	Animal In	formation			
ODA 0001	Animal Name Molly	,	H - 25 - 2024		
	Source In	formation			
Name Joe White		Phone Number/Email 503-555-555			
Street Address 123 Man St		Salem	State   Zip   97111		
	Animal/Intak	e Information			
Age □ Day(s) □ Month(s) □ Year(s)	Sex F FS M MC	Dog .	Golden Ret.		
Weight 48.2 Lb(s)	Description of Condition  Slightly Hun				
985141 000 00	0000	Tattoo, other identification			
Other defining characteristics of the animal Found at corner					
	Out-of-Sta	ite Animals			
CVI Number	Veterinarian Issuing CVI		Date of Rabies Vaccine		
Additional Information to Include In File					
Additional Information to Include in File  Additional Information to Include in File  Additional Information to Include in File  Photograph taken within 24 hours of intake – Must clearly show identifiable markings and be sufficient to identify this animal.  Certificate of Veterinary Inspection (CVI) – if animal originated outside of Oregon, include a copy of the original CVI in the file.  Rabies Vaccination Certificate – if animal originated outside of Oregon, include a copy of the rabies certificate (if not documented on the CVI.					





P)		Animal Infor	mation				
Uniqu	DDA 0001	Molly					
	וטטט דעול		to ARE Controls	No.			
		Locations Kept While	in ARE Custody				
	Start Date 4 - 25 - 24	6-1-24	Physical Location	ster □ Ot	ther:		
Location	Facility/Foster Name  ODA Main		Phone Number/Email 503 - 986 - 4680	0			
Lo	ODA Main Street Address 635 Capital St	NE	Salem	State	9730l		
2	Start Date	End Date	Location Type:	ster 🗆 Ot	ther:		
Location	Facility/Foster Name		Phone Number/Email				
Loc	Street Address		City	State	Zip		
က	Start Date	End Date	Location Type:	ster □ Ot	her:		
Location 3	Facility/Foster Name		Phone Number/Email				
Γοσ	Street Address		City	State	Zip		
4	Start Date	End Date	Location Type:  ☐ Physical Location ☐ Fos	ster □ Ot	her:		
Location	Facility/Foster Name		Phone Number/Email		-		
Гос	Street Address		City	State	Zip		
		Animal Dian	ocition				
T.		Animal Dispo	OSITION				
Date	6-1-24			□ Other:			
	ual/Entity taking custody  Jim White		971 - 555-55	55			
Street	Jim White  Address 999 944 St		971-555-555 City Silverton	State	97381		



Ose this form to record medications and									
	Animal Information								
DA OOC	1	Molly							
	Medications Administered								
Date/Time	Initials	Medication (include size/concentration)	Dose/Amount Given	Notes					
4/26/24	MS	Heartgard 210-50#	1 tab						
ű	MIS	Nexgard 24-60#	1 tab						
5/5/24	MS	Ep: OHc cleaner	topically						
5/6/24	ms	carprofen 75 mg	1 tab BID	ended 5-8-24					
5 24 24	m5	Nexquel 24-60#	1 tab	ended 5-8-24 weight 51#					
ii.	e e	Nexquel 24-60# Heartgard 50-100#	1 tab						
		0							
			-						



ELD WIT	W W	Animal Information
Unique ID  ODA 0	201	Animal Name Olly
CONTO	001	
A PARTY PRINT	21.10	Animal Care Notes
Date	Initials	Notes
5-5-24	Ms	Spayed at The Vet Claric by Dr. Smith



		Animal Ir	nformation	
nique ID	40002	Shep		1ntake Date 9 - 1 - 2 4
		Source Ir	nformation	
ame .	AAA Cou	nty Dog Control	Phone Number/Email  555 - 446 - 7	1777
reet Address	twy 200 W	J	Somewhere	CA 95000
		Animal/Intal	ke Information	
7	□ Day(s) □ Month(s) □ Year(s)	Sex FS M MC	Species K9	Old Eng. Sheepdog
71.8	□ Kg(s)	Description of Condition Lump on of Show	lder, limps on les	Ct had
icrochip 977	111111111	000	Tattoo, other identification	
Rabies, I	)HPP, + B		f Co. Dog Control,	see attached records.
			ate Animals	Date of Rabies Vaccine
13CA - 115	587954	Veterinarian Issuing CVI Sarah Benchy		8/25/2024
719		Additional Information	tion to Include In File	
Photo identi Certifi origin Rabies	fy this animal. icate of Veterin al CVI in the file	thin 24 hours of intake – Must ary Inspection (CVI) – if anima e. ertificate – if animal originate	al originated outside of O	markings and be sufficient to regon, include a copy of the ude a copy of the rabies certificate





		Animal Inf	ormation				
Uniqu		Animal Name					
	ODA 0002	Shep	In to ARE Custody	THE S			
	Market Wall Street	Locations Kept Whi					
	9 ~ 1 - 24	9-4-24	Location Type:  ☑ Physical Location ☐ Fo	oster 🗆 C	ther:		
Location 1	Facility/Foster Name  ODA Mah		Phone Number/Email 503-9814-41680	)			
Γo	Street Address 635 Capitol S	+ N E	Salem	State	97301		
2	9-4-24	End Date 10/10/24	Location Type:	oster 🗆 C	ther:		
Location	Facility/Foster Name  Ann Smith	1	971 - 555 - 000	0			
Γοα	Street Address 1234 Last 5		Salem	State	9730Z		
3	Start Date (0) 10 24	End Date	Location Type: ☐ Physical Location ☐ Foster ☐ Other:				
Location	Facility/Foster Name  Jane Jones		Phone Number/Email  503 - 111 - [[[[				
Гос	Street Address 567 Nex+ Pl	·	City Keizer	State	97306		
4	Start Date	End Date	Location Type:  Physical Location Fo	ster 🗆 O	ther:		
Location	Facility/Foster Name		Phone Number/Email				
Гос	Street Address		City	State	Zip		
		Animal Dis	sposition				
Date		Disposition Type:  Adoption Transfer	☐ Euthanasia ☐ Deceased	□ Other:			
Individ	iual/Entity taking custody		Phone Number/Email				
Street	Address		City	State	Zip		



		Animal In	formation	
Unique ID ODA 000	2.	Animal Name Shep		
- 175		Medications	Administered	11 20 - 1 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
Date/Time	Initials	Medication (include size/concentration)	Dose/Amount Given	Notes
9-1-24	RS	carprofen 100mg	1 tab every Am	ongoing medication
9-25-24	AS	Trifex:5 60-120#	1 tab	
		Trifex's 60-120#		
11-25-24	JJ	Trifexis 60-120#	1 tab	



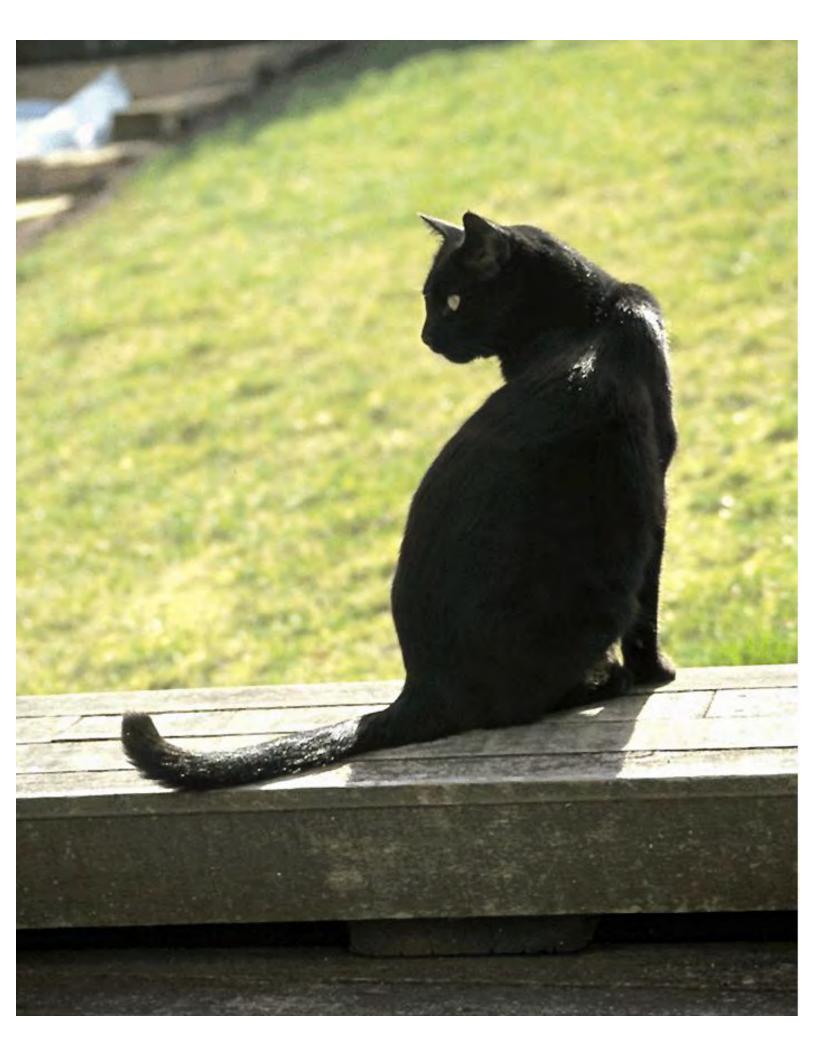
		E 3- 3	Animal Information
Unique ID		Animal Name	
000002		Shep	
001,000		2114	
			Animal Care Notes
Date	Initials	Notes	



According to the Paperwork Reduction Act of information unless it displays a valid OMB con The time required to complete this information searching existing data sources, gathering and	strol number. The valid OMB co collection is estimated to average	ntrol numb e .13 to .25	ers for this 5 hours per	s information collect response, including	ion are 0579-0020 and 0579-003	<ol> <li>USDA regulations shall be in commerce unless accommerce.</li> </ol>	e delivered to any intermediate	classes of animals designated by handler or carrier for transportation executed and issued by a licensed 2).  OMB APPROVE 0579-0020 0579-0036
UNITED STATES DEPARTMENT ANIMAL AND PLANT HEALTH IN	FOF AGRICULTURE SPECTION SERVICE	a false staten uses s	ARNING: Anyone who makes false, fictitious, or fraudulent alternation this document, or see such document knowing it be false, fictitious, or		1. TYPE OF ANIMAL SH Dog Cat Nonhuman Primate		2. CEF 93CA-1	15587946
UNITED STATES INTERSTATE AND INTERNATIONAL CERTIFICATE OF HEALTH EXAMINATION FOR SMALL ANIMALS			ulent may f not more sonment o	be subject to a than \$10,000 or f not more than 5 8 U.S.C. 1001).	3. TOTAL NUMBER OF		4. PAC	ge .
5. NAME, ADDRESS, AND TELEPHON	NE NUMBER OF OWNER (			o o.o.o. 100 ty.	6. NAME, ADDRESS, AM	ID TELEPHONE NUMBER	R OF RECIPIENT AT DEST	INATION (CONSIGNEE)
AAA County Dog Control 100 Hwy 200 W Somewhere, CA 95000 555-666-7777					ODA Main 635 Capitol St NE Salem, OR 97301 503-986-4680			,
USDA License/or Registration Number (	if applicable)					8. PERTINENT VACCIN	IATION, TREATMENT, AN	D TESTING HISTORY
NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES	VACCINATION		OTHER VACCINATIONS, MENT, AND/OR TESTS AND RESULTS
(1)				WIGHTOOM	Vaccination Date	Product	Date	Product Type and/or Results
(1) Shep - 9777111111111000 (2)	Old Eng. Sheepdog	7y	MC	Gray/white	8/25/2024	Zoetis	8/25/2024	Adtanvage
(3) (4) (5) (6) 9. REMARKS OR ADDITIONAL CERT	ISICATION STATEMENTS	- (WHEN	10		+L-1	JOT	VA	(11)
EX	AN	11	フ	LE	information provided in be ("X" applicable statemen  I have verified the plus of the plus	ox 8 is true and accurate to (s).  Resence of the microchip, if a nal(s) described acceve and of dectious or contagious disease would endanger public heat the animal(s) described above.	the thest of my knowledge, higherhip is listed in box 7, or continuation sheet(s), if apples and to the best of my know h.	ave been examined by me this date, that the and that the following findings have been made blicable, have been inspected by me on this date and vledge, exposure thereto, which would endanger the bif applicable, originated from an area not quaranting
ENDORSEMENT FOR INTERNATION PRINTED NAME OF USDA VETERINA					Sarah Beachy 11001 Chester St SW Somewhere, CA 95000		OF ISSUING VETERINARI.	Accredited Yes No If yes, please complete below NATIONAL ACCREDITATION NUMB 000999
SIGNATURE OF USDA VETERINARI	AN Apply USDA Seal o	r Stamp	here	DATE	NOTE: International shipm SIGNATURE OF ISSUIT	rents may require certification	by an accredited veterinaria	n. DATE
	1 200 20 10 20 10 10 10				Dach	100	$\checkmark$	9/2/2024

	Animal I	nformation	
ODA 0003	Animal Name Luna		1ntake Date 5 - 5 - 24
	Source I	nformation	
Jane Mill	ler	Phone Number/Email 971-111-	0000
Street Address Refused to	provide	Salem	State Zip
		ke Information	
Age □ Day(s) )	(s) DF DFS DM DMC	Species	DS H
Weight 8.4 ☐ Lb(s) ☐ Kg(s)	Description of Condition recently weaned	Kittens	
98514100	0 000 001	Tattoo, other identification	
	nimal or details about intake  der - too many cat:		
	Out-of-St	ate Animals	N. J. S. S.
CVI Number N	Veterinarian (ssuing CVI		Date of Rabies Vaccine
	Additional Informa	tion to Include In File	e
identify this anim  Certificate of Vet  original CVI in the	n within 24 hours of intake – Mus ial. erinary Inspection (CVI) – if anim e file. on Certificate – if animal originato	al originated outside of (	





		Animal Inf	ormation				
Uniqu	ODA 0003	Animal Name					
		Locations Kept Whi	le in ARE Custody				
	Start Date 5 - 5 - 24	6-2-24	Location Type: ☑ Physical Location ☐ Foster ☐ Other:				
Location 1	Facility/Foster Name  ODA Man		Phone Number/Email 503 - 98Le - 4680				
Lo	ODA Man Street Address 635 Capitol	St NE	Salem	State OR	97301		
2	Start Date	End Date	Location Type:	oster 🗆 O	ther:		
_ocation 2	Facility/Foster Name		Phone Number/Email				
Loc	Street Address		City	State	Zip		
8	Start Date	End Date	Location Type:	oster 🗆 O	ther:		
ocation 3	Facility/Foster Name		Phone Number/Email				
Loc	Street Address		City	State	Zip		
-	Start Date	End Date	Location Type:	oster 🗆 O	ther:		
ocation 4	Facility/Foster Name		Phone Number/Email				
Loc	Street Address		City	State	Zip		
	100	Animal Dis	sposition				
Date	6-2-24	Disposition Type:  □ Adoption □ Transfer	☐ Euthanasia ☐ Deceased	□ Other:			
	ABC Humane	Society	Phone Number/Email 503 - 555 - 1	234			
Street	Address 111 Madras St		503-555-1 City Portland	State	97222		



		Animal Ir	nformation	
Unique ID	003	Animal Name		
		Medications	Administered	
Date/Time	Initials	Medication (include size/concentration)	Dose/Amount Given	Notes
5-5-24	DR	Revolution Fe 5-15#	1 tube topically	
5-10-24	ms	FURCPC vacc		at The Vet Clinic
5 10 - 1	ms	Rabies vace		at The Vet Clinic
5-24-24	ms	FURCIC Vacu		at facility
				-



The Control	Animal Information			
Unique ID		Animal Name		
ODA 0003		Luna		
NO.		Animal Care Notes		
Date	Initials	Notes		
5-10-24	MS	Spayed at The Vet Clinic. Injectable pain meds		



	Animallo	formation			
Unique ID	Animal Name Double Stuf	Tormation	Intake Date 10-1-2024		
	Source In	formation			
ABC Huma	ane Society	503 - 555 - 12			
Street Address	St	Portland	0R 97222		
	Animal/Intak	e Information			
Age □ Day(s) □ Month(s) □ Year(s)	Sex FS M MC	Feline	DLH DLH		
Weight □ Lb(s) □ Kg(s)	Overweight, som	e matted for, some	taxer		
985 141 000	0111000	Tattoo, other identification			
Other defining characteristics of the animal Newfered, Flea	Other defining characteristics of the animal or details about intake Neuteved, flea meds 9-10-24 at ABC Humane. See attached records.				
	Out-of-Sta	ite Animals			
CVI Number NA	Veterinarian Issuing CVI		Date of Rabies Vaccine		
Additional Information to Include In File					
Additional Information to include in animal record:  Photograph taken within 24 hours of intake – Must clearly show identifiable markings and be sufficient to identify this animal.  Certificate of Veterinary Inspection (CVI) – if animal originated outside of Oregon, include a copy of the original CVI in the file.  Rabies Vaccination Certificate – if animal originated outside of Oregon, include a copy of the rabies certificate (if not documented on the CVI.					





		Animal Inf	ormation		
Uniqu	ODA 0004	Double St	rf		
-		Locations Kept Whi	le in ARE Custody		
	Start Date 10/1/24	End Date	Location Type:  ☐ Physical Location ☐ Fo	ster 🗆 O	ther:
Location	Facility/Foster Name Sarah Hous	Phone Number/Email 999 - 555 - 111	11	-	
Γο	Sarah Hous	+	Mormouth	DR.	97361
2	Start Date	End Date	Location Type:  ☐ Physical Location ☐ Fo	ster □ 0	ther:
Location	Facility/Foster Name		Phone Number/Email		
Loc	Street Address		City	State	Zip
3	Start Date	End Date	Location Type:  ☐ Physical Location ☐ Fo	ster 🗆 O	ther:
Location :	Facility/Foster Name		Phone Number/Email	-	
Γοc	Street Address		City	State	Zip
4	Start Date	End Date	Location Type:  ☐ Physical Location ☐ Fo	ster 🗆 O	ther:
Location 4	Facility/Foster Name	1,000	Phone Number/Email	1111	
Loc	Street Address	· .	City	State	Zip
Animal Disposition					
Date		Disposition Type:  Adoption Transfer	□ Euthanasia □ Deceased	□ Other:	
Individ	ual/Entity taking custody		Phone Number/Email		
Street	Address		City	State	Zip



	900	Animal In	formation	
ODA 00	04	Double Stuf		
NEW TOTAL		Medications /	Administered	N
Date/Time	Initials	Medication (include size/concentration)	Dose/Amount Given	Notes
10-12-24	SH	Revolution Fe 15-22#	1 tube	
11-11-24	5H	Revolution Fe 15-22#		i e
11-11-24	SH	Felme Drontal	2 tabs	saw tapeworms
		- 10		



Animal Information			
ODA OOO	14	Double Stuf	
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Animal Care Notes	
Date	Initials	Notes	
10/5/24	SH	bloodwork normal. Feeding Felne Metabolic of weight	
-			



		Animal In	nformation	
ODA (	0005	Animal Name Bug5		10 - 8 - 24
		Source Ir	nformation	
Joh	n Smit	h	971-555-	-0101
treet Address	ODA	Ave	Salem	OR 2ip 97301
200		Animal/Intak	ke Information	
Age	□ Day(s) □ Month(s) □ Year(s)	Sex  F FS M MC	Rasbit	Flemish Giant
Weight 13	Lb(s)	No 155UES	•	
Microchip   Tattoo, other identification   985   41 00   00   00				
J		1001 D.D.A Ave.		
			ate Animals	Date of Rabies Vaccine
Number NA		Veterinarian Issuing CVI		Date of Madies voccine
		Additional Informat	ion to Include In Fil	e
Photocolidentif	y this animal. cate of Veterin al CVI in the file	thin 24 hours of intake – Must eary Inspection (CVI) – if anima e. ertificate – if animal originate	al originated outside of	le markings and be sufficient to Oregon, include a copy of the clude a copy of the rabies certificat





		Animal	Information			
Uniqu	ODA 0005	Animal Name Bug5				
1		Locations Kept V	Vhile in ARE Custody			
	Start Date 10/8/24	End Date 11/1/24	Location Type:	Foster □ (	Other:	
Location 1	Facility/Foster Name  Carrie	ones	Phone Number/Email 541-555-	5555		
Loc	Street Address 900 Mah	St	541-555-	State	97000	
2	Start Date	End Date	Location Type:  Physical Location	oster 🗆 (	Other:	
Location 2	Facility/Foster Name Sandy Houser		Phone Number/Email 503 - 111 - [[[[	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Loc	Street Address 987 Nameless Pl.		Salem	State	97301	
3	Start Date	End Date	Location Type:	oster 🗆 (	Other:	
ocation.	Facility/Foster Name	llity/Foster Name		Phone Number/Email		
Loc	Street Address		City	State	Zip	
	Start Date	End Date	Location Type:	oster 🗆 0	Other:	
ocation 4	Facility/Foster Name		Phone Number/Email			
Loc	Street Address		City	State	Zip	
		Animal	Disposition			
Date		Disposition Type:  ☐ Adoption ☐ Transfe	er 🗆 Euthanasia 🗆 Deceased	□ Other:		
Individ	lual/Entity taking custody		Phone Number/Email			
Street	Address		City	State	Zip	



		Animal Ir	nformation	
Unique ID  ODA O	005	Animal Name Bug5		
			Administered	
Date/Time	Initials	Medication (include size/concentration)	Dose/Amount Given	Notes

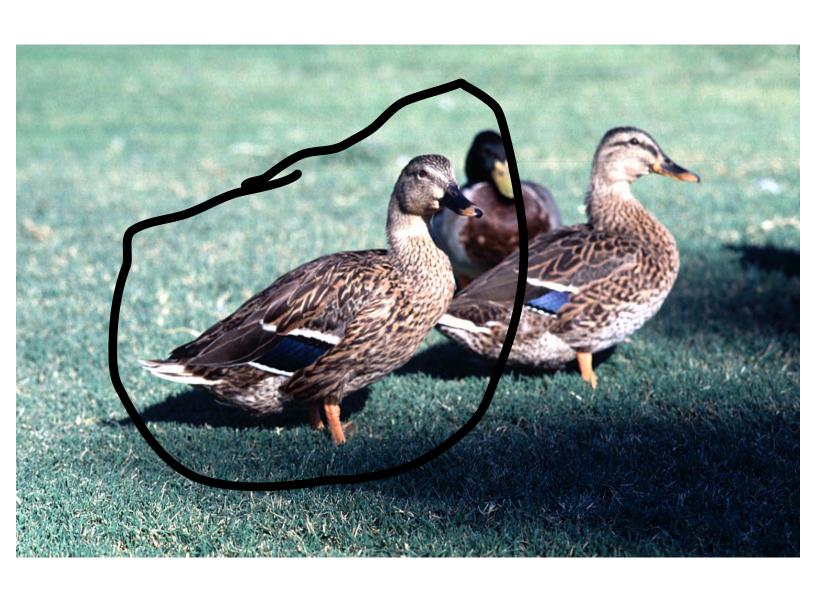


Animal Information		
Unique ID		Animal Name
		Animal Care Notes
Date	Initials	Notes



	Animal In	Animal Information			
Unique ID	Animal Name Quackers		6-26-24		
00A0006					
	Source In				
Ed Farmer		541-888-8888			
Street Address 12345 Hwy	000 SW	Silverton	OR 2ip 97381		
	Animal/Intak	e Information			
Age □ Day(s) □ Month(s) ☑ Year(s)	Sex DEF DES DM DMC	Duck.	Malla val		
Weight 2.4 ☐ Kg(s) ☐ Kg(s)	No. Concers				
Microchíp		Tattoo, other identification  Leg band 005	blue)		
Other defining characteristics of the animal or details about intake  Abandoned at property with 12 other clucks. New land owners brought.  Mr.					
	Out-of-Sta	te Animals			
CVI Number  NA	Veterinarian Issuing CVI		Date of Rabies Vaccine		
Additional Information to Include In File					
Additional Information to include in animal record:  Photograph taken within 24 hours of intake – Must clearly show identifiable markings and be sufficient to identify this animal.  Certificate of Veterinary Inspection (CVI) – if animal originated outside of Oregon, include a copy of the original CVI in the file.  Rabies Vaccination Certificate – if animal originated outside of Oregon, include a copy of the rabies certificate (if not documented on the CVI.					





	Profit Care And Care	Animal Infor	mation		
Unique	ODA 0006	Animal Name Quackers			
		Locations Kept While	in ARE Custody		
	Start Date 6 - 26 - 24	6 - 30 - 24	Location Type:  Physical Location	ster □ Ot	her:
Location	Facility/Foster Name  ODA Man		Phone Number/Email  503 - 986 - L	1680	
Lo	Street Address 635 Capital S	+ NE	503-986-L City Salem	State	9730l
2	Start Date	End Date	Location Type:  Physical Location Fo	ster □ Ot	her:
ocation	Facility/Foster Name		Phone Number/Email		
Loc	Street Address		City	State	Zip
3	Start Date	End Date	Location Type:  Physical Location Fo	ster □ Ot	her:
ocation	Facility/Foster Name		Phone Number/Email		-
Loc	Street Address		City	State	Zip
4	Start Date	End Date	Location Type:  Physical Location Fo	ster □ Ot	her:
ocation.	Facility/Foster Name		Phone Number/Email		
Loc	Street Address		City	State	Zip
Animal Disposition					
Date    Disposition Type:   Disposition Dispositio				□ Other:	
Individ	ual/Entity taking custody		Phone Number/Email		
Street	Address		City	State	Zip



	Animal Information		
Unique ID 000A 0000	le	Animal Name Quackers	
		Animal Care Notes	
Date	Initials	Notes	
4-30-24	ms	Kennel Staff found deceased in Am.	



Animal Information					
Unique ID  ODA DOOL		Animal Name  Quackers			
Medications Administered					
Date/Time	Initials	Medication (include size/concentration)	Dose/Amount Given	Notes	



Animal Information				
Unique ID	Animal Name		Intake Date	
ODA 0007	Sadie		5-17-24	
	Source In	formation		
Name	~11	Phone Number/Email		
Sally Sm	ith	360-000-100	00	
Street Address		City	State Zip	
2468 Hwy	1001	Longview	WA 9863	2
	Animal/Intak	e Information		IV.
Age Day(s)	Sex	Species	Breed	
22 ☐ Month(s) ☐ Year(s)	DF DFS DM DMC	Equine	QH Cross	
Weight MI b(e)	Description of Condition		1 1	
985 GKg(s)	Long hab wat,	overweight, poor	nuscle condition	1
Microchip		Tattoo, other identification		
8400030000	000 000			
Other defining characteristics of the animal	or details about intake	,		
Owner Can no	longer care for	nev.		
Owner can no longer care for her.				
	Out-of-Sta	te Animals		
CVI Number	Veterinarian Issuing CVI		Date of Rabies Vaccine	
921-190535	Sarah Beachy		NA	
Additional Information to Include In File				
Additional Information to include in animal r	ecord:	I I I I I I I I I I I I I I I I I I I	ngs and he sufficient to	
Photograph taken within 24 hours of intake – Must clearly show identifiable markings and be sufficient to				
identify this animal.  Certificate of Veterinary Inspection (CVI) – if animal originated outside of Oregon, include a copy of the				
original CVI in the file.  Rabies Vaccination Certificate – if animal originated outside of Oregon, include a copy of the rabies certificate			ate	
	(if not documented on the CVI.			
(II not documented o				





T.		Animal Infor	mation		
Unique	The same of the sa	Sadie			
	ODA 0007		in ARE Custody		
		Locations Kept While			
	5-17-24	End Date	□ Physical Location □ Foster □ Other:		
Location 1	Facility/Foster Name Terry Johnson	Phone Number/Email  503 - 555 - 515\  City  Dallas  OR  97338			
ŏ	Street Address	\	City	State	Zip
	Jerry Johnson Street Address 100 Farm Hu	y	Dallas	OR	97338
2	Start Date	End Date	□ Physical Location □ Foster □ Other:		
ocation	Facility/Foster Name		Phone Number/Email		
Ca				State	Zip
Γc	Street Address		City	State	ZIP
3	Start Date	End Date  Location Type:  □ Physical Location □ Foster □ Other:			ther:
Facility/Foster Name  Street Address			Phone Number/Email		
Loc	Street Address		City	State	Zip
4	Start Date	End Date	Location Type:  □ Physical Location □ Fos	ster 🗆 O	ther:
ocation 4	Facility/Foster Name	1.44.9	Phone Number/Email		. A. A.
o l	Street Address		City	State	Zip
			ALC: You		
		Animal Disp	osition	ita in	
Date		Disposition Type:  ☐ Adoption ☐ Transfer ☐	☐ Euthanasia ☐ Deceased	□ Other:	
Individ	ual/Entity taking custody		Phone Number/Email		
Street Address			City	State	Zip



TRANSPORT OF		Animal In	formation	
ODA O	700	Animal Name Sadie		
		Medications /	Administered	
Date/Time	Initials	Medication (include size/concentration)	Dose/Amount Given	Notes
5/30/24	JJ	Pergolide Ing		ongoing medication
6/1/24	77	Equinax dewormer	1000# dos	2
6/1/24	JJ	Tetanus toxoid, Flu, Rhono, WNV Vacches	1 mb each	given by J.J.



Animal Information				
Unique ID		Animal Name		
ODA 0007		Sadie		
Animal Care Notes				
Date	Initials	Notes		
5 29 24	MS	Vet exam. Start Pergolide, deworm, vaccinate.		





#### \*\*\*\*\*UNOFFICIAL - DEMO MODE\*\*\*\*\*

921-190535

Animal Health Program

635 Capitol St, NE, Salem, OR 97301 503.986.4680 | Oregon.gov/ODA

#### Official Certificate of Veterinary Inspection

ENTRY PERMIT:

INSPECTION DATE: 5/18/2024

Ship Date: 5/17/2024

TOTAL ANIMALS: 1

MATERIAL PROPERTY OF THE PROPE	MOI LO HON DATE. SITUIZUZA	47	Only Date.	3/1//2024	TOTAL ANI	WALS.
Consignor/Orig	jin		Consi	gnee/Destination		Carrier
Sally Smith Phone: (3 2468 Hwy 1001 Longview, Washington 98632 Longview County	1	Jerry Johnson 100 Farm Hwy Dallas, Oregon Polk County	97338	Phone: (503) 555-515	1	
Disease Co	ertifications				Veterinarian	
Post Entry CVI  HERD/FLOCK ACCREDITED FREE FOR CURRENT STATE/AREA STATUS			635 Capito Salem, Ore National Ac Phone: (50 I certify tha of infectiou indicated, a	Sarah Beachy 635 Capitol St NE Salem, Oregon 97301 National Accreditation Number: 999999 Phone: (503) 986-6456  I certify that I have inspected the above animal(s) and, except as noted, have found it (them) to be free of signs of infectious, contagious, or communicable disease. Each animal was tested, immunized, or treated as indicated, and to the best of my knowledge meets both state of destination and federal interstate movement		
	Tuberculosis: Free Brucellosis: Free		regulations	regulations. No other warranty is made or implied.		
PURPOSE OF MOVEMENT Other	TRANSPORTATION METHOD					
		Anima	l Informati	on alles =		417
NO. SPECIES # HEAD BREED	OFFICIAL ID / OTHER ID	SEX	AGE	TEST	S / VACCINATIONS /	TREATMENTS
Horse 1 QH Cross 840	0003000000000	F	22 Year(s)	EIA Test (5/18/2024): Neg   ODA	A AHL Acc: 24EE11586	



### Animal Intake Record

Use this form to record information required to be collected at intake. All information must be recorded within 24 hours of intake by the Animal Rescue Entity. Information (and photos) provided by a source may not be used.

Animal Information					
Unique ID  ODA 0008	Denry		7-30-24		
	Source In	formation			
Name Kim Dav	ìs	971-000-222			
Street Address 222 Hwy 2	2.	Lincoln City	OR 97367		
	Animal/Intak	e Information	PASSAGE AND THE RESIDENCE		
Age Day(s)    Month(s)   Year(s)	Sex FS M MC	Horse	Quarter Horse		
Weight	good condition	limping on left	Fort		
Microchip 840 003 100 1	Microchip Tattoo, other identification				
Owner Surrender, unknown lameness Vaccinated May 2024 per owner, & Tetanus, Flu, Rhino only. Last worner was Quest in June 2024					
	Out-of-Sta	ate Animals			
CVI Number  NA	Veterinarian Issuing CVI		Date of Rabies Vaccine		
Additional Information to Include In File					
Additional Information to include in animal record:  Photograph taken within 24 hours of intake – Must clearly show identifiable markings and be sufficient to identify this animal.  Certificate of Veterinary Inspection (CVI) – if animal originated outside of Oregon, include a copy of the original CVI in the file.  Rabies Vaccination Certificate – if animal originated outside of Oregon, include a copy of the rabies certificate (if not documented on the CVI.					





## Animal Location/Disposition Record

Use this form to record information required to maintained for each location where an animal is kept while in custody.

		Animal Inf	formation				
Uniqu	0DA 0008	Animal Name Denny					
		Locations Kept Wh	ile in ARE Custody	THE LET			
	7-30-24	End Date	Location Type:	Location Type:  ☐ Physical Location ☐ Foster ☐ Other:			
ocation 1	Facility/Foster Name	on	Phone Number/Email 503-555-5151				
Lo	Jerry Johns	Hwy	Dallas	OR State	97338		
2	Start Date	End Date	Location Type:  ☐ Physical Location ☐ f	Other:			
ocation ;			Phone Number/Email				
Loc	Street Address		City	State	Zip		
ocation 3	Start Date	End Date	Location Type:	oster 🗆 0	Other:		
	Facility/Foster Name		Phone Number/Email				
Loc	Street Address		City	State	Zip		
	Start Date	End Date	Location Type:	oster 🗆 C	Other:		
Location 4	Facility/Foster Name		Phone Number/Email				
Loc	Street Address		City	State	Zip		
		Animal Di	sposition				
Date		Disposition Type: ☐ Adoption ☐ Transfer	□ Euthanasia □ Deceased	□ Other:			
Individ	ual/Entity taking custody	U	Phone Number/Email				
Street	Address		City	State	Zip		
					1		



## Medication/Vaccination Record

Use this form to record medications and vaccinations administered to each animal in custody.

		Animal In	formation	
Unique ID  ODA 006	8	Denny		
	100	Medications	Administered	
Date/Time	Initials	Medication (include size/concentration)	Dose/Amount Given	Notes
8-4-24	11	Bute Powder	l gm each Am	continuing daily
8-10-24	JJ	West Nile Vins	Inch	by J.J.
8-30-24	JJ			end Bute
10-1-24	J.J.	Zinecterin	1100# dose	



## **Animal Care Record**

Use this form to record information for each animal in custody such as offspring, veterinary care, movements, etc.

Animal Information					
ODA DOC	0	Animal Name			
007 000	0	Denny			
	Animal Care Notes				
Date	Initials	Notes			
8 25 24	JJ	corrective shoeing			
10/10/24	JJ	shoes reset			

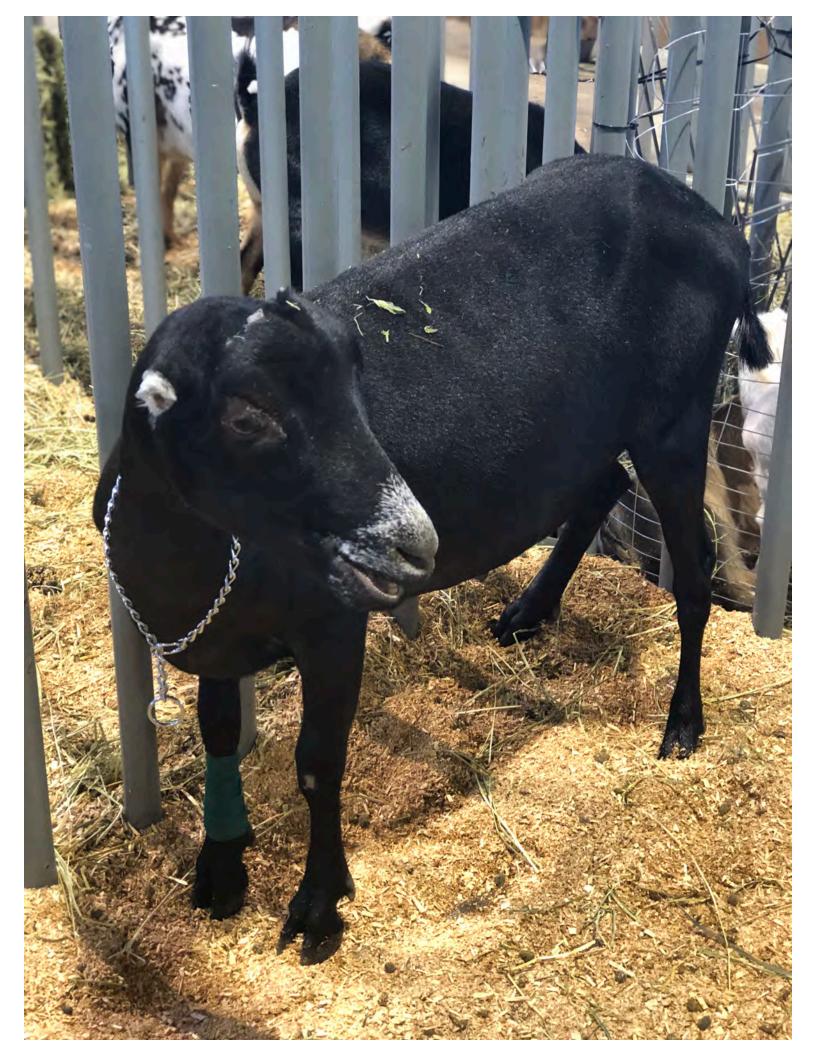


## Animal Intake Record

Use this form to record information required to be collected at intake. All information must be recorded within 24 hours of intake by the Animal Rescue Entity. Information (and photos) provided by a source may not be used.

Animal Information				
Unique ID	Animal Name		11-1-24	
ODA 0009	Lucy			
	Source In	formation		
Jin Doe		541-111-000	0	
Street Address		Corvallis	OR Zip 97330	
	Animal/Intak	e Information		
Age Day(s)  Month(s)  Year(s)	Sex F FS M MC	Species 60at	La Mancha	
Weight ☐ Lb(s) ☐ Kg(s)	Description of Condition Healthy		1.6	
Microchip				
Other defining characteristics of the animal	forces surrender. I	dewormed "spring" i	2024.	
No vaccine history	1.			
	Out of Sta	ate Animals		
CVI Number	Veterinarian Issuing CVI	ite Allinais	Date of Rabies Vaccine	
NA				
Additional Information to Include In File				
Additional Information to Include in animal record:  Photograph taken within 24 hours of intake – Must clearly show identifiable markings and be sufficient to identify this animal.  Certificate of Veterinary Inspection (CVI) – if animal originated outside of Oregon, include a copy of the				
original CVI in the file	e.			
☐ Rabies Vaccination C	— —			





## Animal Location/Disposition Record

Use this form to record information required to maintained for each location where an animal is kept while in custody.

		Animal Infor	mation		
Unique		Animal Name			
	ODA 0009	Lucy		-	
		Locations Kept While	in ARE Custody		all state of the state of the
	Start Date /1/24	II   18   24	Location Type:  Physical Location	ster □ Ot	her:
lon	Facility/Foster Name		Phone Number/Email	- 4	
ocation 1	Jerry Johnson		503 - 555 - 5	151	
Lo	Street Address		City	State	Zip
	Street Address Johnson  Street Address Johnson  Farm Hu	14	Dallas	OK	97338
	Start Date	End Date	Location Type:  ☐ Physical Location ☐ Fo	ster □ Ot	her:
n 2	Facility/Foster Name		Phone Number/Email		
ocation					
Loc	Street Address		City	State	Zip
က	Start Date	End Date	Location Type:  Physical Location Fo	ster □ Ot	her:
ocation	Facility/Foster Name		Phone Number/Email		
Loc	Street Address		City	State	Zip
4	Start Date	End Date	Location Type:	ster □ Ot	her:
ocation 4	Facility/Foster Name	7 525	Phone Number/Email		1
Loc	Street Address		City	State	Zip
ij,					
		Animal Dispo	osition		
Date	11/18/24	Disposition Type: ☐ Adoption ☐ Transfer ☐	I Euthanasia □ Deceased	□ Other:	
Individ	Ryan Brown	L.	Phone Number/Email 971 - 777-	777	7
Street	Ryan Brown Address 777 74h S	;+	Eola	State	97000



## Medication/Vaccination Record

Use this form to record medications and vaccinations administered to each animal in custody.

Animal Information				
Unique ID		Animal Name		
00A 00	09	Lucy		
The Paris of the		Medications	Administered	
Date/Time	Initials	Medication (include size/concentration)	Dose/Amount Given	Notes
11/3/24	JJ	Ivonec sheep drench	16.8mL	
11/4/24	JJ	Ivomer sheep drench Tetanus vacc — C+D vacc —	2 nL	
		*		



## **Animal Care Record**

Use this form to record information for each animal in custody such as offspring, veterinary care, movements, etc.

Animal Information				
Unique ID  ODA 00	09	Animal Name  Lucy		
		Animal Care Notes		
Date	Initials	Notes		
11-15-24	JJ	trimmed hooves		



### Animal Intake Record

Use this form to record information required to be collected at intake. All information must be recorded within 24 hours of intake by the Animal Rescue Entity. Information (and photos) provided by a source may not be used.

	Animal Ir	nformation		
ODA ODIO	Daphne		8-29-24	
	Source Ir	nformation		
Name Larry [	Baker	Phone Number/Email 541 - 000 - 9	999	
Larry E Street Address 9876 Hw	y 3000	Dundee	State 97115	
	Animal/Intal	ke Information		
Age Day(:	h(s) F FS M MC	Beef cattle	Hereford cross	
	eight Description of Condition			
Microchip	J	RFID ear tag 8	40 003 111 111 111	
	Out-of-St	ate Animals		
CVI Number	Veterinarian Issuing CVI		Date of Rables Vaccine	
Here was	Additional Informa	tion to Include In File		
identify this anii	en within 24 hours of intake – Must mal. eterinary Inspection (CVI) – if anima ne file. ion Certificate – if animal originate	t clearly show identifiable ma al originated outside of Orego	on, include a copy of the	





# Animal Location/Disposition Record

Use this form to record information required to maintained for each location where an animal is kept while in custody.

		Animal Ir	formation			
Uniqu		Animal Name				
	ODA 0010	Daphne	ile in ARE Gustadu	-		
		The state of the s	nile in ARE Custody	<u> </u>		
Start Date 8 29 24   10 / 1 / 24			□ Physical Location □ Foster □ Other:			
cation	Facility/Foster Name She Davis  Street Address		Phone Number/Email 555-111-2233			
Lo	She Davis  Street Address 4455 leleth Ave		Albany	State	97321	
2	Start Date	End Date	Location Type:  □ Physical Location □ Fo	oster □C	Other:	
Location	Facility/Foster Name		Phone Number/Email			
Гос	Street Address		City	State	Zip	
ocation 3	Start Date	End Date	Location Type:  ☐ Physical Location ☐ Foster ☐ Other:			
	Facility/Foster Name		Phone Number/Email			
Loc	Street Address		City	State	Zip	
4	Start Date	End Date	Location Type:	oster 🗆 C	ther:	
Location 4	Facility/Foster Name		Phone Number/Email			
Гос	Street Address		City	State	Zip	
		Animal D	isposition			
Date	10/1/24	Disposition Type:  Adoption Transfer	☐ Euthanasia ☐ Deceased	□ Other:		
Individ	Sue Davis		Phone Number/Email 555 - 111 - 22			
Street	Sue Davis Address 4455 lobth	Ave	Albany	State	97321	



## Medication/Vaccination Record

Use this form to record medications and vaccinations administered to each animal in custody.

Animal Information				
Unique ID  ODA  OD	010	Daphne		
		Medications /	Administered	Carry Carry
Date/Time	Initials	Medication (include size/concentration)	Dose/Amount Given	Notes
8/30/24	2D	Zoetis Cattlemaster Gold vac	2mL	
8/30/24	SD	Zoetis Cattlemaster Gold vac Ivermentin Pour - On	40 mL	



### **Animal Care Record**

Use this form to record information for each animal in custody such as offspring, veterinary care, movements, etc.

Animal Information		
Unique ID		Animal Name
Animal Care Notes		
Date	Initials	Notes

