

**CAPTIVE WILDLIFE
REPORT OF ANIMALS IMPORTED**

NAME Tiger Haven
 ADDRESS 237 Harvard Rd.
 CITY Kusston, TN

31835360
 Importation Permit
1/28/19
 Date

zipcode 37763

SPECIES	NUMBER	AGE	NAME AND ADDRESS OF SOURCE
Lion	1	4mo.	ZWF
Jaguar	1	4mo.	16225 SW 172 Ave Miami, FL 33187

(For additional species attach supplemental sheet)

NOTE- All animals (except Class III) imported into Tennessee must be reported on this form within 5 days of shipment.

Return completed forms to: TWRA
 Wildlife Management Division
 P.O. Box 40747
 Nashville, Tn. 37204

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ADDRESS 237 Harvell Rd.
CITY Kusston, TN

zipcode 37763

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Importation Permit :
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SPECIES	NUMBER	AGE	NAME AND ADDRESS OF SOURCE
<u>Lion</u>	<u>1</u>	<u>4mo.</u>	<u>ZWF</u>
<u>Jaguar</u>	<u>1</u>	<u>4mo.</u>	<u>16225 SW 172 Ave</u> <u>Miami, FL 33187</u>

(For additional species attach supplemental sheet)

NOTE- All animals (except Class III) imported into Tennessee must be reported on this form within 5 days of shipment.

Return completed forms to: TWRA
Wildlife Management Division
P.O. Box 40747
Nashville, Tn. 37204



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	City	KINGSTON
State	FL	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

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



**CAPTIVE WILDLIFE
REPORT OF ANIMALS TRANSFERRED**

Name Tiger Haven 31835360
Address 237 Harway Rd. Facility Permit No.
City & State Knoxton, TN Zip 37763 Date 1/28/19

<u>SPECIES</u>	<u>NUMBER</u>	<u>AGE</u>	<u>NAME & ADDRESS OF RECEIVER</u>
<u>Tiger</u>	<u>1</u>	<u>Adult</u>	<u>Vicenta Pages</u> <u>9925 Wauhatch Rd.</u> <u>Muskoka City, FL 32425</u>

(For additional species attach supplemental sheet)

NOTE -- All Class I animals transferred from your facility must be reported on this form within 5 days of shipment, pursuant to TCA 70-4-407, subsection (b).

Returned completed forms to: TWRA
Law Enforcement Division
P.O. Box 40747
Nashville, TN 37204



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

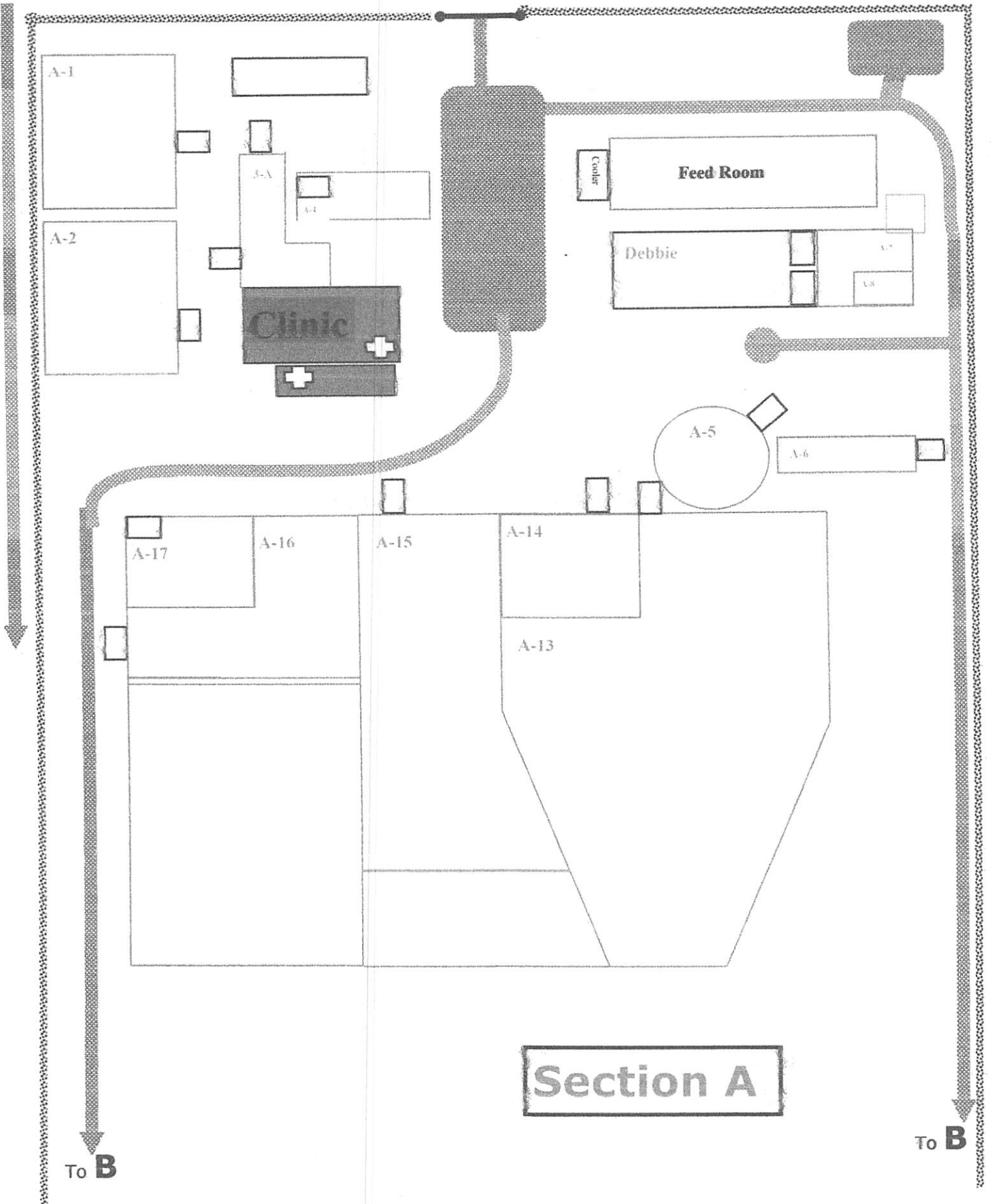
Lions—25

Tigers—161

Total—232

Lessers— Not Regulated—11

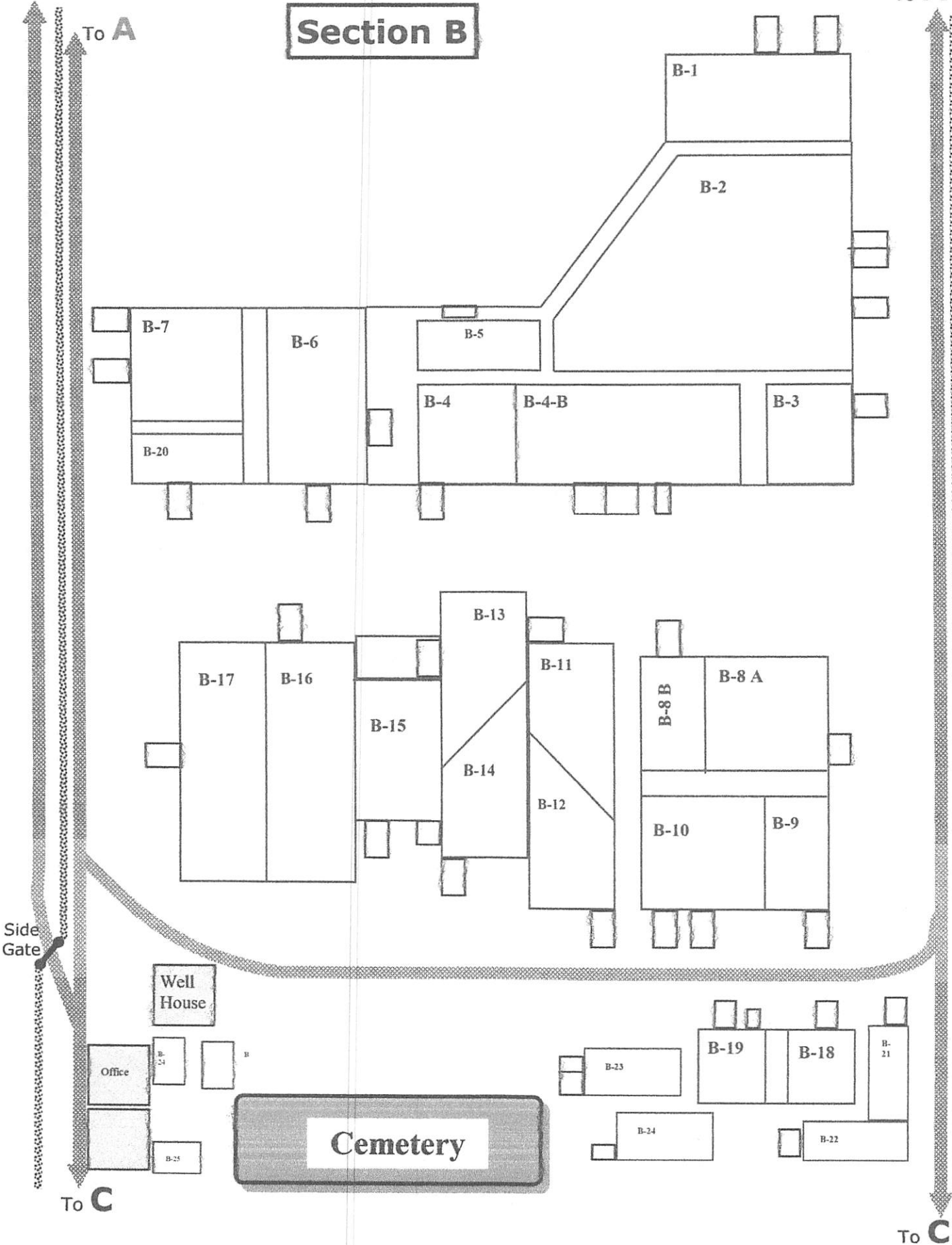
Total—243



To Harvey Rd

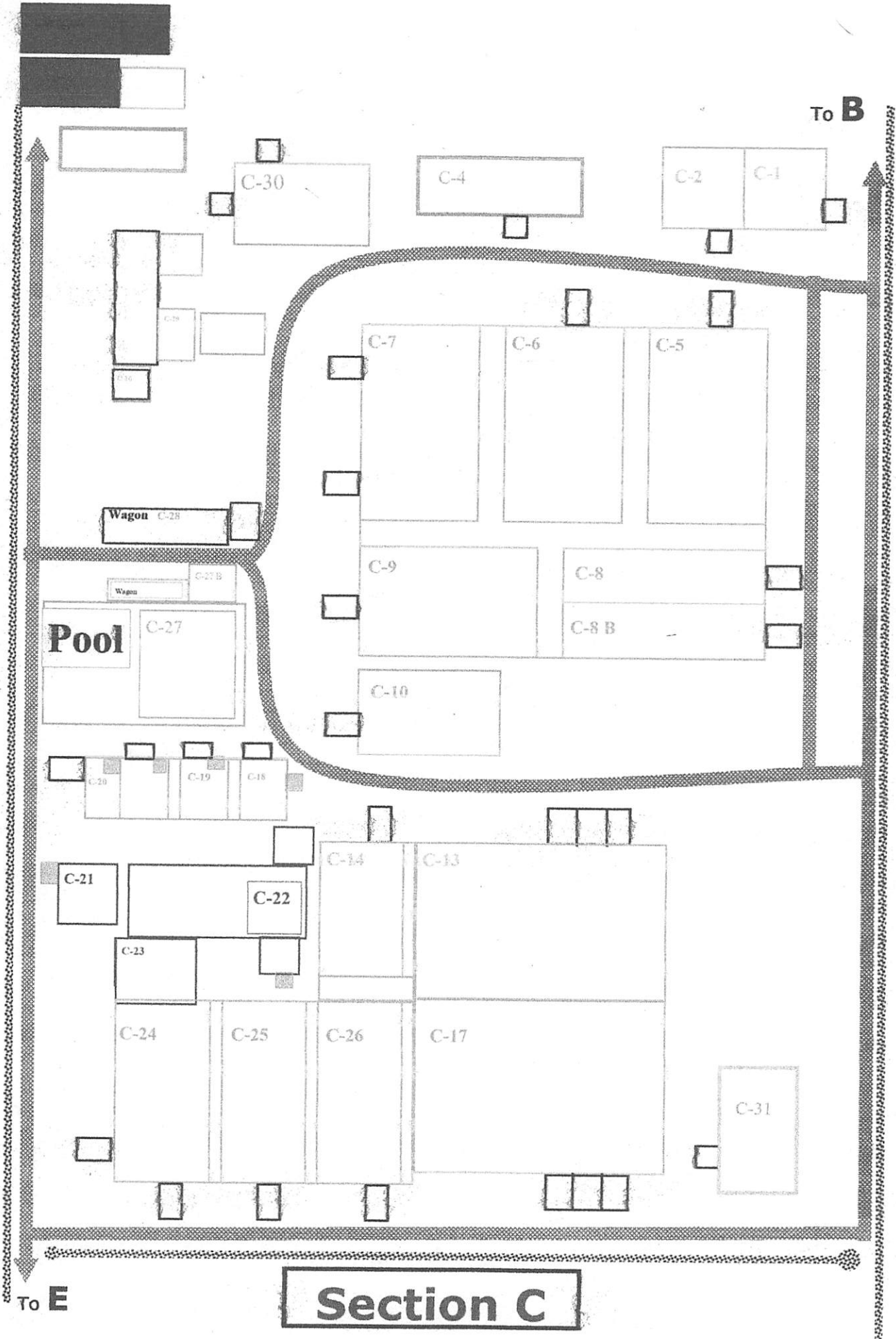
To A

Section B

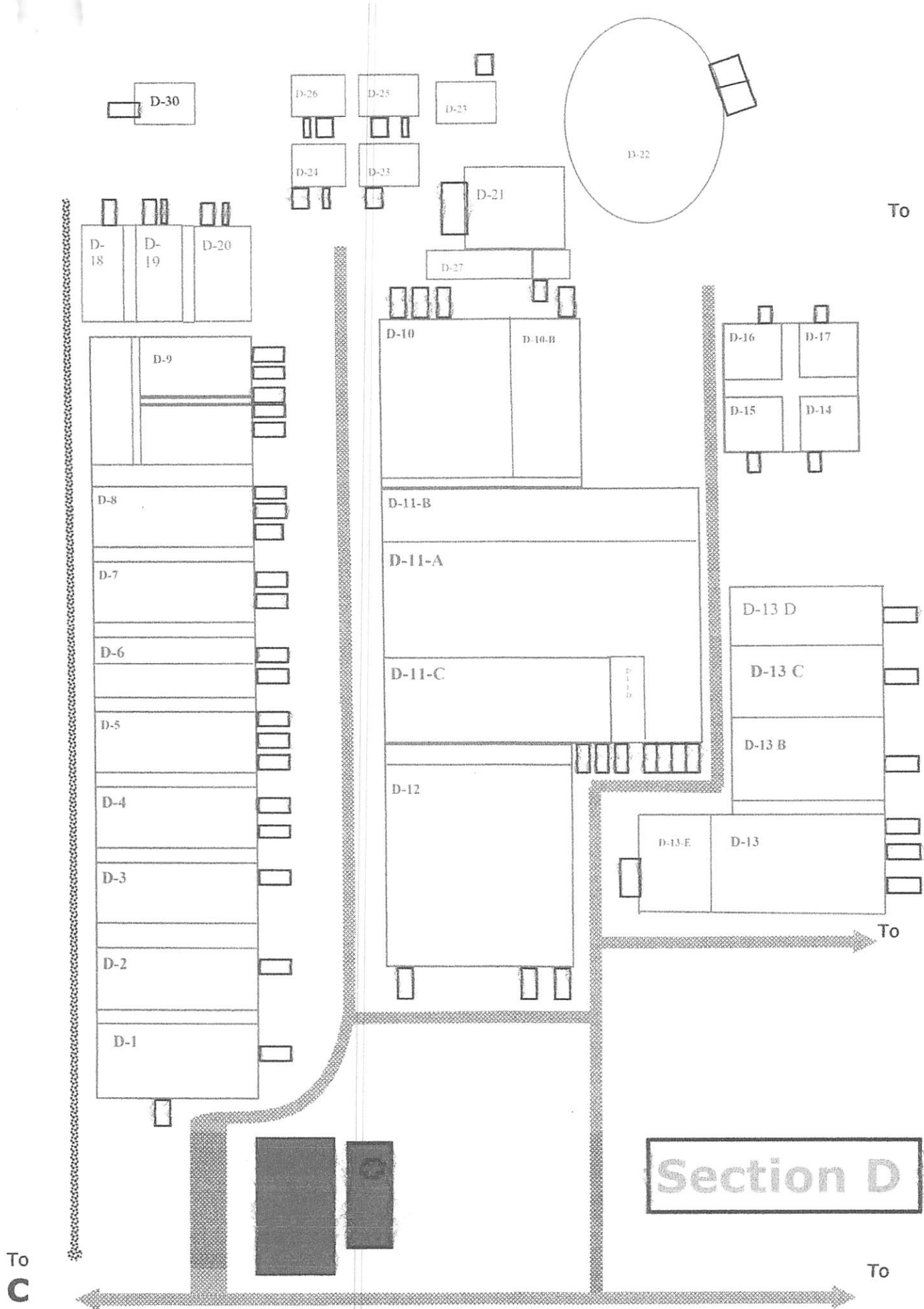


To B

To B



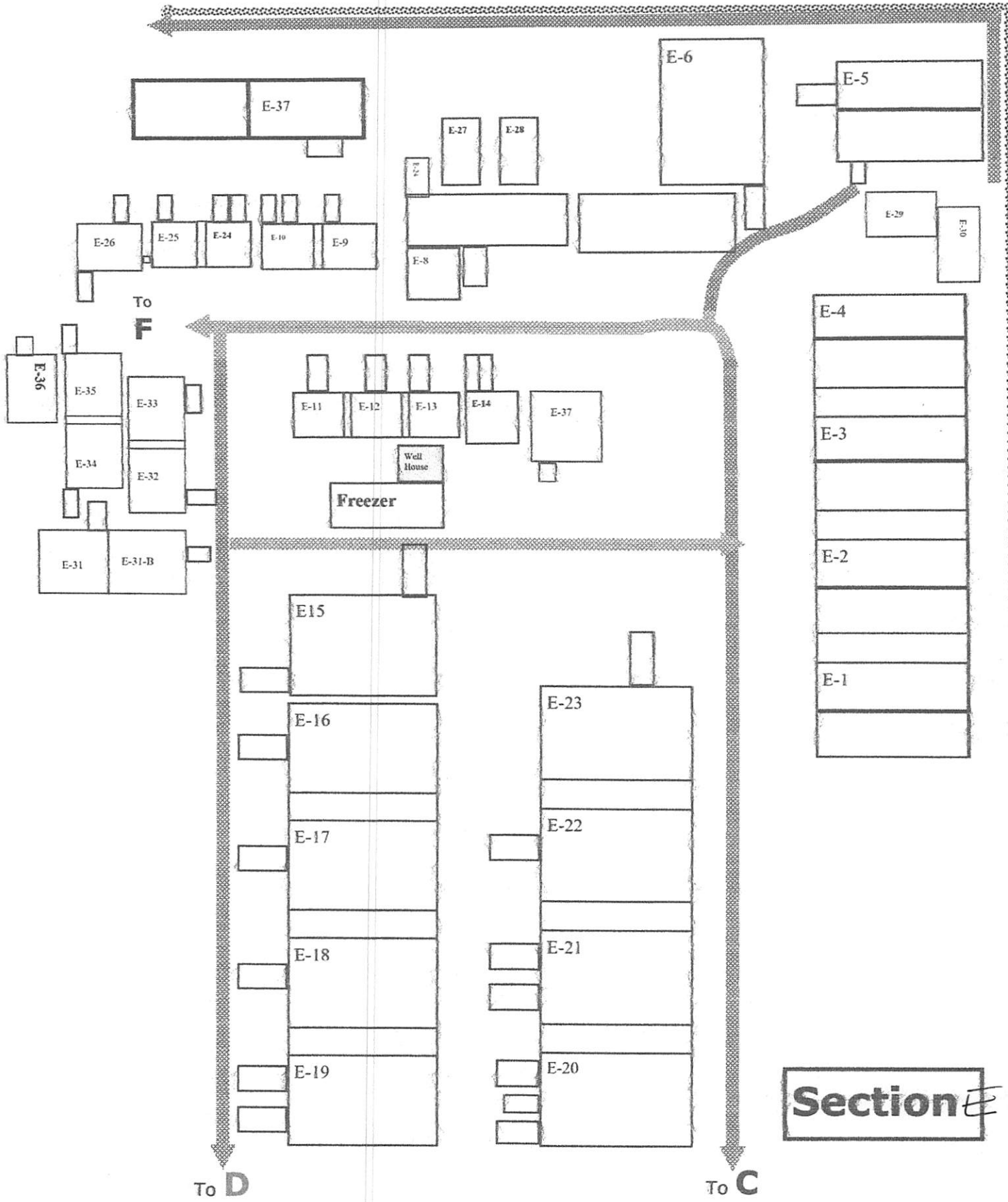
Section C



To
C

Section D

To

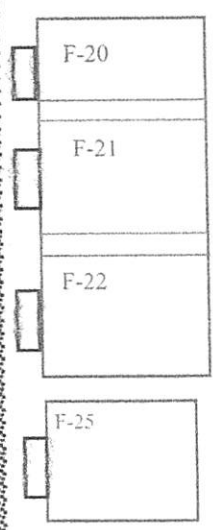
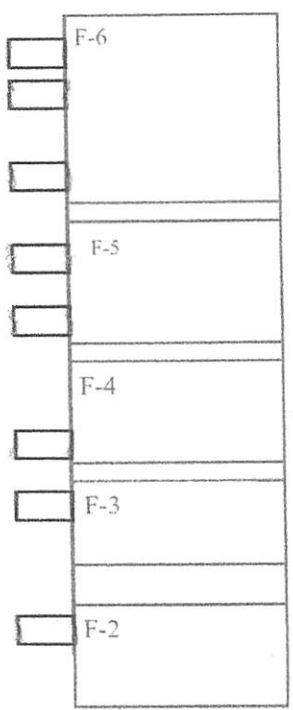
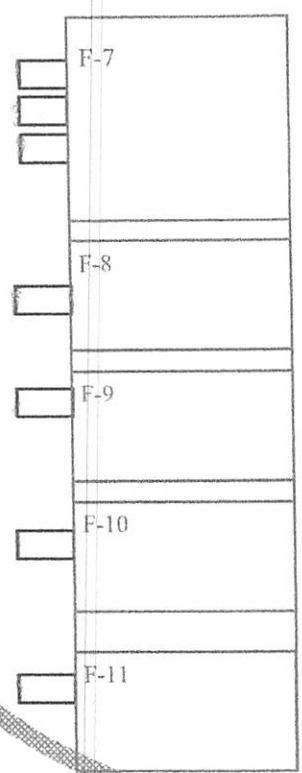
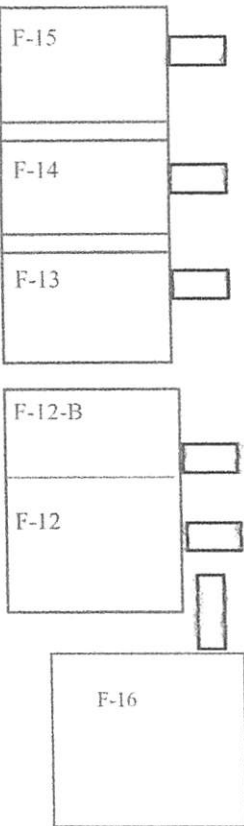


Section E

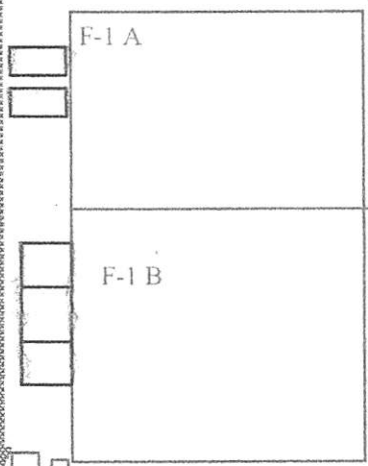
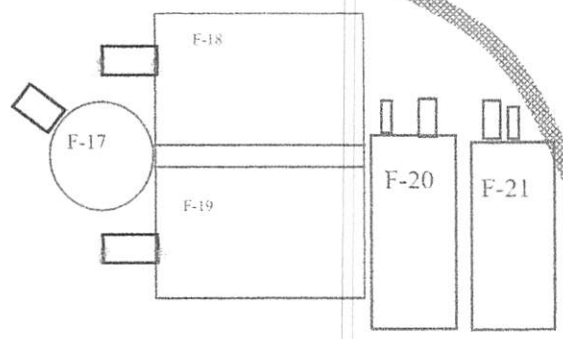
Section F

To G

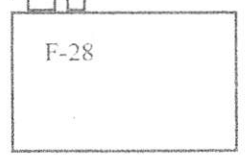
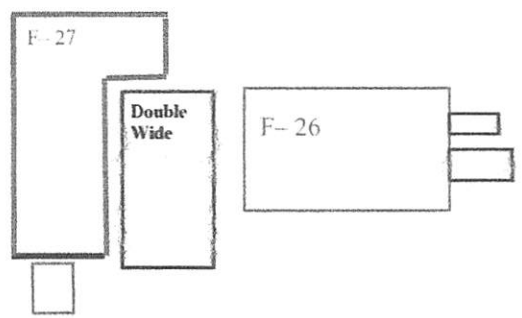
To G



To



To E



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

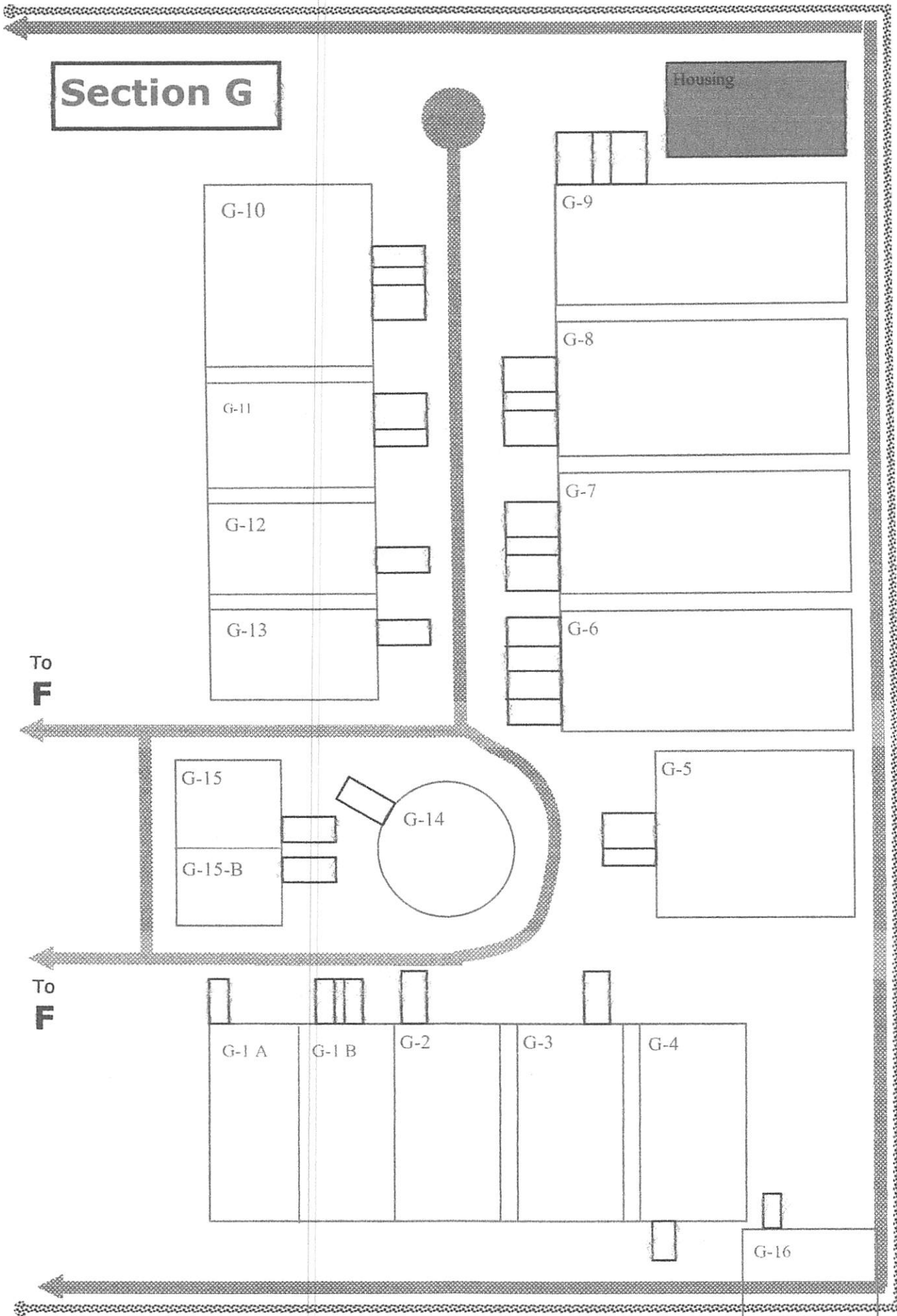
G-1 B

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	males	females	males	females	males	females	males	females	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 knocked B8, B18, D4, D2-D9
3) Tree barbed D1
4) Tree vegetation F1A+B
F3, F4, F6, F8, G1A, G3, G7, 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*



**CAPTIVE WILDLIFE
REPORT OF ANIMALS TRANSFERRED**

Name Tiger Haven
 Address 237 Haverley Rd
 City & State Kingsport Zip _____

51835360
 Facility Permit No.
4/16/19
 Date

<u>SPECIES</u>	<u>NUMBER</u>	<u>AGE</u>	<u>NAME & ADDRESS OF RECEIVER</u>
<u>Lion</u>	<u>1</u>	<u>Adult</u>	<u>Vicenta Paves</u> <u>9917 Wacahula Rd.</u> <u>Maryetta City, FL 34251</u>

(For additional species attach supplemental sheet)

NOTE --- All Class I animals transferred from your facility must be reported on this form within 5 days of shipment, pursuant to TCA 70-4-407, subsection (b).

Returned completed forms to: TWRA
 Law Enforcement Division
 P.O. Box 40747
 Nashville, TN 37204

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

Consignor Name:
 NASHVILLE ZOO at GRASSMERE

CONSIGNOR CONTACT

Consignor Address:
 3777 Nolensville Pike
 Nashville, TN 37211

Consignor Phone:
 (615) 833-1534

LOCATION OF ANIMALS

Physical Address of Animals:
 3777 Nolensville Pike
 Nashville, TN 37211

County: Davidson
 Premises ID:

Carrier & Transport

Shipment Date:
 2019-04-25

CARRIER

Carrier:
 Consignor

Phone:

TRANSPORT

Transport Method: Moving:
 Truck Intrastate

Moving Animals To

Consignee Name:
 TIGER HAVEN

CONSIGNEE CONTACT

Consignee Address:
 237 Harvey Road
 Kingston, TN 37763

Consignee Phone:

DESTINATION OF ANIMALS

Physical Address of Destination:
 237 Harvey Road
 Kingston, TN 37763

County: Roane
 Premises ID:

Animals Being Moved

Animal Type: Small animal
 Species: Cats
 Total Animals: 1
 Area/State Status: N/A

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: Margarita Woc Colburn, DVM
 Address: 3777 Nolensville Pike
 City: Nashville
 State: TN
 Zip: 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: 05/01/2019		SHIPMENT DATE: 05/06/2019		<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 Jim		Last Name Fouts		AND/OR		First Name Marylynn		Last Name Parker		AND/OR		Business Name					
Business Name Tanganyika Wildlife Park				Business Name Tiger Haven				Physical Address									
Physical Address of Animals 1037 S. 183rd St. W.				Physical Address of Animals 237 Harvey Rd.				City		State		Zip Code		Phone Number			
City Goddard		State KS		Zip Code 67052		County Sedgwick		City Kingston		State TN		Zip Code 37763		County			
Phone Number (316) 794-8954		Location ID#		Phone Number (865) 376-4100		Location ID#		Transport Method		Purpose of Movement Show/Exhibition		<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			
TOTAL																	
OWNER/AGENT STATEMENT				VETERINARY CERTIFICATION													
"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 5-4-19		Signature 		Date 05/03/2019				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: 2019.05.03 18:23:02 -05'00'				CERTIFICATE AND CERTIFICATE # OFFICIAL AFTER DIGITALLY SIGNED					

<p align="center">STATE OF TENNESSEE WILDLIFE RESOURCES AGENCY</p>	<p align="center">TYPE</p> <p align="center">160</p>	<p align="center">FEE</p> <p align="center">\$1,220.00</p>	<p align="center">COUNTY</p> <p align="center">Roane</p>	<p align="center">EXPIR. DATE</p> <p align="center">06/30/2020</p>	<p align="center">No.</p> <p align="center">32813337</p>																
	<p align="center">Tiger Haven, Inc 237 Harvey Rd, Kingston 37763</p>																				
<p>TWRA NUMBER: 3092699</p> <p>MARY LYNN HAVEN</p> <p>237 Harvey Rd Kingston TN, 37763-5448</p>	<p align="center">-- Counts & Species --</p> <table border="1"> <tr> <td align="center">1</td> <td>Cheetah</td> <td align="center">11</td> <td>Cougar</td> </tr> <tr> <td align="center">5</td> <td>Hybrid</td> <td align="center">1</td> <td>Jaguar</td> </tr> <tr> <td align="center">28</td> <td>Leopard</td> <td align="center">25</td> <td>Lion</td> </tr> <tr> <td align="center">161</td> <td>Tiger</td> <td></td> <td></td> </tr> </table>					1	Cheetah	11	Cougar	5	Hybrid	1	Jaguar	28	Leopard	25	Lion	161	Tiger		
1	Cheetah	11	Cougar																		
5	Hybrid	1	Jaguar																		
28	Leopard	25	Lion																		
161	Tiger																				
<p>Condition:</p>																					

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.**

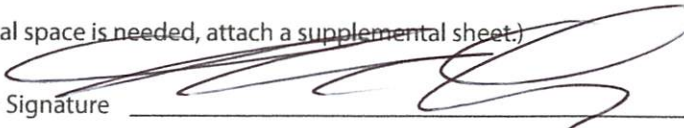
STATE OF TENNESSEE WILDLIFE RESOURCES AGENCY	TYPE	FEE	COUNTY	EXPIR. DATE	No.
	150	\$244.00	Roane	06/30/2020	32813331
	Tiger Haven, Inc 237 Harvey Rd, Kingston 37763				
TWRA NUMBER: 3092699 MARY LYNN HAVEN 237 Harvey Rd Kingston TN, 37763-5448	-- Counts & Species --				
		Class 1 & 2 Felids as Declared by Permittee			
Condition: 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 1 + 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

1. 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.)
2. An Importation Permit is required for all Class II fish species except the following:
 - (a) Goldfish
 - (b) Triploid Grass Carp
 - (c) Salmon - all species
 - (d) Species approved for fish farming
 - (e) Fish, crustaceans and aquatic snails held in aquaria
 - (f) Salt water mussels held in aquaria other than zebra mussels.
3. All information requested on the application must be completed accurately.
4. 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.
5. The following species may be legally released into the wild if approval is obtained **in advance** from the TWRA:
 - (a) Bobwhite Quail
 - (b) Red Fox
 - (c) Grey Fox
 - (d) Raccoon
 - (e) Non-native Game Birds
 - (f) Mallard Ducks
 - (g) Native species of fish—in private lakes and ponds
 - (h) 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.

6. Additional permit(s) must be obtained to possess, propagate, or exhibit wildlife.
7. All bills of lading and shipping papers that relate to wildlife listed on this Importation Permit must be available for inspection at all times.
8. 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.
9. All imported animals must be reported to the TWRA within 5 days after the shipment is received.
10. 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.
11. 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

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: 06/19/2019		SHIPMENT DATE: 06/24/2019		<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		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		☒ 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 #				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					
TOTAL	1																		
OWNER/AGENT STATEMENT				VETERINARY CERTIFICATION															
"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>[Signature]</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

Certificate Number

48-4725-1561061520

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

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 Jim		Last Name Fouts		AND/OR		First Name Mary Lynn		Last Name Parker		AND/OR		Business Name					
Business Name Tanganyika Wildlife Park				Business Name Tiger Haven				Physical Address									
Physical Address of Animals 1037 S. 183rd St. W.				Physical Address of Animals 237 Harvey Rd				City		State		Zip Code		Phone Number			
City Goddard		State KS		Zip Code 67052		County Sedgwick		City Kingston		State TN		Zip Code 37763		County			
Phone Number (316) 794-8954		Location ID#		Phone Number (865) 376-4100		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	Other					N/A	N/A	N/A			
TOTAL	1																
OWNER/AGENT STATEMENT "The animals in this shipment are those certified to and listed on this certificate." 06-21-19				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 <i>Gregory J Seiler</i>				Date 06/20/2019				Printed Name Gregory J. Seiler Dvm				Phone (316) 444-2377		Email lvseinc@plxius.net			
SIGNATURE				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: 2019.06.20 15:12:32 -0500				CERTIFICATE AND CERTIFICATE # OFFICIAL AFTER DIGITALLY SIGNED					

Version 3.2

**CAPTIVE WILDLIFE
REPORT OF ANIMALS IMPORTED**

NAME Tiger Haven, Inc.
ADDRESS 237 Harvey Rd.
CITY Knoxton, TN

32813337
Importation Permit :
7/12/19
Date

zipcode 37763

SPECIES	NUMBER	AGE	NAME AND ADDRESS OF SOURCE
<u>Leopard</u>	<u>1</u>	<u>10</u>	<u>Smithsonian Conservation Biology Des.</u> <u>1500 Remount Rd.</u> <u>Front Royal, VA 22630</u>

(For additional species attach supplemental sheet)

NOTE- All animals (except Class III) imported into Tennessee must be reported on this form within 5 days of shipment.

Return completed forms to: TWRA
Wildlife Management Division
P.O. Box 40747
Nashville, Tn. 37204

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><u>Yangon</u> <u>SB# 1436</u> <u>Accession # 114642</u></p>	<p><u>Clouded Leopard</u> <u>Neofelis nebulosa</u></p>	<p><u>9/05/19 = 10 years</u> <u>1.0 Male</u> <u>18.1 kg</u></p>	<p>Date of Vaccination including name of product used <u>13 Feb 2019: Imrab 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><u>Visual exam 3 July 2019: WNL</u> <u>Fecal 2 July 2019 NPS</u></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



CAPTIVE WILDLIFE REPORT OF ANIMALS IMPORTED



Name Tiger Haven, Inc.

32813331

Address 237 Harvey Rd.

Importation Permit No.

City Kingston, TN

ZIP 37763

10/16/19

Date

SPECIES	NUMBER	AGE	NAME & ADDRESS OF SOURCE (and permit no. if required)
<u>LEOPARD</u>	<u>1</u>	<u>5mo.</u>	<u>Tanganyika Wildlife Park</u> <u>1037 S. 183rd St. W.</u> <u>Goddard, KS 67052</u>

(For additional species, attach a supplemental sheet.)

NOTE—All animals (except Class III) imported into Tennessee must be reported on this form within 5 days of shipment, pursuant to TCA 70-4-411, subsection (b).

Return completed forms to:

Email: Walter.Cook@tn.gov

Fax: 615-781-6680

Mail: TWRA

Law Enforcement Division

P.O. Box 40747

Nashville, TN 37204-0747



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

CONSIGNEE - Contact Person at Destination
 First Name: Mary Lynn
 Last Name: Parker

Business Name: Tanganyika Wildlife Park
 Physical Address of Animals: 1037 S. 183rd St. W.

Business Name: Tiger Haven
 Physical Address of Animals: 237 Harvey Rd

Large Animal
 Small Animal
CARRIER (Transporter)

City: Goddard
 State: KS
 Zip Code: 67052
 County: Sedgwick

City: Kingston
 State: TN
 Zip Code: 37763
 County: []

Phone Number: (316) 794-8954
 Consignor's Address (if different): []

Phone Number: (865) 376-4100
 Consignee's Address (if different): []

City: [] State: [] Zip Code: []
 Physical Address: []
 Transport Method: Interstate Intrastate
 Purpose of Movement: Show/Exhibition

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 TA1T00	EIA TEST DATE	EIA LAB NAME	EIA TEST RESULT	ACCESSION #	OTHER
Other	1	933900320179135	SNOWLEOPARD FACILITY #B19908 DOB 5/19/19	5 M	F	Other										
Other	1	9001820003889059	CARACAL DOB 8/5/16	3 Y	M	Other										
Other	1	900182000889063	CARACAL DOB 7/18/16	3 Y	F	Other										
TOTAL	3															

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: 10-14-19
 SIGNATURE: [Signature]

Address: 2800 N. 247th St. W.
 City: Andale
 State: KS
 Zip: 67001
 Phone: (316) 444-2377
 Email: hvsmc@pixius.net

Signature: Gregory J Seller DVM 2
 Digitally signed by Gregory J Seller DVM 2
 Date: 2019.10.14 11:35:47 -05'00'

CERTIFICATE AND CERTIFICATE #
 OFFICIAL AFTER DIGITALLY SIGNED

Certificate Signed by: Gregory J. Seller Dvm
 Date: 10/14/2019

Certificate is only valid for 30 days from inspection.



CAPTIVE WILDLIFE REPORT OF ANIMALS IMPORTED



Name Tiger Haven, Inc.

31835360

Address 237 Marway Rd.

Importation Permit No.

City Kingsport, TN

ZIP 37763

10/29/18
Date

SPECIES	NUMBER	AGE	NAME & ADDRESS OF SOURCE (and permit no. if required)
<u>Snow Leopard</u>	<u>3</u>	<u>Imo.</u>	<u>Tanjungpura Wildlife Park</u>
<u>Cheetah</u>	<u>1</u>	<u>byr</u>	<u>1037 S 183rd Street</u>
<u>Liger</u>	<u>2</u>	<u>Spot</u>	<u>Coddard, TX 76706</u>
<u>Tiger</u>	<u>1</u>	<u>Imo</u>	<u>Jeff Lowe</u>
			<u>25803 NCR 3750</u>
			<u>Wynnewood, OK 73098</u>

(For additional species, attach a supplemental sheet.)

NOTE—All animals (except Class (f)) imported into Tennessee must be reported on this form within 5 days of shipment, pursuant to TCA 70-4-411, subsection (b).

Return completed forms to:
 Email: Walter.Cook@tn.gov
 Fax: 615-781-6680
 Mail: TWRA
 Law Enforcement Division
 P.O. Box 40747
 Nashville, TN 37204-0747



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: **Tanganika 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**
 Consignor's Address (if different):

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: Interstate Intrastate
 Purpose of Movement: Show/Exhibition

Disease Certification Statements

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

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										
TOTAL	4															

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** Phone: **(316) 444-2377** Email: **hvsinc@jaxius.net**
 Address: **2880 N. 247th St. W.** City: **Andale** State: **KS** License #: **0101471215**

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
--------------------------------------	---------------------------------	----------------------------	---

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

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

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:

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. <i>V. Caccavone</i> Victoria E. Caccavone DVM 2019-12-12 08:21:57 -06:00	Victoria Caccavone 12990 SE 71st ST Morrison, FL 32668 Phone: 352-388-9071
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.	License Number and State: VM15045 - FL National Accreditation Number: 087214



CAPTIVE WILDLIFE REPORT OF ANIMALS IMPORTED



Name Tiger Haven

328/3331
Importation Permit No.

Address 237 Hammy Rd

City Kingsport, TN ZIP 37663

12/23/19
Date

SPECIES	NUMBER	AGE	NAME & ADDRESS OF SOURCE <small>(and permit no. if required)</small>
Jaguar	1	4mo.	Tangachukia Park
Leopard	1	3mo.	1037 S. 183rd St. Coddard, KS 67052

(For additional species, attach a supplemental sheet.)

NOTE—All animals (except Class II) imported into Tennessee must be reported on this form within 5 days of shipment, pursuant to TCA 70-4-411, subsection (b).

Return completed forms to:
 Email: Walter.Cook@tn.gov
 Fax: 615-781-6680
 Mail: TWRA
 Law Enforcement Division
 P.O. Box 40747
 Nashville, TN 37204-0747



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 Jim	Last Name Fouts	AND/OR		First Name Mary Lynn	Last Name Parker	AND/OR		Business Name			
Business Name Tanganyika Wildlife Park				Business Name Tiger Haven				Physical Address			
Physical Address of Animals 1037 S. 183rd St. W.				Physical Address of Animals 237 Harvey Rd				City State Zip Code Phone Number			
City Goddard	State KS	Zip Code 67052	County Sedgwick	City Kingston	State TN	Zip Code 37763	County		Transport Method		Purpose of Movement
Phone Number (316) 794-8954		Location ID#		Phone Number (865) 376-4100		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 NPPI
 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		
TOTAL	2											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