-04-23	N/A	N/A	12641	N/A

## Certification

### Owner Statement

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

Date:

Signature:

### Veterinary Certification

"I certify, as an accredited veterinarian that the animals described on this certificate 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"

Digitally Signed By:	Address:	City:	State:	Zip:
Margarita Woc Colburn, DVM	3777 Nolensville Pike	Nashville	TN	37211
Date/Time:	USDA Accreditation:	License State / #	Phone #:	Email:





# KANSAS 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

Certificate Number

**48-4725-1556925732**

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>05/01/2019</b>		SHIPMENT DATE: <b>05/06/2019</b>		<input checked="" type="radio"/> Large Animal		<input type="radio"/> Small Animal											
CONSIGNOR - Contact Person at Origin				CONSIGNEE - Contact Person at Destination				CARRIER (Transporter)											
First Name <b>Jim</b>		Last Name <b>Fouts</b>		AND/OR		First Name <b>Marylynn</b>		Last Name <b>Parker</b>		AND/OR		Business Name							
Business Name <b>Tanganyika Wildlife Park</b>				Business Name <b>Tiger Haven</b>				Physical Address											
Physical Address of Animals <b>1037 S. 183rd St. W.</b>				Physical Address of Animals <b>237 Harvey Rd.</b>				City		State		Zip Code		Phone Number					
City <b>Goddard</b>		State <b>KS</b>		Zip Code <b>67052</b>		County <b>Sedgwick</b>		City <b>Kingston</b>		State <b>TN</b>		Zip Code <b>37763</b>		County					
Phone Number <b>(316) 794-8954</b>		Location ID#		Phone Number <b>(865) 376-4100</b>		Location ID#		Transport Method		Purpose of Movement <b>Show/Exhibition</b>		<input checked="" type="checkbox"/> Interstate		<input type="checkbox"/> Intrastate					
Disease Certification Statements				Flock/Herd Accredited Free For: Herd/Flock #				Current State/Area Status:											
				<input type="checkbox"/> Tuberculosis <input type="checkbox"/> Brucellosis <input type="checkbox"/> Scrapie <input type="checkbox"/> NPIP <input type="checkbox"/> Johne's <input type="checkbox"/> PRV <input type="checkbox"/> CWD <input type="checkbox"/> Other (specify) _____				Tuberculosis: _____ Brucellosis: _____ <input type="checkbox"/> Other (specify) _____											
SPECIES	# OF HEAD	OFFICIAL PERMANENT ID	OTHER ID (REGISTRY NAME, NUMBER OR DESCRIPTION)	AGE	SEX	BREED	TB DATE OBSVD	TB TEST RESULT	BRUC TEST DATE	BRUC TEST RESULT	BRUC VACC TATTOO	EIA TEST DATE	EIA LAB NAME	EIA TEST RESULT	ACCESSION #	OTHER			
Other	1		AMUR LEOPARD (KOSMA) A09186	18 Y	M	Other						N/A	N/A	N/A					
<b>TOTAL</b>																			
<b>OWNER/AGENT STATEMENT</b>				<b>VETERINARY CERTIFICATION</b>															
"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 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: <b>5-4-19</b>				Date: <b>05/03/2019</b>				Printed Name: <b>Gregory J. Seiler Dvm</b>				Phone: <b>(316) 444-2377</b>				Email: <b>hvsinc@pixius.net</b>			
SIGNATURE:				Address: <b>2800 N. 247th St. W.</b>				City: <b>Andale</b>				State: <b>KS</b>				Zip: <b>67001</b>			
				USDA Accreditation # <b>023841</b>				State of License: <b>KS</b>				License # <b>0004725</b>							
				Signature: <b>Gregory J Seiler DVM 2</b>				Digitally signed by <b>Gregory J Seiler DVM 2</b>				Date: <b>2019.05.03 18:23:02 -05'00'</b>				CERTIFICATE AND CERTIFICATE # OFFICIAL AFTER DIGITALLY SIGNED			

<b>STATE OF TENNESSEE WILDLIFE RESOURCES AGENCY</b>	<b>TYPE</b>	<b>FEE</b>	<b>COUNTY</b>	<b>EXPIR. DATE</b>	<b>No.</b>
	160	\$1,220.00	Roane	06/30/2020	32813337



**Tiger Haven, Inc**  
**237 Harvey Rd, Kingston 37763**

<b>TWRA NUMBER: 3092699</b>  <b>MARY LYNN HAVEN</b>  <b>237 Harvey Rd</b> <b>Kingston TN, 37763-5448</b>	<b>-- Counts &amp; Species --</b>			
	1	Cheetah	11	Cougar
	5	Hybrid	1	Jaguar
	28	Leopard	25	Lion
	161	Tiger		

**Condition:**



## List Common Name and Number of All Species Exhibited

(If additional space is needed, attach a supplemental sheet.)

Office Use	Common Name	No.	Office Use	Common Name	No.	Office Use	Common Name	No.
	Cheetah	1		Leon	25			
	Cougar	11		Tiger	161			
	Jaguar	1						
	Leopard	28						
	Hybrid	5						

Are any of the following Class I species involved? Gorillas, orangutans, chimpanzees, gibbons, siamangs, drills, mandrills, baboons, gelada baboons, leopards, jaguars, tigers, lions, bears, poisonous reptiles or amphibians, cougars, cheetahs, wolves, elephants, rhinoceros, hippopotamus, African buffalo, crocodiles or alligators. Yes  No

If yes, contact the TWRA Nashville Law Enforcement office at 615/781-6647. A completed inspection report must accompany the application for a permanent exhibitor's facility.

Temporary exhibitors must submit a schedule of dates and locations of shows while in Tennessee. This schedule, accompanied by this application, must be submitted 21 days prior to the first scheduled show in Tennessee. Failure to submit this schedule will result in the return of the application. Shows held at locations or on dates not filed with the application are considered a violation of the conditions of the permit, making the exhibitor subject to prosecution. **No temporary exhibitor permit will be issued unless the application, itinerary and required fee has been received by the TWRA at least 21 days prior to the first scheduled exhibition date.**

Applicant's Signature \_\_\_\_\_



Date \_\_\_\_\_

5/21/19

### INSTRUCTIONS

1. Anyone exhibiting wildlife in Class I or II must obtain an Exhibitor's Permit. No permit is required by the TWRA to exhibit species identified as Class III. Check with the Department of Agriculture on Class III.
2. Temporary exhibitors are considered individuals who obtain a permit to allow the public to view wildlife and whose facilities are not located within the boundaries of Tennessee.
3. All information requested on the application must be completed accurately.
4. No supplemental Importation Permit or Possession Permits are required for individuals licensed as temporary exhibitors. Wildlife permitted under the authority of an Exhibitor's Permit may **NOT** be sold or otherwise change ownership in Tennessee.
5. Individuals must comply with regulations governing the possession and sale of wildlife. Some species may be regulated by the U.S. Department of Agriculture, U.S. Department of Interior, U.S. Department of Public Health and the Tennessee Department of Agriculture.
6. Any nonresident who enters Tennessee to exhibit Class I or II wildlife must obtain a permit.
7. All individuals exhibiting wildlife must have records to prove legal ownership.
8. The possession of any state or federally threatened or endangered species is permitted only when that species has been legally obtained in the state or country of origin.
9. Under no circumstances can Class I wildlife be brought into direct contact with the public (except for trained elephants under the direct control of a qualified handler.)
10. An itinerary of intended dates and locations for exhibitions must be submitted along with the application.
11. **No temporary exhibitor permit will be issued unless the application, itinerary and required fee has been received by the TWRA at least 21 days prior to the first scheduled exhibition date.**

STATE OF TENNESSEE WILDLIFE RESOURCES AGENCY	TYPE	FEE	COUNTY	EXPIR. DATE	No.
	150	\$244.00	Roane	06/30/2020	32813331
	<b>Tiger Haven, Inc</b> 237 Harvey Rd, Kingston 37763				
<b>TWRA NUMBER: 3092699</b>  <b>MARY LYNN HAVEN</b>  237 Harvey Rd Kingston TN, 37763-5448	-- Counts & Species --				
		Class 1 & 2 Felids as Declared by Permittee			
<b>Condition:</b> Animals imported under the authority of an annual importation permit must be reported within 5 days of arrival. TCA: 70-4-411					



**Species and number to be imported (List all species by common name)**

Office Use	Species	Number	Name and Address of Source
( )	Tiger		Class I + 2 felids or declared by permit.
( )	Lion		
( )	Leopard		
( )	Jaguar		
( )	Cheetah		
( )	Hybrid		
( )			
( )			
( )			
( )			
( )			

(If additional space is needed, attach a supplemental sheet.)

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

5/29/19

**INSTRUCTIONS**

- An Importation Permit is required in order to import or possess any wildlife species in Class I or II obtained outside the state of Tennessee. No permit is required to import or possess species identified as Class III. (See supplemental sheet listing species found in the various wildlife classes.)
- An Importation Permit is required for all Class II fish species except the following:
  - Goldfish
  - Triploid Grass Carp
  - Salmon - all species
  - Species approved for fish farming
  - Fish, crustaceans and aquatic snails held in aquaria
  - Salt water mussels held in aquaria other than zebra mussels.
- All information requested on the application must be completed accurately.
- You may choose to purchase either an Importation Permit for one shipment of wildlife or an annual permit good for unlimited shipments for that year.
- The following species may be legally released into the wild if approval is obtained **in advance** from the TWRA:
  - Bobwhite Quail
  - Red Fox
  - Grey Fox
  - Raccoon
  - Non-native Game Birds
  - Mallard Ducks
  - Native species of fish—in private lakes and ponds
  - Cottontail Rabbit

**It is illegal to release any other Class I, II, or III species into the wild. Wildlife that are released, except fish in private ponds, are regarded as part of Tennessee's wildlife populations and are no longer considered personal property.**

- Additional permit(s) must be obtained to possess, propagate, or exhibit wildlife.
- All bills of lading and shipping papers that relate to wildlife listed on this Importation Permit must be available for inspection at all times.
- Individuals must comply with regulations that govern the interstate transport of wildlife. Some species may be regulated by the U.S. Department of Agriculture, U.S. Department of Interior, U.S. Department of Public Health, and the Tennessee Department of Agriculture.
- All imported animals must be reported to the TWRA within 5 days after the shipment is received.
- Wild Turkeys (including their eggs), whitetail deer, and American black bear are illegal to possess, propagate, or release in Tennessee, except under the authority of a zoo or wildlife rehabilitation permit.
- All applications must be submitted with the proper fee in order to be processed.

**From:** [Brad Daugherty](#)  
**To:** [Walter Cook](#)  
**Cc:** [Bryon Franklin](#); [Kip Kite](#)  
**Subject:** Tiger Haven Re-Inspection  
**Date:** Tuesday, June 4, 2019 10:15:30 AM

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Capt. Cook,

Bryon and I went to inspect items that needed attention at Tiger Haven yesterday, and everything appears resolved including the gaps in the cages, trees that needed cut, and the shed removal from the fence. Vegetation is an on-going problem and they have a crew that is working everyday to keep back the new growth. Also, Roane Co Emergency Services Director and Office Manager went with us to view the area in case of an emergency response, both are new to the position and never been to Tiger Haven. If you have any questions please do not hesitate to call.

Thank you,

Brad G. Daugherty  
Roane County Wildlife Officer  
Tennessee Wildlife Resources Agency





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

Certificate Number

**48-4725-1561061520**

ENTRY PERMIT #:		INSPECTION DATE: <b>06/19/2019</b>		SHIPMENT DATE: <b>06/24/2019</b>		<input checked="" type="checkbox"/> Large Animal		<input type="checkbox"/> Small Animal											
CONSIGNOR - Contact Person at Origin				CONSIGNEE - Contact Person at Destination				CARRIER (Transporter)											
First Name		Last Name		AND/OR		First Name		Last Name		AND/OR		Business Name							
Jim		Fouts		AND/OR		Mary Lynn		Parker		AND/OR									
Business Name				Business Name				Physical Address											
Tanganyika Wildlife Park				Tiger Haven															
Physical Address of Animals				Physical Address of Animals				City State Zip Code Phone Number											
1037 S. 183rd St. W.				237 Harvey Rd															
City		State		Zip Code		County		City		State		Zip Code		Phone Number					
Goddard		KS		67052		Sedgwick		Kingston		TN		37763							
Phone Number		Location ID#		Phone Number		Location ID#		Transport Method		Purpose of Movement		Show/Exhibition							
(316) 794-8954				(865) 376-4100				☒ Interstate		<input type="checkbox"/> Intrastate									
Consignor's Address (if different)				Consignee's Address (if different)				<input type="checkbox"/> Print Reconsigned											
Disease Certification Statements				Flock/Herd Accredited Free For: Herd/Flock #				Current State/Area Status:											
				<input type="checkbox"/> Tuberculosis <input type="checkbox"/> Brucellosis <input type="checkbox"/> Scrapie <input type="checkbox"/> NPIP <input type="checkbox"/> Johne's <input type="checkbox"/> PRV <input type="checkbox"/> CWD <input type="checkbox"/> Other (specify) _____				Tuberculosis: _____ Brucellosis: _____ <input type="checkbox"/> Other (specify) _____											
SPECIES	# OF HEAD	OFFICIAL PERMANENT ID	OTHER ID (REGISTRY NAME, NUMBER OR DESCRIPTION)	AGE	SEX	BREED	TB DATE OBSVD	TB TEST RESULT	BRUC TEST DATE	BRUC TEST RESULT	BRUC VACC TATTOO	EIA TEST DATE	EIA LAB NAME	EIA TEST RESULT	ACCESSION #	OTHER			
Other	1		JAGUAR #B19900	2	M	F						N/A	N/A	N/A					
<b>TOTAL</b>	<b>1</b>																		
<b>OWNER/AGENT STATEMENT</b>				<b>VETERINARY CERTIFICATION</b>															
"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 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: <u>06-21-19</u>				Date: <u>06/20/2019</u>				Printed Name: <u>Gregory J. Seiler Dvm</u>				Phone: <u>(316) 444-2377</u>				Email: <u>hvsinc@pixius.net</u>			
SIGNATURE: <u>Gregory J Seiler</u>				Address: <u>2800 N. 247th St. W.</u>				City: <u>Andale</u>				State: <u>KS</u>				Zip: <u>67001</u>			
				USDA Accreditation # <u>023841</u>				State of License: <u>KS</u>				License # <u>0004725</u>							
				Signature: <u>Gregory J Seiler DVM 2</u>				Digitally signed by Gregory J Seiler DVM 2				Date: 2019.06.20 15:12:32 -05'00'				CERTIFICATE AND CERTIFICATE # OFFICIAL AFTER DIGITALLY SIGNED			



FAX TRANSMITTAL

DATE: 7/2/2019

TO:

Walter Cook - TWRA  
615-781-6680

FROM:

TIGER HAVEN, INC.  
PH: 865-376-4100  
FX: 865-376-0284

INFORMATION:

**CAPTIVE WILDLIFE  
REPORT OF ANIMALS IMPORTED**

Number of Pages including cover: 3

Hello Mr. Cook,

Attached is the Captive Wildlife Report of Animals Imported and Health Certificate for a young Jaguar we received at Tiger Haven. I will also mail you the copies, however I wanted to fax them today so you receive them ASAP.

Thank you,

Cheryl Haddad  
Office Manager





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

Certificate Number

48-4725-1561061520

ENTRY PERMIT #		INSPECTION DATE: 06/19/2019		SHIPMENT DATE: 06/20/2019		<input checked="" type="checkbox"/> Large Animal <input type="checkbox"/> Small Animal										
CONSIGNOR - Contact Person at Origin				CONSIGNEE - Contact Person at Destination				CARRIER (Transporter)								
First Name <b>Jim</b>		Last Name <b>Fouts</b>		AND/OR		First Name <b>Mary Lynn</b>		Last Name <b>Parker</b>		AND/OR		Business Name				
Business Name <b>Tanganyika Wildlife Park</b>				Business Name <b>Tiger Haven</b>				Physical Address								
Physical Address of Animals <b>1037 S. 183rd St. W.</b>				Physical Address of Animals <b>237 Harvey Rd</b>				City		State		Zip Code		Phone Number		
City <b>Goddard</b>		State <b>KS</b>		Zip Code <b>67052</b>		County <b>Sedgwick</b>		City <b>Kingston</b>		State <b>TN</b>		Zip Code <b>37763</b>		County		
Phone Number <b>(316) 794-8954</b>		Location ID#		Phone Number <b>(865) 376-4100</b>		Location ID#		Transport Method		Purpose of Movement <input checked="" type="checkbox"/> Show/Exhibition						
Consignor's Address (if different)				Consignee's Address (if different)				<input checked="" type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		<input type="checkbox"/> Print Reconsigned						
Disease Certification Statements				Flock/Herd Accredited Free For: Herd/Flock #				Current State/Area Status:								
				<input type="checkbox"/> Tuberculosis <input type="checkbox"/> Brucellosis <input type="checkbox"/> Scrapie <input type="checkbox"/> NPIP <input type="checkbox"/> Johne's <input type="checkbox"/> PRV <input type="checkbox"/> CWD <input type="checkbox"/> Other (specify)				Tuberculosis: _____ Brucellosis: _____ <input type="checkbox"/> Other (specify)								
SPECIES	# OF HEAD	OFFICIAL PERMANENT ID	OTHER ID (REGISTRY NAME, NUMBER OR DESCRIPTION)	AGE	SEX	BREED	TB DATE OBSVD	TB TEST RESULT	BRUC TEST DATE	BRUC TEST RESULT	BRUC VACC TATTOO	EIA TEST DATE	EIA LAB NAME	EIA TEST RESULT	ACCESSION #	OTHER
Other	1		JAGUAR #B19800	2	M	F						N/A	N/A	N/A		
<b>TOTAL</b>																
OWNER/AGENT STATEMENT				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.												
"The animals in this shipment are those certified to and listed on this certificate." 6-21-19				Date 06/20/2019				Printed Name Gregory J. Seiler Dvm				Phone (316) 444-2377		Email hvainc@plxius.net		
DATE				Address 2800 N. 247th St. W.				City Andale				State KS		Zip 67001		
SIGNATURE				USDA Accreditation # 023841				State of License KS				License # 0004725				
Signature				Signature <b>Gregory J Seiler DVM 2</b>				Digitally signed by Gregory J Seiler DVM 2				Date: 2019.06.20 15:12:32 -0500				
													CERTIFICATE AND CERTIFICATE #			
													OFFICIAL AFTER DIGITALLY SIGNED			

Version 3.2



# AMERICAN ASSOCIATION of ZOO VETERINARIANS

## STANDARD CERTIFICATE OF VETERINARY INSPECTION

No 109185

OWNER Smithsonian Conservation Biology Institute CONSIGNEE Tiger Haven DATE Issued 3 July 2019  
 ADDRESS 1500 Remount Rd. ADDRESS 237 HARVEY RD. Mode of Transport  Land  Air  Sea  
Front Royal VA. 22630 Kingston TN 37763 NAME OF AGENT Mary Lynn Haven  
 PHONE 202-809-7819 PHONE 865.456.0665

ANIMAL I.D. Tattoo Band Tag Etc.	NAME Common Scientific	PHYSICAL DESCRIPTION Age Sex Weight Other	HISTORY											
<p>Yanqon SB# 1436 Accession # 114642</p>	<p>Clouded Leopard <i>Neofelis nebulosa</i></p>	<p>♀/♂/9 = 10 years 4/05/19 1.0 Male 18.1 kg</p>	<p>Date of Vaccination including name of product used <u>13 Feb 2019: Imvab Rabies, Felovax FVRCP</u>                      Date of last deworming including name of product used                      Housed with <u>0</u> other animals                      Recent Health problems with similar or adjacent species <u>none</u>                      Given name and dosage of all drugs given prior to or during transport (including antibiotics, restraint or immobilizing drugs)                      Tuberculin Used and Dosage <u>N/A</u> Site of injection <u>N/A</u>  <input type="checkbox"/> Mammalian old tuberculin  <input type="checkbox"/> Bovine PPD results: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Suspicious                      Other (specify)                      EIA results for Equine <input type="checkbox"/> Positive <input type="checkbox"/> Negative                      Brucellosis Test for Ruminants</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="3">Test Dilution</th> <th rowspan="2">Results</th> </tr> <tr> <th>1-50</th> <th>1-100</th> <th>1-200</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> </tbody> </table>	Test Dilution			Results	1-50	1-100	1-200	/	/	/	/
Test Dilution			Results											
1-50	1-100	1-200												
/	/	/	/											
			<p>Method of Examination <input type="checkbox"/> Visual <input type="checkbox"/> Physical</p> <p style="text-align: center; font-size: 1.2em;">APPEARS TO BE FREE FROM INFECTIOUS DISEASE</p> <p>Visual exam 3 July 2019: WNL Fecal 2 July 2019 NPS</p>											

Permit Obtained If Required Yes  No

\*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.\*

White Copy - State Veterinarian Office  
 Green Copy - State Veterinarian Office  
 Yellow Copy - Issuing Veterinarian  
 Pink Copy - Accompany Shipment  
 Orange Copy - Owner

Signature Kristina Delaski DVM National Vet. Accreditation Prog. I.D.: 032448  
 Printed Name Kristina Delaski, DVM, DACZM State Veterinary License No.: 0301204872  
 Approved by \_\_\_\_\_ State Permit No. (If Applicable): \_\_\_\_\_  
 State Veterinarian

AAZV Member  Non Member

OWNER/AGENT STATEMENT: The animals in this shipment are as certified to and listed on this certificate.

**From:** [Brad Daugherty](#)  
**To:** [Walter Cook](#)  
**Cc:** [Kip Kite](#)  
**Subject:** tiger haven new cage inspection  
**Date:** Tuesday, August 13, 2019 12:03:40 PM

---

Walter,

I went to Tiger Haven today to inspect a new cage that was built, and it was built to specifications set by Rule & Reg. I filled out a wildlife preserve form on the CAD and noted that it was Tiger Haven new cage inspection. I did leave them a paper copy of the wildlife preserve form with it noted the same statement as above due to me being out of class 1 inspection forms.

Thank you,

Brad G. Daugherty  
Roane County Wildlife Officer  
Tennessee Wildlife Resources Agency





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

**Certificate Number**  
 48-4725-1571070898

ENTRY PERMIT #: \_\_\_\_\_

INSPECTION DATE: **10/14/2019** SHIPMENT DATE: **10/15/2019**

CONSIGNOR - Contact Person at Origin  
 First Name: **Jim** Last Name: **Fouts** AND/OR: \_\_\_\_\_  
 Business Name: **Tanganika Wildlife Park** AND/OR: \_\_\_\_\_  
 Physical Address of Animals: **1037 S. 183rd St. W.**

CONSIGNEE - Contact Person at Destination  
 First Name: **Mary Lynn** Last Name: **Parker** AND/OR: \_\_\_\_\_  
 Business Name: **Tiger Haven** AND/OR: \_\_\_\_\_  
 Physical Address of Animals: **237 Harvey Rd**

City: **Goddard** State: **KS** Zip Code: **67052** County: **Sedgwick**  
 Phone Number: **(316) 794-8954** Location ID#: \_\_\_\_\_  
 Consignor's Address (if different): \_\_\_\_\_

City: **Kingston** State: **TN** Zip Code: **37763** County: \_\_\_\_\_  
 Phone Number: **(865) 376-4100** Location ID#: \_\_\_\_\_  
 Consignee's Address (if different): \_\_\_\_\_

Disease Certification Statements: \_\_\_\_\_  
 Flock/Herd Accredited Free For:  Tuberculosis  Brucellosis  Scrapie  NPIP  
 Johnes  PRV  CWD  Other (specify) \_\_\_\_\_  
 Current State/Area Status:  Tuberculosis: Free  Brucellosis: Free  Other (specify) \_\_\_\_\_

SPECIES	# OF HEAD	OFFICIAL PERMANENT ID	OTHER ID (REGISTRY NAME, NUMBER OR DESCRIPTION)	AGE	SEX	BREED	TB DATE	TB TEST RESULT	BRUC TEST DATE	BRUC TEST RESULT	BRUC VACC TA/TOO	EIA TEST DATE	EIA LAB NAME	EIA TEST RESULT	ACCESSION #	OTHER
Other	1	933900320179135	SNOWLEOPARD FACILITY #B19908	5 M	F	Other										
Other	1	9001820003889059	DOB 5/19/19 CARACAL	3 Y	M	Other										
Other	1	9001820003889063	DOB 7/18/16 CARACAL	3 Y	F	Other										
<b>TOTAL</b>	<b>3</b>															

**OWNER/AGENT STATEMENT**  
 "The animals in this shipment are those certified to and listed on this certificate."

DATE: **10-14-19**  
 SIGNATURE: \_\_\_\_\_

**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.

Address: **2800 N. 247th St. W.** Printed Name: **Gregory J. Seller Dvm**  
 City: **Andale** Phone: **(316) 444-2377**  
 Email: **hvsinc@pixius.net**  
 State: **KS** Zip: **67001**

USDA Accreditation # **012318411** State of License: **KS** License # **01014171215**  
 Signature: **Gregory J Seller DVM 2**  
 Digitally signed by Gregory J Seller DVM 2 Date: 2019.10.14 11:35:47 -05'00'

Certificate Signed by: **Gregory J. Seller Dvm** Date: **10/14/2019**  
 Certificate is only valid for 30 days from inspection.





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

Certificate Number  
**48-4725-1540408417**

ENTRY PERMIT #

INSPECTION DATE: **10/23/2018**

CONSIGNOR - Contact Person at Origin

First Name: **Jim** Last Name: **Fouts**  
 AND/OR Business Name: **Tanganyika Wildlife Park**  
 Physical Address of Animals: **1037 S. 183rd St. W.**  
 City: **Goddard** State: **KS** Zip Code: **67052** County: **Sedgwick**  
 Phone Number: **(316) 794-8964** Location ID#

SHIPMENT DATE: **10/25/2018**

CONSIGNEE - Contact Person at Destination

First Name: **Mary Lynn** Last Name: **Parker**  
 AND/OR Business Name: **Tiger Haven**  
 Physical Address of Animals: **237 Harvey Rd**  
 City: **Kingston** State: **TN** Zip Code: **37763** County: **Location ID#**  
 Phone Number: **(865) 376-4100** Consignee's Address (if different)

Large Animal

Small Animal

CARRIER (Transporter)

Business Name

Physical Address

City

State

Zip Code Phone Number

Transport Method

Purpose of Movement

Interstate  Intrastate

Show/Exhibition

Disease Certification Statements

Flock/Herd Accredited Free For:  Tuberculosis  Brucellosis  Scrapie  NPIP  
 Johne's  PRV  CWD  Other (specify) \_\_\_\_\_

Current State/Area Status:  Tuberculosis:  Brucellosis:  Other (specify) \_\_\_\_\_

SPECIES	# OF HEAD	OFFICIAL PERMANENT ID	OTHER ID (REGISTRY NAME, NUMBER OR DESCRIPTION)	AGE	SEX	BREED	TB DATE OBSVD	TB TEST RESULT	BRUC TEST DATE	BRUC TEST RESULT	BRUC VACC TATTOO	EIA TEST DATE	EIA LAB NAME	EIA TEST RESULT	ACCESSION #	OTHER
Other	1		CHEETAH (ROMANI)	6 Y	M	Other										
Other	1		SNOW/LEOPARD (SIRIUS)	5 M	M	Other										
Other	1		SNOW/LEOPARD (REMUS)	5 M	M	Other										
Other	1		SNOW/LEOPARD (RAZZ)	5 M	F	Other										
<b>TOTAL</b>	<b>4</b>															

### OWNER/AGENT STATEMENT

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

DATE: **10-24-18**

SIGNATURE: *Gregory J Seiler*

### 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: **10/24/2018** Printed Name: **Gregory J. Seiler DVM**

Address: **2880 N. 247th St. W.**

USDA Accreditation # **0123841** State of License: **KS** City: **Andale**

License # **01014715**

Phone: **(316) 444-2377**

Email: **hvsinc@jaxius.net**

State: **KS** Zip: **67001**

Signature: **Gregory J Seiler DVM 2**

Digitally signed by Gregory J Seiler DVM 2  
 Date: 2018.10.24 14:14:20 -0500'

CERTIFICATE AND CERTIFICATE #  
 OFFICIAL AFTER DIGITALLY SIGNED





Florida Department of Agriculture  
and Consumer Services  
407 South Calhoun St  
The Mayo Building (M-7)  
Tallahassee, FL 32399  
Phone: 850-410-0900  
Fax: 850-410-0949

http://www.freshfromflorida.com/Divisions-Offices/Animal-Industry

### 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

CERTIFICATE NUMBER

19-FL-15340883

INSPECTION DATE 2019-11-26	ISSUE DATE 2019-12-12	ENTRY PERMIT NUMBER	BRAND INSPECTION NUMBER & ISSUE DATE 
-------------------------------	--------------------------	---------------------	--

<b>ORIGIN OF SHIPMENT</b> Robert Mullen 2219 SW 45th Av Bell, FL 32619 Gilchrist County Phone: 407-492-3204 PIN/LID: /	<b>CONSIGNOR, PRESENT OWNER OF SHIPMENT</b> Robert Mullen 2219 SW 45th Av Bell, FL 32619 Gilchrist County Phone: 407-492-3204 PIN/LID: /	<b>DESTINATION OF SHIPMENT</b> Tiger Haven 237 Harvey Road Kingston, TN 37763 Phone: (865) 376-4100 PIN/LID: /	<b>CONSIGNEE, NEW OWNER OF SHIPMENT</b> Tiger Haven 237 Harvey Road Kingston, TN 37763 Phone: (865) 376-4100 PIN/LID: /	<b>CARRIER, TRANSPORTER</b> Robert Mullen 2219 SW 45th Av Bell, FL 32619 Gilchrist County Phone: 407-492-3204 PIN/LID: /
--	--	---	--	--

<b>SPECIES - NUMBER IN SHIPMENT</b> Feline () - 3 animals	<b>PURPOSE(S) OF MOVEMENT</b> Adoption	<b>CARRIER TYPE</b> Truck/Trailer	<b>HERD STATUS NUMBER</b>	<b>HERD FREE FOR</b>	<b>CURRENT STATE/AREA STATUS</b>
--	---	--------------------------------------	---------------------------	----------------------	----------------------------------

**REMARKS/ADDITIONAL CERTIFICATION STATEMENTS**  
Visual inspection through cage. | I have examined all animals listed on this certificate of veterinarian inspection and included within this shipment and found them to be free from clinical signs of infections or contagious diseases.  
Shipping Date: 2019-12-12

Name: Rajistan | DOB: 2009-07-31 | Color: Orange w/ Black Stripes | Gender: Neutered male | Breed: Bengal Tiger | Head Count: 1

Official ID Types: | IDs:

Remarks:

Name: Artemis | DOB: 2011-11-01 | Color: Tawny | Gender: Neutered male | Breed: Cougar | Head Count: 1

Official ID Types: | IDs:

Remarks:

Name: Jai | DOB: 2004-12-12 | Color: White w/ Black Stripes | Gender: Neutered male | Breed: Bengal Tiger | Head Count: 1

Official ID Types: | IDs:

Remarks:

<b>OWNER / AGENT STATEMENT</b> The animals in this shipment are those certified to and listed on this certificate.  Signature _____ Date _____	<b>VETERINARIAN'S SIGNATURE:</b> This is a legally binding equivalent of a handwritten signature.  <i>V. Caccavone</i> Victoria E. Caccavone DVM 2019-12-12 08:21:57 -06:00	<b>Victoria Caccavone</b> 12990 SE 71st ST Morrison, FL 32668 Phone: 352-388-9071
<b>OFFICIAL USE ONLY</b> The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.	<b>VETERINARIAN CERTIFICATION</b> - 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.	License Number and State: VM15045 - FL National Accreditation Number: 087214





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

**Certificate Number**  
**48-4725-1577143363**

ENTRY PERMIT #:

INSPECTION DATE: **12/23/2019** SHIPMENT DATE: **12/26/2019**  
 Large Animal  Small Animal

CONSIGNOR - Contact Person at Origin				CONSIGNEE - Contact Person at Destination				CARRIER (Transporter)				
First Name <b>Jim</b>	Last Name <b>Fouts</b>	AND/OR		First Name <b>Mary Lynn</b>	Last Name <b>Parker</b>	AND/OR		Business Name				
Business Name <b>Tanganyika Wildlife Park</b>				Business Name <b>Tiger Haven</b>				Physical Address				
Physical Address of Animals <b>1037 S. 183rd St. W.</b>				Physical Address of Animals <b>237 Harvey Rd</b>				City State Zip Code Phone Number				
City <b>Goddard</b>	State <b>KS</b>	Zip Code <b>67052</b>	County <b>Sedgwick</b>	City <b>Kingston</b>	State <b>TN</b>	Zip Code <b>37763</b>	County		Transport Method		Purpose of Movement	
Phone Number <b>(316) 794-8954</b>		Location ID#		Phone Number <b>(865) 376-4100</b>		Location ID#		<input checked="" type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		<input type="checkbox"/> Show/Exhibition		
Consignor's Address (if different)				Consignee's Address (if different)				<input type="checkbox"/> Print Reconsigned				

Disease Certification Statements

Flock/Herd Accredited Free For: Herd/Flock # \_\_\_\_\_  
 Tuberculosis  Brucellosis  Scrapie  NPIP  
 Johne's  PRV  CWD  Other (specify) \_\_\_\_\_

Current State/Area Status:  
 Tuberculosis: \_\_\_\_\_  
 Brucellosis: \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

SPECIES	# OF HEAD	OFFICIAL PERMANENT ID	OTHER ID (REGISTRY NAME, NUMBER OR DESCRIPTION)	AGE	SEX	BREED	TB DATE OBSVD	TB TEST RESULT	BRUC TEST DATE	BRUC TEST RESULT	BRUC VACC TATTOO	EIA TEST DATE	EIA LAB NAME	EIA TEST RESULT	ACCESSION #	OTHER
Other	1		JAGUAR (FACILITY #B19961)	3	M	M										
Other	1		CLOUDED LEOPARD (FACILITY#B19943)	4	M	F						N/A	N/A	N/A		
<b>TOTAL</b>	<b>2</b>											N/A	N/A	N/A		

**OWNER/AGENT STATEMENT**  
 "The animals in this shipment are those certified to and listed on this certificate."  
 DATE: **12-24-19**  
 SIGNATURE: *Gregory J. Seiler*

**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 **12/23/2019** Printed Name **Gregory J. Seiler Dvm** Phone **(316) 444-2377** Email **hvsinc@pixius.net**  
 Address **2800 N. 247th St. W.** City **Andale** State **KS** Zip **67001**  
 USDA Accreditation # **023841** State of License **KS** License # **0004725**  
 Signature **Gregory J Seiler DVM 2** Digitally signed by Gregory J Seiler DVM 2 Date: 2019.12.23 17:23:30 -06'00'

CERTIFICATE AND CERTIFICATE #  
 OFFICIAL AFTER DIGITALLY SIGNED