

allegations and the citation you wrote!

Please send me this information, which U assured me u were leaving, as soon as possible, along with the name of supervisor who authorized the ticket to be written today.

Email: Jscott@PetLifeFL.com

Fax:

[561-790-6575](tel:561-790-6575)

I apologize for that, your lawyer would need to do a public records request to obtain that information. [561-233-1225](tel:561-233-1225) Betsy Condy who is our records custodian. If your lawyer wants to inquire further, need to contact the County attorney's office.

You specifically told me you were leaving that data

I did say that but I realized to give that information/document out, it would need to be a public records request.

Delivered

Officer you can easily make a copy for us ...especially considering the times we are currently living in, and my emphatic assurance that we don't purchase dogs to sell....your failure and refusal to do so supports our suspicion that issuing a citation, at this time, was purposefully done to negatively impact a licensed business in the state of Florida, wherein a licensing specialist at DBPR directly and in writing has already notified ACC supervisor well over 1 year ago, that animal hospitals (PetLife included!) are NOT governed by the ordinance!

Please be sure that health cert you refer to for which we were fined,

Also that our Natl and Int Natl ifa

does not say Pet Land, not PetLife, because we have certainly seen a pup or two over the years that were sold to them and was either refused or returned, but the animal would not make the return trip to breeder for health reasons and petlife asked to take it in, provide free health care and save the animal!

So I will break the shelter-in-place order we are under, at my age and risk factors, and go out and obtain this info, as well as get the copy of the DPPR letter, to mitigate your harm to PetLife, but I will be holding ACC and you, personally, responsible for my personal wellbeing!

Too bad you folks have nothing better and more constructive to do, as a government agency, in this time of crisis, than to create this drama and attempt to hurt Datl ifa whan I have reminded you.

1. of the DBPR finding last year,

2. have assured you as a licensed prof, that I never even heard of this Breeder you named; and

3. I even offered to show you our financial records to prove there was NO purchase of a dog, for as far back as you care to look...yet still you wrote a citation for not submitting adoption records in January?

(Interesting that the ordinance never required of us before, never been asked for monthly paperwork, never even contacted about it before (since the ruling last year by DBPR), nor are you requiring all other animal hospitals that adopt out animals, and that's called Selective Enforcement, which is illegal, as well as harassment, during a time of national disaster to boot!

See you in court!

Field - Activity Card - #A20-003694 - 4

Current as of 4/22/2020 at 8:24:45AM

Complainant

ID: P0792310
JENNA JENSEN, HSUS
1255 23RD ST NW
WASHINGTON, DC 20037
301.258.1506

Defendant

ID: P1259632
LIFE, PET
6901 OKEECHOBEE BLVD
Apt/Suite: E11
WEST PALM BEACH, FL 33411
561.790.6612

Animal

ID: A09999999 Breed: UNKNOWN / DOG
Name: UNKNOWN

Size: Sex:
Type: DOG Age:

Activity Details

Type: 1944.8 Subtype:

Call Time: 3/31/2020 9:20:00AM

New Time: 3/31/2020 9:20:00AM

Common Place Name:

Cross Streets: x

Response Location: 6901 OKEECHOBEE BLVD WEST PALM BEACH FL

Comment: ISSUING 3RD CITATION PER COUNTY ATTORNEY

Associated Memos

| Memo # | Type / Subtype | Date | User ID |
|------------|----------------|------------|---------|
| M20-005503 | MEMO | 03/31/2020 | gcueto |

3/31/20 @ 0949hrs, I called Ohio Dept. of AG Division of Animal Health. I had to leave a voice message to call me back in regards to an OCVI.

Sgt. Cueto 2210

3/31/20 @ 1025hrs, I emailed the Ohio Dept. Of AG Division of Animal Health with OCVI # to authenticate the OCVI that in fact is a true copy of the OCVI.

Sgt. Cueto 2210

3/31/20 @ 1215hrs, I received an email from the Ohio Dept. of Agriculture Division of Animal Health. Cindi Bodie sent me an attachment and I was able to confirm the Official Certificate of Veterinary Inspection (OCVI) to be authentic that was provided to us. This means that the OCVI confirms that PetLife obtained two puppies from Golden Seal Canines. Golden Seal Canines is a dealer/broker located in Fresno, Ohio USDA license # 31-B-0193. The establishment known as PetLife does adopt puppies as per their website shows. Field response needed to inquire on the two canines they obtained from Ohio as the OCVI shows.

Sgt. Cueto 2210

----- End of Memo -----



Palm Beach County Animal Care and Control Case Report

Activity #: A20-003694.4

Complainant

HSUS JENNA JENSEN
1255 23RD ST NW
WASHINGTON, DC 20037
301.258.1506 / 202.689.9621

Defendant

PET LIFE
6901 OKEECHOBEE BLVD , Apt: E11
WEST PALM BEACH, FL 33411
561.790.6612 / 561.212.6415

Animal

| | | |
|---------------|----------------------|-------------|
| ID: A0999999 | Breed: UNKNOWN / DOG | Sex: |
| Name: UNKNOWN | Color: | Age: NO AGE |

Activity Type: ANIMAL RESCUE GROUP (1944.8)

Location: West Palm Beach

Arrival Date/Time: 4/2/2020 11:43:00 AM

Complete Date/Time: 4/2/2020 11:52:00 AM

Report Narrative:

On 4/2/20 at 1143hrs, I responded back to 6901 Okeechobee Blvd E-11 West Palm Beach, FL 33411 (PetLife) in regards to issuing a following citation to the establishment.

Upon my arrival, citation 052864 was issued for 98-22 section 26 (b)(9) and was placed in an envelope, along with a yellow notice to be posted on the front of business due to COVID-19 protocols. This citation was issued due to language in the ordinance that includes "All private nonprofit animal organizations and animal rescue organizations shall: By the fifteen of the month, provide the Division with the following information: A. Number of animals in its possession or being sheltered. This data shall be provided by species. B. Number of dogs/cats adopted. C. Number of dogs/cats in foster." I called the establishment to inform them of the letter that would be addressed to Jill Scott. The establishment's veterinarian Dr. Muzzi Sayyid opened the door and I advised to forward the envelope to Jill Scott and thanked him. No recheck at this time.

Sgt. Cueto 2210

CITATION

AGENCY CODE **10** CASE NO **20-36947** **052863**

20200000015/17441110

AGENCY **PALM BEACH COUNTY**
ANIMAL CARE & CONTROL DIVISION

OTHER

NAME OF PALM BEACH COUNTY, FLORIDA THE UNDERSIGNED OFFICER CERTIFIES THAT S/M HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON **9-1-19** MONTH-DAY-YEAR

1140 AM PM AT **Same as below**
SPECIFIC LOCATION WHERE OFFENSE OCCURRED

LAST NAME, FIRST NAME, MI **Mahoney's Pet Company LLC DBA PetLife**
DATE OF BIRTH

STREET ADDRESS **6901 Keechawee Blvd WPB, FL 33411**
CITY STATE ZIP-CDD5

ORANGE LICENSE # **5300421619010** STATE **FL** EXPIRATION DATE **11/1/26**
790-6619

SEX **F** RACE **W** RESIDENTIAL PHONE _____ CELL PHONE _____ BUSINESS PHONE _____

DID UNLAWFULLY COMMIT, IN PALM BEACH COUNTY, FLORIDA THE FOLLOWING OFFENSE(S) IN VIOLATION OF PALM BEACH COUNTY ORDINANCE 98.22

| BY FAILURE TO: | SECTION | OFFENSE | AMOUNT |
|---|---------|---|------------------|
| | | 1st 2nd 3rd | |
| <input type="checkbox"/> PROPERLY COMBINE DOG / CAT | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| <input type="checkbox"/> VACCINATE DOG / CAT AGAINST RABIES | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| <input checked="" type="checkbox"/> COMPLY WITH COUNTY TAG REQUIREMENTS FOR DOG / CAT | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| <input type="checkbox"/> COMPLY WITH ANIMAL BITES / QUARANTINE REQUIREMENTS | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| <input type="checkbox"/> COMPLY WITH LBS STICKER REQUIREMENTS | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| <input type="checkbox"/> PROVIDE PROPER ANIMAL CARE / MAINTENANCE OF KEEPING | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| <input type="checkbox"/> COMPLY WITH "DANGEROUS DOGS" REGULATIONS | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| <input type="checkbox"/> COMPLY WITH STERILIZATION PROGRAM FOR DOG / CAT | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| <input type="checkbox"/> COMPLY WITH "INTERFERENCE WITH ENFORCEMENT" PROVISIONS | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| <input checked="" type="checkbox"/> Animal Species 26 | | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | \$ 75.00 |
| <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| DESCRIPTION OF ANIMAL | | | COST |
| _____ | | | _____ |
| TOTAL 4 | | | \$103.00 |

CITATION MUST BE SIGNED

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION, WILLFUL REFUSAL TO SIGN OR ACCEPT THIS CITATION MAY RESULT IN ARREST, FSS 828.27

DEFENDANT'S SIGNATURE **G. Verdoorn** **2019-19**

OFFICER'S SIGNATURE **[Signature]** **2210 4420 14 Nov**
DATE ISSUED TIME ISSUED

| COURTHOUSE LOCATIONS | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> MAIN COURTHOUSE | <input type="checkbox"/> NORTH COUNTY COURTHOUSE | <input type="checkbox"/> SOUTH COUNTY COURTHOUSE | <input type="checkbox"/> WEST COUNTY COURTHOUSE |
| CLERK & COMPTROLLER P.O. BOX 3344 WEST PALM BEACH, FL 33402 | CLERK & COMPTROLLER 3188 PGA BOULEVARD PALM BEACH GARDENS, FL 33410 | CLERK & COMPTROLLER 200 W. ATLANTIC AVE. DELRAY BEACH, FL 33444 | CLERK & COMPTROLLER 2890 SR 15, ROOM 3100 BELLE GLADE, FL 33430 |

OFFICER'S STATEMENT AND FACTS CONSTITUTING THE PROBABLE CAUSE

BE SPECIFIC **I responded to a complaint that PetLife received papers from Golden Seal Games of Fremo Ohio allegedly for the purpose of sale who an operational permit to sell puppies. After conducting my inquiry, it yields that PetLife received those papers for the purpose of adoption (i.e. not sale for profit as a pet store/doctor). PetLife failed to follow the reporting.**

WITNESS NAME _____ ADDRESS _____ PHONE _____

Sgt. G. Cueto **7100 Belvedere R**
WPB, FL 33411 3332001



IF YOU FAIL TO PAY THE CIVIL PENALTY FINE, WITHIN 30 DAYS FROM THE DATE OF ISSUANCE, OR APPEAR IN COURT AS INDICATED, YOU SHALL HAVE WAIVED YOUR RIGHT TO CONTEST THE CITATION AND A JUDGMENT MAY BE ENTERED AGAINST YOU FOR AN AMOUNT UP TO \$500.00 PER VIOLATION (FSS 828.27)

* IF YOU HAVE BEEN CITED FOR DOG / CAT CONTROL - SECTION 4, YOU MUST PROVIDE PROOF OF REGISTRATION BY THE ANIMAL CARE AND CONTROL DIVISION WITHIN 15 DAYS. (SEE ORDINANCE ONLY)

ORIGINAL

SUPPLEMENTAL - PROBABLE CAUSE AND WITNESS INFORMATION
CITATION

DEFENDANT

Mahoney's Pet Company/LLC. PetLife

DBA *P*

AGENCY CODE 16 CASE NO. 20-003694

CITATION NO. 0522863

LAST NAME, FIRST NAME, MI.

OFFICER'S STATEMENT AND FACTS CONSTITUTING THE PROBABLE CAUSE

BE SPECIFIC: *Requirements that apply to a Humane Societies, Private Non-profits, and Rescues that offer animals for adoption. Specifically, PetLife failed to report to the Division their monthly statistics in regards to adoptions, fosters, in possession or sheltered dogs/cats.*

WITNESS NAME ADDRESS PHONE

Sgt. G. Cueto 7100 Belvedere Rd. 233-1200

W/PR, FL 33411

Sill Scott. 6901 Sheechnoe Blvd 790-6612

W/PR, FL 33411

[Signature] 2210 4-1-20

OFFICER'S SIG.

WHITE: Original

CANARY: State Attorney to Clerks Office

PINK: Agency Copy

DATE ISSUED

WOUND UNIVERSITY # 111110

CITATION AGENCY CODE 18 STATE NO. 20-36942 052864

AGENCY PALM BEACH COUNTY ANIMAL CARE & CONTROL DIVISION OTHER

NAME OF PALM BEACH COUNTY, FLORIDA THE UNDERSIGNED OFFICER CERTIFIES THAT SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON 4-2-20 MONTH-DAY-YEAR

1:45 AM PM AT Same as below SPECIFIC LOCATION WHERE OFFENSE OCCURRED

LAST NAME, FIRST NAME, MI Mohoney's Pet Company LLC DBA PetLife DATE OF BIRTH

6901 Okeshawee Blvd WPB, FL 33411 CITY STATE ZIP CODE

STREET ADDRESS 5300421619010 CITY STATE ZIP CODE

DRIVER LICENSE # F W STATE FL EXPIRATION DATE 11/1/20

SEX F RACE W RESIDENTIAL PHONE — CELL PHONE — BUSINESS PHONE 790-6618

DID UNLAWFULLY COMMIT, IN PALM BEACH COUNTY, FLORIDA THE FOLLOWING OFFENSE(S) IN VIOLATION OF PALM BEACH COUNTY ORDINANCE 98.22

| BY FAILURE TO: | SECTION | OFFENSE | | | AMOUNT |
|--|---------|--------------------------|--------------------------|--------------------------|--------|
| | | 1st | 2nd | 3rd | |
| <input type="checkbox"/> PROPERLY CONFINE DOG / CAT | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> VACCINATE DOG / CAT AGAINST RABIES | 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> COMPLY WITH COUNTY/DAG REQUIREMENTS, OR DOG / CAT | 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> COMPLY WITH ANIMAL SITES REQUIREMENTS | 16 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> COMPLY WITH LIVES/STOCK REQUIREMENTS | 21 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> PROVIDE PROPER ANIMAL CARE / MAINTENANCE OF KEEPING | 24 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> COMPLY WITH "DANGEROUS DOG" REGULATIONS | 27 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> COMPLY WITH STERILIZATION PROGRAM FOR DOG / CAT | 28 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> COMPLY WITH "INTERFERENCE WITH EMPLOYMENT" PROVISIONS | 31 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |

DESCRIPTION OF ANIMAL

Animal Species 26

16/19

COST \$28.00

TOTAL \$105.00

COLO(S) _____ NAME _____ SEX _____ AGE _____

CITATION MUST BE SIGNED

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO SIGN OR ACCEPT THIS CITATION MAY RESULT IN ARREST. FSS 828.27

DEFENDANT'S SIGNATURE Posted on front door

OFFICER'S SIGNATURE [Signature] ID 2816 DATE ISSUED 4-2-20 TIME ISSUED 1:45

| COURTHOUSE LOCATIONS | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> MAIN COURTHOUSE | <input type="checkbox"/> NORTH COUNTY COURTHOUSE | <input type="checkbox"/> SOUTH COUNTY COURTHOUSE | <input type="checkbox"/> WEST COUNTY COURTHOUSE |
| CLERK & COMPTROLLER P.O. BOX 3544 WEST PALM BEACH, FL 33402 | CLERK & COMPTROLLER 3188 PGA BOULEVARD PALM BEACH GARDENS, FL 33410 | CLERK & COMPTROLLER 200 W. ATLANTIC AVE. DELRAY BEACH, FL 33444 | CLERK & COMPTROLLER 2950 SR 15, ROOM 5100 BELLE GLADE, FL 33430 |

OFFICER'S STATEMENT AND FACTS CONSTITUTING THE PROBABLE CAUSE

BE SPECIFIC I responded to a complaint that PetLife received puppies from Golden Seal Canines in Florida, who allegedly for the purpose of sale who on operations permit to sell puppies. After contacting my inquiry it yielded that PetLife received these puppies for the purpose of adoption (not sale for profit as a pet store/ dealer). PetLife failed to follow the reporting rules that apply to all Human Societies, Tricorp, NoParks & Rescue that adopt animals. For adoptions. Cont -> 2

WITNESS NAME _____ ADDRESS _____ PHONE _____

Sgt. G. Cueto 7100 Belvedere Rd

WPB, FL 33411 237-12

Sgt Scott 6901 Okeshawee Blvd E-11

WPB, FL 33411 790-6618



IF YOU FAIL TO PAY THE CIVIL PENALTY (FINE), WITHIN 30 DAYS FROM THE DATE OF ISSUANCE, OR APPEAR IN COURT AS INDICATED, YOU SHALL HAVE WAIVED YOUR RIGHT TO CONTEST THE CITATION AND A JUDGEMENT MAY BE ENTERED AGAINST YOU FOR AN AMOUNT UP TO \$500.00 PER VIOLATION (FSS 828.27)

* IF YOU HAVE BEEN CITED FOR DOG / CAT CONTROL - SECTION 4, YOU MUST PROVIDE PROOF OF STERILIZATION TO THE ANIMAL CARE AND CONTROL DIVISION WITHIN 15 DAYS. (1st OFFENSE ONLY)

ORIGINAL

SUPPLEMENTAL - PROBABLE CAUSE AND WITNESS INFORMATION
CITATION

DEFENDANT Maheer's Pet Care, LLC ^{DBA} PetLife
LAST NAME, FIRST NAME, MI

AGENCY CODE 10 CASE NO. 20-003694

CITATION NO. 052864

OFFICER'S STATEMENT AND FACTS CONSTITUTING THE PROBABLE CAUSE

BE SPECIFIC: Specifically, PetLife failed to report to the Division their monthly statistics in regards to adoptions, fosters, in possession or sheltered dogs/cats.

WITNESS NAME ADDRESS PHONE

| | | |
|----------------------|-----------------------------------|-----------------|
| <u>Sill Scott</u> | <u>6901 Okeechobee Blvd. E-11</u> | <u>790-6612</u> |
| <u>WRB, FE 33411</u> | | |
| <u>Sgt. G. Cueto</u> | <u>7100 Belvedere Rd.</u> | |
| <u>WRB, FE 33411</u> | | |
| | <u>WRB, FE 33411</u> | <u>933-1200</u> |

OFFICER'S SIGNATURE [Signature] DATE ISSUED 2010 4-2-20

CITATION

AGENCY CODE 20-2649.2

CASE NUMBER 052652

AGENCY PALM BEACH COUNTY

ANIMAL CARE & CONTROL DIVISION

NAME OF PALM BEACH COUNTY, FLORIDA THE UNDERSIGNED OFFICER CERTIFIES THE SAID OFFENSE(S) IS/ARE REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT THE DEFENDANT IS RESPONSIBLE FOR THE VIOLATION(S) OF THE ANIMAL CARE AND CONTROL DIVISION ORDINANCE 98.22

1146 AM PM AT Same as below

Defendant's Pet Care Center DBA PetLife

DEFENDANT'S FIRST NAME/INITIAL

DATE OF BIRTH 12/20/1986

STREET ADDRESS

5204271619010

CITY

WY

STATE FL

ZIP CODE 33411

DRIVER LICENSE

W

RESIDENTIAL PHONE

CELL PHONE

BUSINESS PHONE

POPULATION DATE 11/18/18

SEX

RACE

DATE OF BIRTH

ZIP CODE

DID UNLAWFULLY COMMIT, IN PALM BEACH COUNTY, FLORIDA THE FOLLOWING OFFENSE(S) IN VIOLATION OF PALM BEACH COUNTY ORDINANCE 98.22

BY FAILURE TO:

SECTION

OFFENSE

1ST 2ND 3RD

AMOUNT

PROPERLY CONTAIN DOG/CAT

4

\$

VACCINATE DOG / CAT AGAINST RABIES

10

\$

COMPLY WITH COUNTY TAG REQUIREMENTS FOR DOG / CAT

11

\$

COMPLY WITH ANIMAL BITES / QUARANTINING

16

\$

COMPLY WITH LIVE STOCK REQUIREMENTS

21

\$

PROVIDE PROPER ANIMAL CARE / MANNER OF KEEPING

24

\$

COMPLY WITH "DANGEROUS DOG" REGULATIONS

27

\$

COMPLY WITH STERILIZATION PROGRAM FOR DOG / CAT

28

\$

COMPLY WITH "INTERFERENCE WITH ENFORCEMENT" PROVISIONS

31

\$ 100.00

1 (per 98.22) Per 1 dog 25

DESCRIPTION OF ANIMAL

COST

\$ 28.00

TOTAL

\$ 128.00

BREED(S)

NAME

SEX

AGE

COLOR(S)

NAME

SEX

AGE

CITATION MUST BE SIGNED

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO SIGN OR ACCEPT THIS CITATION MAY RESULT IN ARREST. FSS 828.27

DEFENDANT'S SIGNATURE x

Giava to en phore

CVS 2018

OFFICER'S SIGNATURE

[Signature]

ID 2110

DATE ISSUED 41-200/1406 TIME ISSUED

COURTHOUSE LOCATIONS

| | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> MAIN COURTHOUSE | <input type="checkbox"/> NORTH COUNTY COURTHOUSE | <input type="checkbox"/> SOUTH COUNTY COURTHOUSE | <input type="checkbox"/> WEST COUNTY COURTHOUSE |
| CLERK & COMPTROLLER P.O. BOX 3544 WEST PALM BEACH, FL 33402 | CLERK & COMPTROLLER 3186 PGA BOUL EVARD PALM BEACH GARDENS, FL 33410 | CLERK & COMPTROLLER 200 W ATLANTIC AVE DELRAY BEACH, FL 33444 | CLERK & COMPTROLLER 2890 SR 15, ROOM 5100 BELLE GLADE, FL 33430 |

OFFICER'S STATEMENT AND FACTS CONSTITUTING THE PROBABLE CAUSE

BE SPECIFIC Responded to a complaint that PetLife received puppies from Golden Seal Canines of Fresno, OHIO allegedly for the purpose of sale w/o an operational permit to sell puppies. After conducting an inquiry it appears that PetLife obtained puppies from a broker/dealer out of state & placed them for sale on their social media posts. Conf 22

WITNESS NAME

ADDRESS

PHONE

A. G. N. 1100 15th Ave SE



IF YOU FAIL TO PAY THE CIVIL PENALTY (FEE), WITHIN 30 DAYS FROM THE DATE OF ISSUANCE, OR APPEAR IN COURT AS INDICATED, YOU SHALL HAVE WAIVED YOUR RIGHT TO CONTEST THE CITATION AND A JUDGEMENT MAY BE ENTERED AGAINST YOU FOR AN AMOUNT UP TO \$500.00 PER VIOLATION (FSS 828.27)

* IF YOU HAVE BEEN ORDERED FOR DOG / CAT CONTROL - SECTION 4, YOU MUST PAY/DUE FINE OF STERILIZATION TO THE ANIMAL CARE AND CONTROL DIVISION WITHIN 15 DAYS. (THE OFFENSE ONLY)

AGENCY COPY

**SUPPLEMENTAL - PROBABLE CAUSE AND WITNESS INFORMATION
CITATION**

PAGE 2 OF 2

DEFENDANT

MAHONEY'S PET COMPANY, LLC
LAST NAME FIRST NAME MI

DBA

AGENCY CODE

10 20-003694

CASE NO.

CITATION NO.

052659

OFFICER'S STATEMENT AND FACTS CONSTITUTING THE PROBABLE CAUSE

BE SPECIFIC: PetLife does not have an operational permit from the Division to sell puppies and thus is in violation of the ordinance for obtaining puppies from breeder/dealer for the purpose of sale.

WITNESS NAME

ADDRESS

PHONE

OFFICER'S SIG.

WHITE: Original

CANARY: State Attorney to Clerks Office

PINK: Agency Copy

DATE ISSUED

ID 2210 4-1-20

AGENCY CODE **10** CASE NO. **20-3694.4** **052863**

VIOLATION PALM BEACH COUNTY ANIMAL CARE & CONTROL DIVISION OTHER
 NAME OF PALM BEACH COUNTY, FLORIDA THE UNDERSIGNED OFFICER BELIEVES THAT SAME HAS JUST VIOLATED THE FOLLOWING ORDINANCE NO. **4-12-28** MONTH-DAY-YEAR

11:40 AM PM AT **Same as below**
 SPECIFIC LOCATION WHERE OFFENSE OCCURRED
Wahoneys Pet Company LLC DBA PetLife
6901 Beechlake Blvd WPB, FL 33411
 CITY STATE ZIP CODE
WEST PALM BEACH FL 33411
 LICENSE # **W** RESIDENTIAL PHONE _____ CELL PHONE _____ BUSINESS PHONE _____
 EX _____ RACE _____ HEIGHT _____ STATE _____ EMPLOYMENT DATE _____
 ID UNLAWFULLY COMMIT, IN PALM BEACH COUNTY, FLORIDA THE FOLLOWING OFFENSE(S) IN LOCATION OF PALM BEACH COUNTY ORDINANCE 98.22

| BY FAILURE TO: | SECTION | OFFENSE 1st 2nd 3rd | AMOUNT |
|---|---------|-------------------------------------|------------------|
| <input type="checkbox"/> PROPERLY CONFINE DOG/CAT | 4 | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> VACCINATE DOG / CAT AGAINST RABIES | 10 | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> COMPLY WITH COUNTY TAG REQUIREMENTS FOR DOG/CAT | 11 | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> COMPLY WITH ANIMAL BITES / QUARANTINING | 16 | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> COMPLY WITH LIVE STOCK REQUIREMENTS | 21 | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> PROVIDE PROPER ANIMAL CARE / MANNER OF KEEPING | 24 | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> COMPLY WITH "DANGEROUS DOG" REGULATIONS | 27 | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> PLY WITH STERILIZATION PROGRAM FOR DOG / CAT | 28 | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> COMPLY WITH "INTERFERENCE WITH ENFORCEMENT" PROVISIONS | 31 | <input type="checkbox"/> | \$ |
| <input checked="" type="checkbox"/> Animal Services 26 | | <input checked="" type="checkbox"/> | \$ 75.00 |
| <input type="checkbox"/> | | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> | | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> | | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> | | <input type="checkbox"/> | \$ |
| TOTAL | | | \$ 103.00 |

DESCRIPTION OF ANIMAL _____ COST \$ **28.00**
 NAME _____ SEX _____ AGE _____
 CITATION MUST BE SIGNED _____

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO SIGN OR ACCEPT THIS CITATION MAY RESULT IN ARREST. FSS 928.27

DEFENDANT'S SIGNATURE *G. Vel. J. Embrey* **2210 4490 1140**
 OFFICER'S SIGNATURE _____ ID **2210 4490 1140** DATE ISSUED _____ TIME ISSUED _____

| COURTHOUSE LOCATIONS | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> MAIN COURTHOUSE | <input type="checkbox"/> NORTH COUNTY COURTHOUSE | <input type="checkbox"/> SOUTH COUNTY COURTHOUSE | <input type="checkbox"/> WEST COUNTY COURTHOUSE |
| CLERK & COMPTROLLER P.O. BOX 3544 WEST PALM BEACH, FL 33402 | CLERK & COMPTROLLER 3188 PGA BOULEVARD PALM BEACH GARDENS, FL 33410 | CLERK & COMPTROLLER 200 W. ATLANTIC AVE. DELRAY BEACH, FL 33444 | CLERK & COMPTROLLER 2950 SR 15, ROOM 5100 BELLE GLADE, FL 33430 |

OFFICER'S STATEMENT AND FACTS CONSTITUTING THE PROBABLE CAUSE

BE SPECIFIC
 I responded to a complaint that PetLife received from Fran Golden. Sel Comes of Fresno Ohio allegedly for the purpose of sale w/o an operational permit to sell puppies. After contacting my superior, it yielded that PetLife received these puppies for the purpose of adoption (not sale for PetLife as a pet store/doctor). PetLife failed to follow the reporting procedure.

WITNESS NAME _____ ADDRESS **Sgt. G. Cueto 7100 Belvedere Rd WPB FL 33411 333000** PHONE _____



IF YOU FAIL TO PAY THE CIVIL PENALTY (FINE), WITHIN 30 DAYS FROM THE DATE OF ISSUANCE, OR APPEAR IN COURT AS INDICATED, YOU SHALL HAVE WAIVED YOUR RIGHT TO CONTEST THE CITATION AND A JUDGMENT MAY BE ENTERED AGAINST YOU FOR AN AMOUNT UP TO \$500.00 PER VIOLATION (FSS 928.27)
 * IF YOU HAVE BEEN CITED FOR DOG / CAT COMPLIANCE, SECTION 4, YOU MUST PROVIDE PROOF OF STERILIZATION TO THE ANIMAL CARE AND CONTROL DIVISION WITHIN 30 DAYS (SEE OFFENSE 98.27)

AGENCY COPY

SUPPLEMENTAL - PROBABLE CAUSE AND WITNESS INFORMATION
CITATION

DEFENDANT Mahoney's Pet Company/LLC. Pettite DBA P
LAST NAME, FIRST NAME, MI.

AGENCY CODE 16 CASE NO. 20-003694

CITATION NO. 0528663

OFFICER'S STATEMENT AND FACTS CONSTITUTING THE PROBABLE CAUSE

BE SPECIFIC: Requirements that apply to a Humane Societies, Private Non-Profit, and Rescues that offer animals for adoption. Specifically, Pettite failed to report to the Division their monthly statistics in regards to adoptions, fosters, in possession or sheltered dogs/cats.

WITNESS NAME

ADDRESS

PHONE

Sgt. G. Cueto 7100 Belvedere Rd. 333-1200

WPRB, FL 33411

Sgt. Scott. 6901 Greeshole Blvd 790-6612

WPRB, FL 33411

OFFICER'S SIG. [Signature] DATE ISSUED 4-1-20

WHITE: Original

CANARY: State Attorney to Clerks Office

PINK: Agency Copy

CITATION AGENCY/CODE: 16 CASE NO: 20-32942
 052864

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION, WILLFUL REFUSAL TO SIGN OR ACCEPT THIS CITATION MAY RESULT IN ARREST, FSS 828.27

PALM BEACH COUNTY ANIMAL CARE & CONTROL DIVISION
 OTHER: THE NAME OF PALM BEACH COUNTY, FLORIDA THE UNDERSIGNED OFFICER OPINES THAT SHE HAS JUST OBTAINABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON 4-2-20 AT 1:50 PM

THIS AM PM AT 1:50 PM Same as below
 SPECIAL LOCATION WHERE OFFENSE OCCURRED

AS NAME, FIRST NAME, M: Mahoney's Pet Company LLC DBA PetLife
 6901 Okelakee Blvd WPR FL 33411 DATE OF BIRTH
 5009 21619010 CITY STATE ZIP CODE
 WPR FL STATE 11/17/20 RIVER LICENSE # EX RACE RESIDENTIAL PHONE BELL PHONE BUSINESS PHONE

IID UNLAWFULLY COMMIT, IN PALM BEACH COUNTY, FLORIDA THE FOLLOWING OFFENSE(S) IN VIOLATION OF PALM BEACH COUNTY ORDINANCE 98.22

| BY FAILURE TO: | SECTION | OFFENSE 1st 2nd 3rd | AMOUNT |
|---|---------|---|------------|
| <input checked="" type="checkbox"/> PROBABLY CONFINE DOG / CAT | 4 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ |
| <input type="checkbox"/> VACCINATE DOG / CAT AGAINST RABIES | 10 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ |
| <input type="checkbox"/> COMPLY WITH COUNTY TAG REQUIREMENTS FOR DOG / CAT | 11 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ |
| <input type="checkbox"/> COMPLY WITH ANIMAL BITES / QUARANTINING | 16 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ |
| <input type="checkbox"/> COMPLY WITH LIVE STOCK REQUIREMENTS | 21 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ |
| <input type="checkbox"/> PROVIDE PROPER ANIMAL CARE / MANNER OF KEEPING | 24 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ |
| <input type="checkbox"/> COMPLY WITH "DANGEROUS DOG" REGULATIONS | 27 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ |
| <input type="checkbox"/> ANY WITH STERILIZATION PROGRAM DOG / CAT | 28 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ |
| <input type="checkbox"/> COMPLY WITH "INTERFERENCE WITH ENFORCEMENT" PROVISIONS | 31 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ |
| <input checked="" type="checkbox"/> Animal Services 26 | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ 2500 |
| (b)(19) are | | | \$ are are |
| DESCRIPTION OF ANIMAL | | COST | \$ 28.00 |
| BREED(S): | | TOTAL | \$ 103.00 |
| COLOR(S): | | CITATION MUST BE SIGNED | |
| NAME | SEX | AGE | |

DEFENDANT'S SIGNATURE: Poste de Fom...
 ID: 2216 DATE ISSUED: 4-2-20 TIME ISSUED: 11:45 AM
 OFFICER'S SIGNATURE: [Signature]

COURTHOUSE LOCATIONS: MAIN COURT HOUSE, NORTH COUNTY COURT HOUSE, SOUTH COUNTY COURT HOUSE, WEST COUNTY COURT HOUSE

OFFICER'S STATEMENT AND FACTS CONSTITUTING THE PROBABLE CAUSE: I responded to a complaint that PetLife received papers from Golden Seal Racines in Reno, NV allegedly for the purpose of sale who on operations permit to sell papers after conducting my inquiry, it yielded that PetLife renewed their papers for the purpose of obtaining (not sale for PetLife as pet transporter) PetLife failed to follow the regulations that copy to all Animal Services Private Non-PAY, & Racines that of the animals for adoptions. Cont → 2

WITNESS NAME: Sgt. G. Cueto
 ADDRESS: WPR FL 33411 277-1200
 511 Scott WPR, FL 33411 990-6612
 PHONE: 990-6612



IF YOU FAIL TO PAY THE CIVIL PENALTY (FINE), WITHIN 30 DAYS FROM THE DATE OF ISSUANCE, OR APPEAR IN COURT AS INDICATED, YOU SHALL HAVE WAIVED YOUR RIGHT TO CONTEST THE CITATION AND A JUDGEMENT MAY BE ENTERED AGAINST YOU FOR AN AMOUNT UP TO \$500.00 PER VIOLATION (FSS 828.27)
 * IF YOU HAVE BEEN CITED FOR DOG / CAT CONTROL - SECTION 4, YOU MUST PROVIDE PROOF OF STERILIZATION TO THE ANIMAL CARE AND CONTROL DIVISION WITHIN 15 DAYS. (PER OFFENSE ONLY)

AGENCY COPY

**SUPPLEMENTAL - PROBABLE CAUSE AND WITNESS INFORMATION
CITATION**

DEPENDANT Nahoner's Pet Company LLC ^{DBA} petlife
LAST NAME, FIRST NAME, MI. AGENCY CODE 10 CASE NO. 20-003694 CITATION NO. 052864

OFFICER'S STATEMENT AND FACTS CONSTITUTING THE PROBABLE CAUSE

BE SPECIFIC: Specifically, Petlife failed to report to the Division their monthly statistics in regards to adoptions, fosters, in possession or sheltered dogs/cats.

WITNESS NAME

ADDRESS

PHONE

| | | | |
|----------------------|-----------------------------------|----------------------|-----------------|
| <u>Sgt. G. Cueto</u> | <u>7100 Belvedere Rd.</u> | <u>WRB, FL 33411</u> | <u>933-1200</u> |
| <u>Sgt. Scott</u> | <u>6901 Okcechober Blvd. E-11</u> | <u>WRB, FL 33411</u> | <u>790-6612</u> |

OFFICER'S SIG.



WHITE: Original

CANARY: State Attorney to Clerks Office

PINK: Agency Copy

DATE ISSUED

2210 4-2-20

AGENCY CODE **10** CASE NO. **A17-008523.7** **046767**

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO SIGN OR ACCEPT THIS CITATION MAY RESULT IN ARREST, FSS 829.27

STATION
 AGENCY **PALM BEACH COUNTY**
 ANIMAL CARE & CONTROL DIVISION OTHER
 THE NAME OF PALM BEACH COUNTY, FLORIDA THE UNDERSIGNED OFFICER CERTIFIES THAT SHE HAS JUST
 VISITABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON 06/19/17 MONTH-DAY-YEAR

12:30 AM PM AT 6901 Okra Hobbe Blvd E-11 WPB

Abney's Pet Co. LLC, DBA Pet Life DATE OF BIRTH
 101 Okra Hobbe Blvd E-11 West Palm Beach FL 33411. CITY STATE ZIP CODE

EVER LICENSE # 561-212-6415 STATE FL EXPIRATION DATE 790-6619
FACE RESIDENTIAL PHONE 561-212-6415 CELL PHONE 790-6619 BUSINESS PHONE

ID UNLAWFULLY COMMIT IN PALM BEACH COUNTY, FLORIDA THE FOLLOWING OFFENSE(S) IN VIOLATION OF PALM BEACH COUNTY ORDINANCE 98.22.

| BY FAILURE TO: | SECTION | OFFENSE OCCURRED | | | AMOUNT |
|--|---------|-------------------------------------|--------------------------|--------------------------|-----------|
| | | 1st | 2nd | 3rd | |
| <input type="checkbox"/> PROPERLY CONTAIN DOG / CAT | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> VACCINATE DOG / CAT AGAINST RABIES | 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> COMPLY WITH COUNTY TAG REQUIREMENTS FOR DOG / CAT | 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> COMPLY WITH ANIMAL BITES / QUARANTINING | 16 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> COMPLY WITH LIVE STOCK REQUIREMENTS | 21 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input checked="" type="checkbox"/> PROVIDE PROPER ANIMAL CARE / MANNER OF KEEPING | 24 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 |
| <input type="checkbox"/> COMPLY WITH "DANGEROUS DOG" REGULATIONS | 27 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> WITH STERILIZATION PROGRAM DOG / CAT | 28 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> COMPLY WITH "INTERFERENCE WITH ENFORCEMENT" PROVISIONS | 31 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| DESCRIPTION OF ANIMAL | | COST | | CITATION MUST BE SIGNED | |
| | | \$ 1800 | | | |
| | | TOTAL \$ 11800 | | | |

DEFENDANT'S SIGNATURE Sgt Cuetto ID 8814 DATE ISSUED 11-6-19 TIME ISSUED 1320
 OFFICER'S SIGNATURE [Signature]

| COURTHOUSE LOCATIONS | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> MAIN COURTHOUSE CLERK & COMPTROLLER PO. BOX 3544 WEST PALM BEACH, FL 33402 | <input type="checkbox"/> NORTH COUNTY COURTHOUSE CLERK & COMPTROLLER 3188 PGA BOUL. EVARO PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> SOUTH COUNTY COURTHOUSE CLERK & COMPTROLLER 200 W. ATLANTIC AVE. DELRAY BEACH, FL 33446 | <input type="checkbox"/> WEST COUNTY COURTHOUSE CLERK & COMPTROLLER P.O. BOX 207 WEST PALM BEACH, FL 33402 |

OFFICER'S STATEMENT AND FACTS CONSTITUTING THE PROBABLE CAUSE

BE SPECIFIC. On 7/6/19 Sgt Cuetto and I responded to a complaint of puppies for sale at 6901 Okra Hobbe Blvd E-11 WPB. Known as Pet Life. We met with Nancy Dixon who stated she was a manager. I informed Ms. Dixon that the puppy on display on the seller's floor had NO water, per 98.22 steady clean water must be available at all times. Ms. Dixon failed to have a worker correct and she needed to be told again to provide water for puppy who was very thirsty

| WITNESS NAME | ADDRESS | PHONE |
|--------------|---------------------------|--------------|
| Nancy Dixon | 6901 Okra Hobbe Blvd E-11 | |
| Jill Scott | West Palm Bch, FL | 561-790-6612 |
| Sytd Cuetts | Animal Care i Control | |
| Sy G Cuetto | 700 Belvidere Rd WPB | 561-233-1200 |



IF YOU FAIL TO PAY THE CIVIL PENALTY FINE, WITHIN 30 DAYS FROM THE DATE OF ISSUANCE, OR APPEAR IN COURT AS INDICATED, YOU SHALL HAVE WAIVED YOUR RIGHT TO CONTEST THE CITATION AND A JUDGEMENT MAY BE ENTERED AGAINST YOU FOR AN AMOUNT UP TO \$900.00 PER VIOLATION (FSS 829.27)

* IF YOU HAVE BEEN CITED FOR DOG /CAT CONTROL- SECTION 4, YOU MUST PROVIDE PROOF OF STERILIZATION TO THE ANIMAL CARE AND CONTROL DIVISION WITHIN 15 DAYS (SEE OFFENSE ONLY)

AGENCY COPY

CITATION AGENCY CODE **10** CASE NO. **A17-008523.8** **046768**

AGENCY **PALM BEACH COUNTY ANIMAL CARE & CONTROL DIVISION** OTHER

THE NAME OF PALM BEACH COUNTY, FLORIDA THE UNDERSIGNED OFFICER CERTIFIES THAT SHE HAS JUST READ RESPONSIBLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON **11-6-1913** MONTH-YEAR

7:30 AM PM AT **6901 Okcechobee Blvd E-11 WPB** SPECIFIC LOCATION WHERE OFFENSE OCCURRED

Mahoney's Pet Company LLC/DBA DATE OF BIRTH **11-6-1913**

9901 Okcechobee Blvd E-11 WPB CITY **FL 33411** STATE **FL** ZIP CODE

ISSUER LICENSE # **5610 212-6415** STATE **641** EXPIRATION DATE **790-6612**

RACE **5610 212-6415** RESIDENTIAL PHONE **641 790-6612** BUSINESS PHONE

CELL PHONE **641 790-6612**

UNLAWFULLY COMMIT IN PALM BEACH COUNTY, FLORIDA THE FOLLOWING OFFENSE(S) IN VIOLATION OF PALM BEACH COUNTY ORDINANCE 98.22

| BY FAILURE TO: | SECTION | OFFENSE | | | AMOUNT |
|--|---------|-------------------------------------|--------------------------|--------------------------|-----------------|
| | | 1st | 2nd | 3rd | |
| PROPERLY CONTAIN DOG/CAT | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| VACCINATE DOG / CAT AGAINST RABIES | 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| COMPLY WITH COUNTY TAG REQUIREMENTS FOR DOG / CAT | 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| COMPLY WITH ANIMAL BITES / QUARANTINING | 16 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| COMPLY WITH LIVE STOCK REQUIREMENTS | 21 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| PROVIDE PROPER ANIMAL CARE / MANNER OF KEEPING | 24 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| COMPLY WITH "DANGEROUS DOG" REGULATIONS | 27 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| COMPLY WITH STERILIZATION PROGRAM FOR DOG / CAT | 28 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| COMPLY WITH "INTERFERENCE WITH ENFORCEMENT" PROVISIONS | 31 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| Permit Required B1-4-23 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ 10000 |
| Record Keeping I-2, 4-23 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| DESCRIPTION OF ANIMAL | | | | | COST |
| | | | | | \$ 1800 |
| TOTAL | | | | | \$ 11800 |

REED(S) **DUSTY** SEX **M** AGE **5.5**

CITATION MUST BE SIGNED

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO SIGN OR ACCEPT THIS CITATION MAY RESULT IN ARREST. FSS 828.27

DEPENDANT'S SIGNATURE **Sgt D Cuetto** ID **3314** DATE ISSUED **11-6-1913**

| COURTHOUSE LOCATIONS | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> MAIN COURTHOUSE | <input type="checkbox"/> NORTH COUNTY COURTHOUSE | <input type="checkbox"/> SOUTH COUNTY COURTHOUSE | <input type="checkbox"/> WEST COUNTY COURTHOUSE |
| CLERK & COMPTROLLER P.O. BOX 3544 WEST PALM BEACH, FL 33402 | CLERK & COMPTROLLER 3188 PGA BOUL AVARD PALMA BEACH GARDENS, FL 33410 | CLERK & COMPTROLLER 200 W ATLANTIC AVE DELRAY BEACH, FL 33444 | CLERK & COMPTROLLER P.O. BOX 207 WEST PALM BEACH, FL 33402 |

OFFICER'S STATEMENT AND FACTS CONSTITUTING THE PROBABLE CAUSE

BE SPECIFIC **On 7/6/19 Sgt Cuetto and I were conducting an investigation at 6901 Okcechobee Blvd E-11. This is the retail store known as Pet Life. They were advertising puppies + cats for sale/adoption. Mahoney's Pet Co. LLC DBA. Pet Life, Failed to obtain a Commercial Operating Permit. They had a puppy displayed on sales floor located in the front window for public to view. They also had a sign out front on sidewalk advertising SPA**

| WITNESS NAME | ADDRESS | PHONE |
|---------------------|--|-------|
| Jill Scott | 6901 Okcechobee Blvd E-11 West Palm Bch, FL | |
| Nancy Dixon | 561 790-6612 | |
| Sgt D Cuetto | Animal Care Control | |
| Sgt G Cuetto | 7700 Delray Rd WPB | |
| | 561 233-1200 | |



* IF YOU FAIL TO PAY THE CIVIL PENALTY (FINE), WITHIN 30 DAYS FROM THE DATE OF ISSUANCE, OR APPEAR IN COURT AS INDICATED, YOU SHALL HAVE WAIVED YOUR RIGHT TO CONTEST THE CITATION AND A JUDGEMENT MAY BE ENTERED AGAINST YOU FOR AN AMOUNT UP TO \$500.00 PER VIOLATION (FSS 828.27)

AGENCY COPY

CITATION AGENCY CODE 10 CASE NO. AN-008523, 9 046770

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO SIGN OR ACCEPT THIS CITATION MAY RESULT IN ARREST. FSS 828.27

AGENCY PALM BEACH COUNTY DIVISION OTHER
 NAME OF PALM BEACH COUNTY, FLORIDA THE UNDERSIGNED OFFICER CERTIFIES THAT SHE HAS JUST VISITED THE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON 05/16/2019

DATE AND TIME 12:20 AM AT 6901 Okaloosa Blvd E-11, WPPB
 SPECIFIC LOCATION WHERE OFFENSE OCCURRED
 OFFENSE DATE 05/16/2019
 OFFENSE CITY 6901 Okaloosa Blvd E-11, WPPB
 OFFENSE STATE FL OFFENSE ZIP CODE 33411

DRIVER LICENSE # STATE EXPIRATION DATE
 RACE RESIDENTIAL PHONE 561-212-6405 BUSINESS PHONE 790-6612
 CELL PHONE

JID UNLAWFULLY COMMIT, IN PALM BEACH COUNTY, FLORIDA THE FOLLOWING OFFENSE(S) IN VIOLATION OF PALM BEACH COUNTY ORDINANCE 98.22

| BY FAILURE TO: | SECTION | OFFENSE | AMOUNT |
|---|---------|-------------|--------|
| | | 1st 2nd 3rd | |
| <input type="checkbox"/> PROPERLY CONFINE DOG / CAT | 4 | | \$ 100 |
| <input type="checkbox"/> VACCINATE DOG / CAT AGAINST RABIES | 10 | | \$ |
| <input type="checkbox"/> COMPLY WITH COUNTY TAG REQUIREMENTS FOR DOG / CAT | 11 | | \$ |
| <input type="checkbox"/> COMPLY WITH ANIMAL BITES / QUARANTINING | 16 | | \$ |
| <input type="checkbox"/> COMPLY WITH LIVE STOCK REQUIREMENTS | 21 | | \$ |
| <input type="checkbox"/> PROVIDE PROPER ANIMAL CARE / MANAGER OF KEEPING | 24 | | \$ |
| <input type="checkbox"/> COMPLY WITH "DANGEROUS DOG" REGULATIONS | 27 | | \$ |
| <input type="checkbox"/> COMPLY WITH STERILIZATION PROGRAM DOG / CAT | 28 | | \$ |
| <input type="checkbox"/> COMPLY WITH "INTERFERENCE WITH ENFORCEMENT" PROVISIONS | 31 | | \$ |

DESCRIPTION OF ANIMAL
 BREED(S) Shiba Inu
 COLOR(S) Black
 NAME Shiba Inu
 SEX Male
 AGE 1.5

COST \$ 1800
 TOTAL \$ 900
 CITATION MUST BE SIGNED

DEFENDANT'S SIGNATURE [Signature]
 ID 0419
 DATE ISSUED 05/19/2019
 TIME ISSUED

| COURTHOUSE LOCATIONS | | | |
|--|--|--|---|
| <input type="checkbox"/> MAIN COURTHOUSE | <input type="checkbox"/> NORTH COUNTY COURTHOUSE | <input type="checkbox"/> SOUTH COUNTY COURTHOUSE | <input type="checkbox"/> WEST COUNTY COURTHOUSE |
| CLERK & COMPTROLLER P.O. BOX 3844 WEST PALM BEACH, FL 33402 | CLERK & COMPTROLLER 3188 PGA BOULEVARD PALM BEACH GARDENS, FL 33410 | CLERK & COMPTROLLER 200 W. ATLANTIC AVE. DELRAY BEACH, FL 33444 | CLERK & COMPTROLLER P.O. BOX 207 WEST PALM BEACH, FL 33402 |

OFFICER'S STATEMENT AND FACTS CONSTITUTING THE PROBABLE CAUSE

BE SPECIFIC On July 2019 Mahoney's Pet Company LLC D & A Pet Life, failed to comply with 98.22 section A+B. All non-profit Animal Organizations, Humane Societies or Rescues are required to maintain the required documentation and act under the guidelines listed under the Palm Beach County Ordinance. Sgt Curtis and myself request to see records and they failed to supply any.

WITNESS NAME ADDRESS PHONE

Will Scott 6901 Okaloosa Blvd E-11
 Nancy Dixon WPPB 561-790-6612
 Sgt Curtis Palm Bch Animal Care/Control
 Sgt Curtis 7100 Bableron Pl WPPB 561-332-1300



IF YOU FAIL TO PAY THE CIVIL PENALTY WITHIN 30 DAYS FROM THE DATE OF ISSUANCE, OR APPEAR IN COURT AS INDICATED, YOU SHALL HAVE WAIVED YOUR RIGHT TO CONTEST THE CITATION AND A JUDGEMENT MAY BE ENTERED AGAINST YOU FOR AN AMOUNT UP TO \$500.00 PER VIOLATION (FSS 828.27)
 * IF YOU HAVE BEEN OBTAINED FOR DOG / CAT CONTROL - SECTION 4, YOU MUST PROVIDE PROOF OF STERILIZATION TO THE ANIMAL CARE AND CONTROL DIVISION WITHIN 15 DAYS. (1st OFFENSE ONLY)

AGENCY COPY



STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE
DIVISION OF ANIMAL HEALTH
SMALL ANIMAL HEALTH CERTIFICATE

MAR 18 2022

S 0376144

| DATE 3/11/22 | | | | | TRANSPORTED BY <input type="checkbox"/> CAR <input type="checkbox"/> AIR <input type="checkbox"/> RAIL <input checked="" type="checkbox"/> TRUCK | | | | | |
|---|-------|--------------------|-----|---------------------|---|----------------|--------------------|--|---------------------|--------|
| CONSIGNOR Sharla Fields | | | | | CONSIGNEE PetLife | | | | | |
| ADDRESS 22102 Hwy KF | | | | | ADDRESS 10901 Okeechobee Blvd | | | | | |
| CITY Green Castle | | STATE MO | | ZIP 63544 | CITY W. Palm Beach | | STATE FL | | ZIP 33411 | |
| ORIGIN ADDRESS IF DIFFERENT | | | | | DESTINATION ADDRESS IF DIFFERENT | | | | | |
| SPECIES | BREED | AGE | SEX | DESCRIPTION | RABIES VACCINATION | | | OTHER VACCINATIONS | | |
| | | | | | DATE | TYPE | TAG NO. | DATE | TYPE | |
| Canine | Lab | 9wk | M | AF95-22 | 2-9-22 | Neopax NeoTech | 9061 | 06 | Dec 62 | |
| | | | | | 2-23-22 | | | | | |
| | | | | | 2-16-22 | 5way | 11011C | 02/21/94B | 24 | 8pt 22 |
| | | | | | 3-2-22 | Bordetella | Zothis | 175130 | 13 | 11/24 |
| | | | | | 1-24-22 | | | | | |
| | | | | | 2-10-22 | A-9-23/3-9/22 | Paracur | | | |
| I have inspected the animals described hereon and find them to be free from visible signs of infectious, contagious, or communicable disease. The vaccinations and results of tests are as indicated above. | | | | | OTHER REMARKS Real Neg Too Young for Rabies & Lepto | | | | | |
| SIGNATURE OF VETERINARIAN Jeffrey N Sparks | | | | | ADDRESS Brookfield Veterinary Clinic | | | | | |
| PRINTED NAME OF VETERINARIAN Jeffrey N Sparks | | | | | TELEPHONE NUMBER Box 348 | | | USDA ACCREDITATION NUMBER 056267 | | |

MO 350-0480 (5-18)

DISTRIBUTION: WHITE - STATE VETERINARIAN

CANARY - ACCOMPANY SHIPMENT

PINK - ISSUING VET FILE

Brookfield, MO 64628



STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE
DIVISION OF ANIMAL HEALTH
SMALL ANIMAL HEALTH CERTIFICATE

S 0392479

RECEIVED

| DATE 6/4/22 | | | | | TRANSPORTED BY <input type="checkbox"/> CAR <input type="checkbox"/> AIR <input type="checkbox"/> RAIL <input checked="" type="checkbox"/> TRUCK | | | | | |
|---|-----------|-----------------|-----|------------------|---|-----------|-----------------------------|--|----------------------------------|--|
| CONSIGNOR Angela Fields | | | | | CONSIGNEE Angela Fields Petlife | | | | | |
| ADDRESS 22102 Hwy FF | | | | | ADDRESS 6901 Okeechobee Blvd ACFA | | | | | |
| CITY GreenCastle | | STATE MO | | ZIP 63544 | | | CITY West Palm Beach | | STATE FL ZIP 33411 | |
| ORIGIN ADDRESS IF DIFFERENT | | | | | DESTINATION ADDRESS IF DIFFERENT | | | | | |
| SPECIES | BREED | AGE | SEX | DESCRIPTION | RABIES VACCINATION | | | OTHER VACCINATIONS | | |
| | | | | | DATE | TYPE | TAG NO. | DATE | TYPE | |
| Cane | Schroeder | Suk | F | af-136-22 | 5/11/22 | → 5/25/22 | Nobivac Neobach | 7298 | 10/1/24 | |
| | | | | | 5/18/22 | → 6/1/22 | Nobivac Merck | 022195 | 04/01/23 | |
| | | | | | 4/27/22 | → 5/12/22 | Bordetella Merck | 00544618 | 10/20/22 | |
| | | | | | 6/1/22 | | Panaceur Merck | F237A01 | 3/24 | |
| I have inspected the animals described hereon and find them to be free from visible signs of infectious, contagious, or communicable disease. The vaccinations and results of tests are as indicated above. | | | | | OTHER REMARKS Fecal negative Free from parasites To young for rabies to test. | | | | | |
| SIGNATURE OF VETERINARIAN <i>Harland Sprouse</i> | | | | | ADDRESS 219 S Main St Brookfield MO 64622 | | | | | |
| PRINTED NAME OF VETERINARIAN Harland Sprouse | | | | | TELEPHONE NUMBER 660 2684032 | | | USDA ACCREDITATION NUMBER 056263 | | |



STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE
DIVISION OF ANIMAL HEALTH
SMALL ANIMAL HEALTH CERTIFICATE

S 0303264

| DATE 8.9.21 | | | | | TRANSPORTED BY <input type="checkbox"/> CAR <input type="checkbox"/> AIR <input type="checkbox"/> RAIL <input checked="" type="checkbox"/> TRUCK | | | | |
|---|----------------------|-----------------|----------|------------------|---|-----------------------------|----------------------------|---|------|
| CONSIGNOR Kara Watters | | | | | CONSIGNEE Pet Life / Jill | | | | |
| ADDRESS 21815 Grassy Rd. | | | | | ADDRESS 6901 Okeechobee Blvd. | | | | |
| CITY Summersville | | STATE MO | | ZIP 65571 | | CITY West Palm Beach | | STATE FL ZIP 33411 | |
| ORIGIN ADDRESS IF DIFFERENT | | | | | DESTINATION ADDRESS IF DIFFERENT | | | | |
| SPECIES | BREED | AGE | SEX | DESCRIPTION | RABIES VACCINATION | | | OTHER VACCINATIONS | |
| | | | | | DATE | TYPE | TAG NO. | DATE | TYPE |
| K. ♀ | Golden doodle | 8wk | m | Golden | too young | | MC #992000000353050 | | |
| | | | | | RECEIVED | | | | |
| | | | | | AUG 17 2021 | | | | |
| I have inspected the animals described hereon and find them to be free from visible signs of infectious, contagious, or communicable disease. The vaccinations and results of tests are as indicated above. | | | | | OTHER REMARKS 4#7 ag ACFA | | | | |
| SIGNATURE OF VETERINARIAN Kim Ehlers, DVM | | | | | ADDRESS 1309 W. 4th Stn. View, MO 65548 | | | | |
| PRINTED NAME OF VETERINARIAN Kim Ehlers, DVM | | | | | TELEPHONE NUMBER 417/934-0234 | | | USDA ACCREDITATION NUMBER 050923 | |

MO 350-0480 (9-18)

DISTRIBUTION: WHITE - STATE VETERINARIAN CANARY - ACCOMPANY SHIPMENT PINK - ISSUING VET FILE



STATE OF FLORIDA
 DEPARTMENT OF AGRICULTURE
 DIVISION OF ANIMAL HEALTH

80325695

SMALL ANIMAL HEALTH CERTIFICATE

From: John Williams 1200 Creechbes Blvd.
Sumnerville, MO 65781

To: Patricia Jill
1200 Creechbes Blvd.
Palm Beach, FL 33411

| SPECIES | BREED | AGE | SEX | DESCRIPTION | DATE | | | EXPIRES |
|---------|-------|--------|-----|------------------|------|------|------|---------|
| | | | | | DATE | TIME | ZONE | |
| K9 | Dog | 1 year | F | Tanna | | | | 1-79 |
| | | | | in possession of | | | | |

I hereby warrant that the above described animal will be kept in Florida
 from public view of exposure, mutilation or abandonment. I warrant
 that the destination and address of said animal is indicated above.

Signature of Shipper: John Williams
 Official Animal Care: [Signature]

Signature of Receiver: [Signature]
 Official Animal Care: [Signature]



STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE
DIVISION OF ANIMAL HEALTH
SMALL ANIMAL HEALTH CERTIFICATE

S 0325564

| DATE 5-3-21 | | TRANSPORTED BY <input type="checkbox"/> CAR <input type="checkbox"/> AIR <input type="checkbox"/> RAIL <input checked="" type="checkbox"/> TRUCK | | | | | | | |
|--|--------|---|-----|-------------|--|------|---------------|---------------------------------|------|
| OWNER Shoa Walters 21809 Grassy Rd. Summersville MO 65571 | | RESIDENTIAL ADDRESS Red life Hill 16901 Peachtree Blvd W. Palm Beach FL 33411 | | | | | | | |
| SPECIES | BREED | AGE | SEX | DESCRIPTION | RABIES VACCINATION | | | OTHER VACCINATIONS | |
| | | | | | DATE | TYPE | TAG NO. | DATE | TYPE |
| K. 9 | Doodle | 9.5 | F | Blk/whit | 7.6.21 | AC | 9920000422211 | | |
| K. 9 | Doodle | 9.5 | F | Blk/whit | 6.25.21 | AC | 9920000422217 | | |
| K. 9 | Doodle | 9.5 | F | Blk/whit | 7.6.21 | AC | 9920000422216 | | |
| I have inspected the animals described herein and find them to be free from visible signs of infectious, contagious, or communicable diseases. The vaccinations and results of tests are as indicated above. | | | | | DATE ISSUED MAY 15 2021 | | | | |
| VETERINARIAN Michael O'Neil | | | | | VETERINARIAN LICENSE NO. 417-974-0214 | | | VETERINARIAN SIGNATURE 01982 | |

- 1 - Copy To Accompany Shipment
- 1 - Copy To Veterinarian File
- 2 - Copies State Veterinarian

CERTIFICATE OF VETERINARY INSPECTION

Certificate No: 149952-1678-1

OHIO DEPARTMENT OF AGRICULTURE

Date of Issue: 1/3/2020

Division of Animal Health

8995 East Main St. Reynoldsburg, OH 43068

Transported By:

PH: 614-728-6220 Fax: 614-728-6310

- Car Rail
- Air X Truck

Interstate Shipment

- Exhibition
- Sale

Exam Date: 1-7-20

Consignor

Consignee

Permit #: N/A
Invoice: 1678

Golden Seal Canines
29939 CR 10
Fresno, OH 43824

Petlife
6901 Okeechobee Blvd
West Palm Beach, FL 33411

| Breed/Color & Markings | DOB | SEX | USDA | Vaccinations/Wormings | Species |
|---|---------------------|-----|------|---|---------|
| Mini Goldendoodle GOLDEN | 10/26/2019 9W 6D | F | 4113 | Health Certification (12/26/2019); Inta Tracill (12/21/2019); Galaxy 5 (12/18/2019); Pyrantel (12/14/2019); Neo Par (12/14/2019); Galaxy 5 (12/7/2019); Pyrantel (12/7/2019); Neo Par (11/30/2019); Inta Tracill (11/30/2019); Pyrantel (11/23/2019); | DOG |
| Goldendoodle Golden | 10/27/2019 9W 5D | M | 4078 | Health Certification (12/26/2019); Inta Tracill (12/22/2019); Galaxy 5 (12/19/2019); Pyrantel (12/15/2019); Neo Par (12/15/2019); Galaxy 5 (12/8/2019); Pyrantel (12/8/2019); Neo Par (12/1/2019); Inta Tracill (12/1/2019); Pyrantel (11/24/2019); | DOG |

Does Shipment of Animals originate from an area that is under quarantine for rabies?
 YES NO

I have on this date examined the animals described hereon and find them to be free from visual evidence of communicable disease, and to the best of my knowledge, exposure thereto, and has no evidence of internal or external parasites including coccidiosis and ear mites.

Clinic Name: East Holmes Veterinary Clinic
Print Name: AARON WISE
Vet Code: OH - 9149 / USDA 013057

Last Feed And Water:
N/A

Leptospirosis vaccine was not administered at this age due to the best medical interest of the above animal(s).

Aaron Wise DVM

DOW HLTH (07/21/2006)

The above animal(s) have had a negative fecal exam and found to be free of internal parasites on day of exam.

Signature of Veterinarian
5503 CR 120; PO BOX 286
BERLIN, OH 44610
Veterinarian Address

- 1 - Copy To Accompany Shipment
- 1 - Copy To Veterinarian File
- 2 - Copies State Veterinarian

X Interstate Shipment
 Exhibition
 Sale

Exam Date: 1/2/2020
 Permit #: N/A
 Invoice: 1643

Consignor
 Golden Seal Canines
 29939 CR 10
 Fresno, OH 43824

Consignee
 Petlife
 6901 Okeechobee Blvd
 West Palm Beach, FL 33411

CERTIFICATE OF VETERINARY INSPECTION
OHIO DEPARTMENT OF AGRICULTURE
Division of Animal Health
 8995 East Main St. Reynoldsburg, OH 43068
 PH: 614-728-6220 Fax: 614-728-6310

Certificate No: 149952-1643-1
 Date of Issue: 1/3/2020
 Transported By:
 Car Rail
 Air Truck

| Breed/Color & Markings | DOB | SEX | USDA | Vaccinations/Wormings | Species |
|---------------------------------|---------------------|-----|------|---|---------|
| Labrador Retriever Chocolate | 11/2/2019 8W 6D | M | 4199 | Health Certification (1/2/2020); Inta Tracill (12/28/2019); Galaxy 5 (12/25/2019); Pyrantel (12/21/2019); Neo Par (12/21/2019); Galaxy 5 (12/14/2019); Pyrantel (12/14/2019); Neo Par (12/7/2019); Inta Tracill (12/7/2019); Pyrantel (11/30/2019); | DOG |
| Labrador Retriever Chocolate | 10/26/2019 9W 6D | F | 4167 | Health Certification (1/2/2020); Inta Tracill (12/21/2019); Galaxy 5 (12/18/2019); Pyrantel (12/14/2019); Neo Par (12/14/2019); Galaxy 5 (12/7/2019); Pyrantel (12/7/2019); Neo Par (11/30/2019); Inta Tracill (11/30/2019); Pyrantel (11/23/2019); | DOG |
| Labrador Retriever Chocolate | 10/26/2019 9W 6D | M | 4166 | Health Certification (1/2/2020); Inta Tracill (12/21/2019); Galaxy 5 (12/18/2019); Pyrantel (12/14/2019); Neo Par (12/14/2019); Galaxy 5 (12/7/2019); Pyrantel (12/7/2019); Neo Par (11/30/2019); Inta Tracill (11/30/2019); Pyrantel (11/23/2019); | DOG |

Does Shipment of Animals originate from an area that is under quarantine for rabies?
 YES NO

I have on this date examined the animals described hereon and find them to be free from visual evidence of communicable disease, and to the best of my knowledge, exposure thereto, and has no evidence of internal or external parasites including coccidiosis and ear mites.

Last Feed And Water:
 N/A
 DOW HLTH (07/21/2006)

Leptospirosis vaccine was not administered at this age due to the best medical interest of the above animal(s).

The above animal(s) have had a negative fecal exam and found to be free of internal parasites on day of exam.

Clinic Name: East Holmes Veterinary Clinic
 Print Name: AARON WISE
 Vet Code: OH - 9149/ USDA 013057

Aaron Wise DVM

Signature of Veterinarian

- 1 - Copy To Accompany Shipment
- 1 - Copy To Veterinarian File
- 2 - Copies State Veterinarian

CERTIFICATE OF VETERINARY INSPECTION

OHIO DEPARTMENT OF AGRICULTURE

Division of Animal Health

8995 East Main St. Reynoldsburg, OH 43068

PH: 614-728-6220 Fax: 614-728-6310

Certificate No: 149950-1379-1

Date of Issue: 8/28/2019

Interstate Shipment

- Exhibition
- Sale

- Transported By:
- Car Rail
 - Air X Truck

Exam Date: 8.26.19
 Permit #: N/A
 Invoice: 1379

Consignor
 Preferred Canines
 29952 CR 10
 Fresno, OH 43824

Consignee
 Petife
 6901 Okeechobee Blvd
 West Palm Beach, FL 33411

| Breed/Color & Markings | DOB | SEX | USDA | Vaccinations/Wormings | Species |
|-------------------------------|--------------------|-----|------|--|---------|
| Mini Schnauzer SALT PEPPER | 6/29/2019 8W 4D | M | 6313 | Health Certification (8/24/2019); INTER TRAC 3 (8/24/2019); Pyrantel (8/17/2019); Neo Par (8/17/2019); Pyrantel (8/10/2019); Galaxy-5 (8/10/2019); INTER TRAC 3 (8/3/2019); Neo Par (7/27/2019); Pyrantel (7/27/2019); | DOG |

Does Shipment of Animals originate from an area that is under quarantine for rabies?
 YES NO

I have on this date examined the animals described hereon and find them to be free from visual evidence of communicable disease, and to the best of my knowledge, exposure thereto, and has no evidence of internal or external parasites including coccidiosis and ear mites.

Clinic Name: East Holmes Veterinary Clinic
 Print Name: AARON WISE
 Vet Code: OH - 9149/ USDA 013057

Feed And Water:

_____ A

DOW HLTH (07/21/2006)

Leptospirosis vaccine was not administered at this age due to the best medical interest of the above animal(s).

Aaron Wise DVM

The above animal(s) have had a negative fecal exam and found to be free of internal parasites on day of exam.

Signature of Veterinarian
 5503 CR 120; PO BOX 286
 BERLIN, OH 44610
 Veterinarian Address

- 1 - Copy To Accompany Shipment
- 1 - Copy To Veterinarian File
- 2 - Copies State Veterinarian

CERTIFICATE OF VETERINARY INSPECTION

OHIO DEPARTMENT OF AGRICULTURE

Division of Animal Health

8995 East Main St. Reynoldsburg, OH 43068

PH: 614-728-6220 Fax: 614-728-6310

Certificate No: 149950-1114-1
Date of Issue: 7/24/2019

Transported By:
 Car Rail
 Air Truck

- X Interstate Shipment
- Exhibition
- Sale

Exam Date: 7-22-19
 Permit #: N/A
 Invoice: 1114

Consignor
 Preferred Canines
 29952 CR 10
 Fresno, OH 43824

Consignee
 Petife
 6901 Okeechobee Blvd
 West Palm Beach, FL 33411

| Breed/Color & Markings | DOB | SEX | USDA | Vaccinations/Wormings | Species |
|---|--------------------|-----|------|---|---------|
| Cocker Spaniel CHOC WH | 5/23/2019 8W 6D | M | 5193 | Health Certification (7/18/2019); INTER TRAC 3 (7/18/2019); Neo Par (7/11/2019); Pyrantel (7/11/2019); Pyrantel (7/4/2019); Galaxy-5 (7/4/2019); INTER TRAC 3 (6/27/2019); Neo Par (6/20/2019); Pyrantel (6/20/2019); | DOG |

Does Shipment of Animals originate from an area that is under quarantine for rabies?
 YES NO

I have on this date examined the animals described hereon and find them to be free from visual evidence of communicable disease, and to the best of my knowledge, exposure thereto, and has no evidence of internal or external parasites including coccidiosis and ear mites.

Clinic Name: East Holmes Veterinary Clinic
 Print Name: AARON WISE
 Vet Code: OH - 9149/ USDA 013057

Last Feed And Water:
 N/A

Leptospirosis vaccine was not administered at this age due to the best medical interest of the above animal(s).
 The above animal(s) have had a negative fecal exam and found to be free of internal parasites on day of exam.

Aaron Wise DVM

DOW HLTH (07/21/2006)

Signature of Veterinarian
 5503 CR 120, PO BOX 286
 BERLIN, OH 44610
Veterinarian Address

- 1 - Copy To Accompany Shipment
 1 - Copy To Veterinarian File
 2 - Copies State Veterinarian

- Interstate Shipment
 Exhibition
 Sale

Exam Date: 4-8-19
 Permit #: N/A
 Invoice: 386

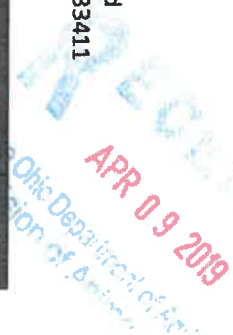
Consignor
 Preferred Canines
 29952 CR 10
 Fresno, OH 43824

CERTIFICATE OF VETERINARY INSPECTION
OHIO DEPARTMENT OF AGRICULTURE
 Division of Animal Health
 8995 East Main St. Reynoldsburg, OH 43068
 PH: 614-728-6220 Fax: 614-728-6310

Certificate No: 149950-386-1
 Date of Issue: 4/9/2019

Transported By:
 Car Rail
 Air Truck

Consignee
 Petlife
 6901 Okeechobee Blvd
 West Palm Beach, FL 33411



| Breed/Color & Markings | DOB | SEX | USDA | Vaccinations/Wormings | Species |
|-------------------------------------|--------------------|-----|------|---|---------|
| Cocker Chon Cream White | 2/10/2019 8W 2D | F | 1961 | INTER TRAC 3 (4/7/2019); Health Certification (4/7/2019); Neo Par (3/31/2019); Pyrantel (3/31/2019); Pyrantel (3/24/2019); Galaxy-5 (3/24/2019); INTER TRAC 3 (3/17/2019); Neo Par (3/10/2019); Pyrantel (3/10/2019); | DOG |
| Cocker Chon Brindle White | 2/9/2019 8W 3D | M | 1940 | INTER TRAC 3 (4/6/2019); Health Certification (4/6/2019); Neo Par (3/30/2019); Pyrantel (3/30/2019); Pyrantel (3/23/2019); Galaxy-5 (3/23/2019); INTER TRAC 3 (3/16/2019); Neo Par (3/9/2019); Pyrantel (3/9/2019); | DOG |
| Cocker Chon Brindle White | 2/9/2019 8W 3D | M | 1939 | INTER TRAC 3 (4/6/2019); Health Certification (4/6/2019); Neo Par (3/30/2019); Pyrantel (3/30/2019); Pyrantel (3/23/2019); Galaxy-5 (3/23/2019); INTER TRAC 3 (3/16/2019); Neo Par (3/9/2019); Pyrantel (3/9/2019); | DOG |
| Cocker Chon Cream White | 2/9/2019 8W 3D | M | 1938 | INTER TRAC 3 (4/6/2019); Health Certification (4/6/2019); Neo Par (3/30/2019); Pyrantel (3/30/2019); Pyrantel (3/23/2019); Galaxy-5 (3/23/2019); INTER TRAC 3 (3/16/2019); Neo Par (3/9/2019); Pyrantel (3/9/2019); | DOG |
| Shihpoo Choc wh | 2/11/2019 8W 1D | F | 1968 | INTER TRAC 3 (4/8/2019); Health Certification (4/8/2019); Neo Par (4/1/2019); Pyrantel (4/1/2019); Pyrantel (3/25/2019); Galaxy-5 (3/25/2019); INTER TRAC 3 (3/18/2019); Neo Par (3/11/2019); Pyrantel (3/11/2019); | DOG |
| Shihpoo Blk White | 2/11/2019 8W 1D | F | 1967 | INTER TRAC 3 (4/8/2019); Health Certification (4/8/2019); Neo Par (4/1/2019); Pyrantel (4/1/2019); Pyrantel (3/25/2019); Galaxy-5 (3/25/2019); INTER TRAC 3 (3/18/2019); Neo Par (3/11/2019); Pyrantel (3/11/2019); | DOG |
| Shihpoo choc white | 2/11/2019 8W 1D | M | 1962 | INTER TRAC 3 (4/8/2019); Health Certification (4/8/2019); Neo Par (4/1/2019); Pyrantel (4/1/2019); Pyrantel (3/25/2019); Galaxy-5 (3/25/2019); INTER TRAC 3 (3/18/2019); Neo Par (3/11/2019); Pyrantel (3/11/2019); | DOG |
| Shihpoo brown white | 2/11/2019 8W 1D | F | 1954 | INTER TRAC 3 (4/8/2019); Health Certification (4/8/2019); Neo Par (4/1/2019); Pyrantel (4/1/2019); Pyrantel (3/25/2019); Galaxy-5 (3/25/2019); INTER | DOG |

| | | | | | |
|------------------------------------|--------------------|---|------|---|-----|
| | | | | TRAC 3 (3/18/2019); Neo Par (3/11/2019); Pyrantel (3/11/2019); | |
| Shihpoo Blk White | 2/11/2019 8W 1D | M | 1964 | INTER TRAC 3 (4/8/2019); Health Certification (4/8/2019); Neo Par (4/1/2019); Pyrantel (4/1/2019); Pyrantel (3/25/2019); Galaxy-5 (3/25/2019); INTER TRAC 3 (3/18/2019); Neo Par (3/11/2019); Pyrantel (3/11/2019); | DOG |

Does Shipment of Animals originate from an area that is under quarantine for rabies?

YES NO

Last Feed And Water:

N/A

DOW HLTH (07/21/2006)

I have on this date examined the animals described hereon and find them to be free from visual evidence of communicable disease, and to the best of my knowledge, exposure thereto, and has no evidence of internal or external parasites including coccidiosis and ear mites.
Leptospirosis vaccine was not administered at this age due to the best medical interest of the above animal(s).
The above animal(s) have had a negative fecal exam and found to be free of internal parasites on day of exam.

Clinic Name: East Holmes Veterinary Clinic
Print Name: AARON WISE
Vet Code: OH - 9149/ USDA 013057



Signature of Veterinarian

5503 CR 120; PO BOX 286
BERLIN, OH 44610

Veterinarian Address

1 - Copy To Accompany Shipment

CERTIFICATE OF VETERINARY INSPECTION

Certificate No: 149952-271-1

1 - Copy To Veterinarian File

OHIO DEPARTMENT OF AGRICULTURE

Date of Issue: 4/2/2019

2 - Copies State Veterinarian

Division of Animal Health

8995 East Main St. Reynoldsburg, OH 43068

PH: 614-728-6220 Fax: 614-728-6310

Transported By:

- Car Rail
- Air Truck

Interstate Shipment

- Exhibition
- Sale

Exam Date: 4-1-2019
 Permit #: N/A
 Invoice: 271

Consignor
 Golden Seal Canines
 29939 CR 10
 Fresno, OH 43824

Consignee
 Petlife
 6901 Okeechobee Blvd
 West Palm Beach, FL 33411

| Breed/Color & Markings | DOB | SEX | USDA | Vaccinations/Wormings | Species |
|----------------------------|--------------------|-----|------|--|---------|
| Aussiemmo Brindle white | 2/3/2019 8W 2D | F | 709 | Inta Tracill (3/31/2019); Pyrantel (3/24/2019); Neo Par (3/24/2019); Galaxy 5 (3/17/2019); Pyrantel (3/17/2019); Inta Tracill (3/10/2019); Neo Par (3/3/2019); Pyrantel (3/3/2019); Health Certification (2/3/2019); | DOG |
| Aussiemmo Brindle white | 2/3/2019 8W 2D | F | 708 | Inta Tracill (3/31/2019); Pyrantel (3/24/2019); Neo Par (3/24/2019); Galaxy 5 (3/17/2019); Pyrantel (3/17/2019); Inta Tracill (3/10/2019); Neo Par (3/3/2019); Pyrantel (3/3/2019); Health Certification (2/3/2019); | DOG |
| Newfie Poo Black | 1/31/2019 8W 5D | M | 659 | Inta Tracill (3/28/2019); Pyrantel (3/21/2019); Neo Par (3/21/2019); Galaxy 5 (3/14/2019); Pyrantel (3/14/2019); Inta Tracill (3/7/2019); Neo Par (2/28/2019); Pyrantel (2/28/2019); Health Certification (1/31/2019); | DOG |

Does Shipment of Animals originate

from an area that is under quarantine for rabies?

YES NO

Last Feed And Water:

N/A

DOW HLTH (07/21/2006)

I have on this date examined the animals described hereon and find them to be free from visual evidence of communicable disease, and to the best of my knowledge, exposure thereto, and has no evidence of internal or external parasites including coccidiosis and ear mites. Leptospirosis vaccine was not administered at this age due to the best medical interest of the above animal(s).
 The above animal(s) have had a negative fecal exam and found to be free of internal parasites on day of exam.

Clinic Name: East Holmes Veterinary Clinic
 Print Name: AARON WISE
 Vet Code: OH - 9149/ USDA 013057

Aaron Wise DVM

Signature of Veterinarian

5503 CR 120; PO BOX 286
 BERLIN, OH 44610
 Veterinarian Address



1 - Copy To Accompany Shipment

1 - Copy To Veterinarian File

2 - Copies State Veterinarian

Certificate No: 149950-341-1

Date of Issue: 4/2/2019

CERTIFICATE OF VETERINARY INSPECTION
OHIO DEPARTMENT OF AGRICULTURE
Division of Animal Health
8995 East Main St. Reynoldsburg, OH 43068
PH: 614-728-6220 Fax: 614-728-6310

Transported By:

- Car Rail
 Air Truck

- x Interstate Shipment
 Exhibition
 Sale

Exam Date: 4-1-2019
Permit #: N/A
Invoice: 341

Consignor
Preferred Canines
29952 CR 10
Fresno, OH 43824

Consignee
Petlife
6901 Okeechobee Blvd
West Palm Beach, FL 33411



| Breed/Color & Markings | DOB | SEX | USDA | Vaccinations/Monitorings | Species |
|------------------------|-------------------|-----|------|--|---------|
| Cockapoo Black | 2/2/2019 8W 3D | F | 1600 | INTER TRAC 3 (3/30/2019); Health Certification (3/30/2019); Neo Par (3/23/2019); Pyrantel (3/23/2019); Pyrantel (3/16/2019); Galaxy-5 (3/16/2019); INTER TRAC 3 (3/9/2019); Neo Par (3/2/2019); Pyrantel (3/2/2019); INTER TRAC 3 (3/30/2019); Health Certification (3/30/2019); Neo Par (3/23/2019); Pyrantel (3/23/2019); Pyrantel (3/16/2019); Galaxy-5 (3/16/2019); INTER TRAC 3 (3/9/2019); Neo Par (3/2/2019); Pyrantel (3/2/2019); | DOG |
| Cockapoo Black | 2/2/2019 8W 3D | M | 1599 | INTER TRAC 3 (3/29/2019); Health Certification (3/29/2019); Neo Par (3/22/2019); Pyrantel (3/22/2019); Pyrantel (3/15/2019); Galaxy-5 (3/15/2019); INTER TRAC 3 (3/8/2019); Neo Par (3/1/2019); Pyrantel (3/1/2019); | DOG |
| Poo Chon white | 2/1/2019 8W 4D | M | 1543 | INTER TRAC 3 (3/29/2019); Health Certification (3/29/2019); Neo Par (3/22/2019); Pyrantel (3/22/2019); Pyrantel (3/15/2019); Galaxy-5 (3/15/2019); INTER TRAC 3 (3/8/2019); Neo Par (3/1/2019); Pyrantel (3/1/2019); | DOG |
| Poo Chon WHITE | 2/1/2019 8W 4D | M | 1542 | INTER TRAC 3 (3/29/2019); Health Certification (3/29/2019); Neo Par (3/22/2019); Pyrantel (3/22/2019); Pyrantel (3/15/2019); Galaxy-5 (3/15/2019); INTER TRAC 3 (3/8/2019); Neo Par (3/1/2019); Pyrantel (3/1/2019); | DOG |

Does Shipment of Animals originate from an area that is under quarantine for rabies?
 YES NO

Last Feed And Water:
N/A

DOW HLTH (07/21/2006)

I have on this date examined the animals described hereon and find them to be free from visual evidence of communicable disease, and to the best of my knowledge, exposure thereto, and has no evidence of internal or external parasites including coccidiosis and ear mites. Leptospirosis vaccine was not administered at this age due to the best medical interest of the above animal(s).
The above animal(s) have had a negative fecal exam and found to be free of internal parasites on day of exam.

Clinic Name: East Holmes Veterinary Clinic
Print Name: AARON WISE
Vet Code: OH - 9149/ USDA 013057

Signature of Veterinarian

5503 CR 120; PO BOX 286
BERLIN, OH 44610
Veterinarian Address

- 1 - Copy To Accompany Shipment
 1 - Copy To Veterinarian File
 2 - Copies State Veterinarian

CERTIFICATE OF VETERINARY INSPECTION

Certificate No: 149952-200-1

OHIO DEPARTMENT OF AGRICULTURE

Date of Issue: 3/19/2019

Division of Animal Health

8995 East Main St. Reynoldsburg, OH 43068

Interstate Shipment

Transported By:

PH: 614-728-6220 Fax: 614-728-6310

Car Rail

Exhibition

Air X Truck

Sale

Exam Date: 3-18-19

Consignor

Consignee

Permit #: N/A

Golden Seal Canines

Petlife

Invoice: 200

29939 CR 10

6901 Okeechobee Blvd

Fresno, OH 43824

West Palm Beach, FL 33411

| Breed/Color & Markings | DOB | SEX | USDA | Vaccinations/Wormings | Species |
|----------------------------|--------------------|-----|------|---|---------|
| Labrador Retriever choc | 1/14/2019 9W 1D | F | 535 | Inta Tracill (3/11/2019); Pyrantel (3/4/2019); Neo Par (3/4/2019); Galaxy 5 (2/25/2019); Pyrantel (2/25/2019); Inta Tracill (2/18/2019); Neo Par (2/11/2019); Pyrantel (2/11/2019); Health Certification (1/14/2019); | DOG |
| Labrador Retriever choc | 1/14/2019 9W 1D | F | 534 | Inta Tracill (3/11/2019); Pyrantel (3/4/2019); Neo Par (3/4/2019); Galaxy 5 (2/25/2019); Pyrantel (2/25/2019); Inta Tracill (2/18/2019); Neo Par (2/11/2019); Pyrantel (2/11/2019); Health Certification (1/14/2019); | DOG |
| Labrador Retriever choc | 1/14/2019 9W 1D | F | 533 | Inta Tracill (3/11/2019); Pyrantel (3/4/2019); Neo Par (3/4/2019); Galaxy 5 (2/25/2019); Pyrantel (2/25/2019); Inta Tracill (2/18/2019); Neo Par (2/11/2019); Pyrantel (2/11/2019); Health Certification (1/14/2019); | DOG |
| Newfoundland Black | 1/15/2019 9W 0D | M | 514 | Inta Tracill (3/12/2019); Pyrantel (3/5/2019); Neo Par (3/5/2019); Galaxy 5 (2/26/2019); Pyrantel (2/26/2019); Inta Tracill (2/19/2019); Neo Par (2/12/2019); Pyrantel (2/12/2019); Health Certification (1/15/2019); | DOG |

Does Shipment of Animals originate from an area that is under quarantine for rabies?
 YES NO

I have on this date examined the animals described hereon and find them to be free from visual evidence of communicable disease, and to the best of my knowledge, exposure thereto, and has no evidence of internal or external parasites including coccidiosis and ear mites.

Clinic Name: East Holmes Veterinary Clinic
 Print Name: AARON WISE
 Vet Code: OH - 9149/ USDA 013057

Last Feed And Water:

N/A

Leptospirosis vaccine was not administered at this age due to the best medical interest of the above animal(s).

DOW HLTH (07/21/2006)

Aaron Wise DVM

The above animal(s) have had a negative fecal exam and found to be free of internal parasites on day of exam.

Signature of Veterinarian

5503 CR 120; PO BOX 286
 BERLIN, OH 44610
 Veterinarian Address

1 - Copy To Accompany Shipment
 1 - Copy To Veterinarian File
 2 - Copies State Veterinarian

CERTIFICATE OF VETERINARY INSPECTION
OHIO DEPARTMENT OF AGRICULTURE
 Division of Animal Health

Certificate No: 149950-238-1
 Date of Issue: 3/19/2019

8995 East Main St. Reynoldsburg, OH 43068
 PH: 614-728-6220 Fax: 614-728-6310

Transported By:
 Car Rail
 Air Truck

X Interstate Shipment
 Exhibition
 Sale

Exam Date: 3-19-18
 Permit #: N/A
 Invoice: 238

Consignor
 Preferred Canines
 29952 CR 10
 Fresno, OH 43824

Consignee
 Petlife
 6901 Okeechobee Blvd
 West Palm Beach, FL 33411

| Breed/Color & Markings | DOB | SEX | USDA | Vaccinations/Workings | Species |
|----------------------------------|--------------------|-----|------|---|---------|
| Cockachon Tan White | 1/20/2019 8W 2D | M | 1145 | Health Certification (3/17/2019); INTER TRAC 3 (3/17/2019); Neo Par (3/10/2019); Pyrantel (3/10/2019); Pyrantel (3/3/2019); Galaxy-5 (3/3/2019); INTER TRAC 3 (2/24/2019); Neo Par (2/17/2019); Pyrantel (2/17/2019); | DOG |
| Boston Terrier BLK WHT | 1/18/2019 8W 4D | M | 1124 | Health Certification (3/15/2019); INTER TRAC 3 (3/15/2019); Neo Par (3/8/2019); Pyrantel (3/8/2019); Pyrantel (3/1/2019); Galaxy-5 (3/1/2019); INTER TRAC 3 (2/22/2019); Neo Par (2/15/2019); Pyrantel (2/15/2019); | DOG |
| Cockapoo brindle | 1/17/2019 8W 5D | F | 1007 | Health Certification (3/14/2019); INTER TRAC 3 (3/14/2019); Neo Par (3/7/2019); Pyrantel (3/7/2019); Pyrantel (2/28/2019); Galaxy-5 (2/28/2019); INTER TRAC 3 (2/21/2019); Neo Par (2/14/2019); Pyrantel (2/14/2019); | DOG |
| Cockapoo black | 1/17/2019 8W 5D | M | 1005 | Health Certification (3/14/2019); INTER TRAC 3 (3/14/2019); Neo Par (3/7/2019); Pyrantel (3/7/2019); Pyrantel (2/28/2019); Galaxy-5 (2/28/2019); INTER TRAC 3 (2/21/2019); Neo Par (2/14/2019); Pyrantel (2/14/2019); | DOG |
| Cockapoo black | 1/17/2019 8W 5D | M | 1004 | Health Certification (3/14/2019); INTER TRAC 3 (3/14/2019); Neo Par (3/7/2019); Pyrantel (3/7/2019); Pyrantel (2/28/2019); Galaxy-5 (2/28/2019); INTER TRAC 3 (2/21/2019); Neo Par (2/14/2019); Pyrantel (2/14/2019); | DOG |
| Cockapoo black | 1/17/2019 8W 5D | M | 1003 | Health Certification (3/14/2019); INTER TRAC 3 (3/14/2019); Neo Par (3/7/2019); Pyrantel (3/7/2019); Pyrantel (2/28/2019); Galaxy-5 (2/28/2019); INTER TRAC 3 (2/21/2019); Neo Par (2/14/2019); Pyrantel (2/14/2019); | DOG |
| Teddy Bear cream wh | 1/20/2019 8W 2D | M | 997 | Health Certification (3/17/2019); INTER TRAC 3 (3/17/2019); Neo Par (3/10/2019); Pyrantel (3/10/2019); Pyrantel (3/3/2019); Galaxy-5 (3/3/2019); INTER TRAC 3 (2/24/2019); Neo Par (2/17/2019); Pyrantel (2/17/2019); | DOG |

Does Shipment of Animals originate from an area that is under quarantine for rabies?

YES NO

I have on this date examined the animals described hereon and find them to be free from visual evidence of communicable disease, and to the best of my knowledge, exposure thereto, and has no evidence of internal or external parasites including coccidiosis and ear mites.

Clinic Name: East Holmes Veterinary Clinic
Print Name: AARON WISE
Vet Code: OH - 9149/ USDA 013057

Last Feed And Water:

N/A

DOW HLTH (07/21/2006)

Leptospirosis vaccine was not administered at this age due to the best medical interest of the above animal(s).



The above animal(s) have had a negative fecal exam and found to be free of internal parasites on day of exam.

Signature of Veterinarian

5503 CR 120; PO BOX 286
BERLIN, OH 44610

Veterinarian Address

- 1 - Copy To Accompany Shipment
- 1 - Copy To Veterinarian File
- 2 - Copies State Veterinarian

CERTIFICATE OF VETERINARY INSPECTION
OHIO DEPARTMENT OF AGRICULTURE
Division of Animal Health

Certificate No: 149950-157-1
 Date of Issue: 3/7/2019

8995 East Main St. Reynoldsburg, OH 43068
PH: 614-728-6220 Fax: 614-728-6310

Transported By:
 Car Rail
 Air Truck

- X Interstate Shipment
- Exhibition
- Sale

Exam Date: N/A
 Permit #: N/A
 Invoice: 157

Consignor
 Preferred Canines
 29952 CR 10
 Fresno, OH 43824

Consignee
 Petlife
 6901 Okeechobee Blvd
 West Palm Beach, FL 33411

| Breed/Color & Markings | DOB | SEX | USDA | Vaccinations/Wormings | Species |
|---------------------------------------|----------------------|-----|------|--|---------|
| Cava Chon Blenheim | 1/5/2019 8W 5D | F | 640 | Health Certification (3/2/2019); Intra Trac 3 (3/2/2019); Pyrantel (2/23/2019); Neo Par (2/23/2019); Galaxy 5 (2/16/2019); Pyrantel (2/16/2019); Intra Trac 3 (2/9/2019); Neo Par (2/2/2019); Pyrantel (2/2/2019); | DOG |
| Yorkie Chon Beige | 12/24/2018 10W 3D | M | 620 | Health Certification (3/21/2019); Intra Trac 3 (3/21/2019); Pyrantel (3/14/2019); Neo Par (3/14/2019); Galaxy 5 (3/7/2019); Pyrantel (3/7/2019); Intra Trac 3 (2/28/2019); Neo Par (2/21/2019); Pyrantel (2/21/2019); | DOG |
| Yorkie Chon Beige | 12/24/2018 10W 3D | M | 617 | Health Certification (3/21/2019); Intra Trac 3 (3/21/2019); Pyrantel (3/14/2019); Neo Par (3/14/2019); Galaxy 5 (3/7/2019); Pyrantel (3/7/2019); Intra Trac 3 (2/28/2019); Neo Par (2/21/2019); Pyrantel (2/21/2019); | DOG |
| Mal Shih BLACK WHITE | 12/22/2018 10W 5D | F | 597 | (16)Neo Vacc DA 2 (3/7/2019); (SB) Nobivac 1-DAPPV (3/7/2019); Health Certification (2/16/2019); Intra Trac 3 (2/16/2019); Pyrantel (2/9/2019); Neo Par (2/9/2019); Galaxy 5 (2/2/2019); Pyrantel (2/2/2019); Intra Trac 3 (1/26/2019); Neo Par (1/19/2019); Pyrantel (1/19/2019); | DOG |
| Cava Poo Red | 1/6/2019 8W 4D | F | 450 | Health Certification (3/3/2019); Intra Trac 3 (3/3/2019); Pyrantel (2/24/2019); Neo Par (2/24/2019); Galaxy 5 (2/17/2019); Pyrantel (2/17/2019); Intra Trac 3 (2/10/2019); Neo Par (2/3/2019); Pyrantel (2/3/2019); | DOG |

Does Shipment of Animals originate from an area that is under quarantine for rabies?
 YES NO

I have on this date examined the animals described hereon and find them to be free from visual evidence of communicable disease, and to the best of my knowledge, exposure thereto, and has no evidence of internal or external parasites including coccidiosis and ear mites.

Clinic Name: East Holmes Veterinary Clinic
 Print Name: AARON WISE
 Vet Code: OH - 9149/ USDA 013057

Last Feed And Water:
 N/A

Leptospirosis vaccine was not administered at this age due to the best medical interest of the above animal(s).
 DOW HLTH (07/21/2006)

The above animal(s) have had a negative fecal exam and found to be free of internal parasites on day of exam.

Aaron Wise DVM
 Signature of Veterinarian

5503 CR 120, PO BOX 286
BERLIN, OH 44610

Veterinarian Address