

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0020 and 0579-0036. The time required to complete this information collection is estimated to average .13 to .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulations shall be delivered to any intermediate handler or carrier for transportation in commerce unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 21.43.9; CFR, Subchapter A, Part 2).

OMB APPROVED
0579-0020
0579-0036

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

UNITED STATES INTERSTATE AND INTERNATIONAL
CERTIFICATE OF HEALTH EXAMINATION
FOR SMALL ANIMALS

WARNING: Anyone who makes a false, fictitious, or fraudulent statement on this document, or uses such document knowing it to be false, fictitious, or fraudulent may be subject to a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 1001).

1. TYPE OF ANIMAL SHIPPED (select one only)
 Dog Cat Other _____
 Nonhuman Primate Ferret Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS
7 Seven

4. PAGE
2 of 2

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)
 Dr Gerald Pepe/Dept of Comparative Medicine
 Eastern Virginia Medical School
 P.O. Box 1980| Norfolk VA 23501
 757-██████████

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)
 Dr. Eugene Albrecht (PI)
 Comparative Medicine/Veterinary Resources
 Street
 Bldg., Room ██████████
 Baltimore, MD 21201

USDA License/or Registration Number (if applicable) 52-R-003

7. ANIMAL IDENTIFICATION

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1) 100417 Boo	Baboon	5y	M	N/A
(2)				
(3)				
(4)				
(5)				
(6)				

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
<input type="checkbox"/> 1 YEAR <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS			
Vaccination Date	Product	Date	Product Type and/or Results
N/A		11/28/2022	Tuberculosis PPD - neg
N/A			
N/A			
N/A			
N/A			

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

VETERINARY CERTIFICATION: I certify that the animals described in box 7 have been examined by me this date, that the information provided in box 8 is true and accurate to the best of my knowledge, and that the following findings have been made ("X" applicable statements).

I have verified the presence of the microchip, if a microchip is listed in box 7.

I certify that the animal(s) described above and on continuation sheet(s), if applicable, have been inspected by me on this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animal or other animals or would endanger public health.

To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and has/have not been exposed to rabies.

ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)
 PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN
 Dept of Comparative Medicine
 Eastern Virginia Medical School
 Norfolk, VA 23507

LICENSE NUMBER AND STATE
0301202766

Accredited Yes No
 If yes, please complete below
 NATIONAL ACCREDITATION NUMBER
009791

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here DATE

SIGNATURE OF ISSUING VETERINARIAN DATE
11/28/22

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB APPROVED
0579-0036

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

RECORD OF ACQUISITION, DISPOSITION OR TRANSPORT OF ANIMALS
(Other Than Dogs and Cats)

SALE EXCHANGE OR TRANSFER DONATION

This record is required by law (7 U.S.C. 2131-2156), (9 CFR, Subchapter A, Parts 1, 2, and 3). Failure to maintain this record can result in a suspension or revocation of license and/or imprisonment for not more than 1 year, or a fine of not more than \$1,000, or both.

INSTRUCTIONS: Complete applicable items 1 through 13. Original and one copy to accompany animals. When delivery is made - items 14 through 20 must be completed by Buyer (Receiver) and copy one returned to Seller or Donor. Copy two to be retained by Seller or Donor. Attach Continuation Sheet (APHIS Form 7020A), as needed.

5. SELLER OR DONOR (Name and Address, include ZIP Code)
Dr Gerald Pepe/Dept of Comparative Medicine
Eastern Virginia Medical School
P.O. Box 1980 | Norfolk VA 23501
757 [REDACTED]

6. BUYER OR RECEIVER (Name and Address, include ZIP Code)
Dr. Eugene Albrecht (PI)
Comparative Medicine/Veterinary Resources
[REDACTED] Street
[REDACTED] Bldg., Room [REDACTED]

7. USDA CERTIFICATE NUMBER (If any)

51-R-0018

8. IDENTIFICATION OF ANIMALS BEING DELIVERED

A. CONTAINER TAG NUMBER, CRATE OR PEN NUMBER	B. NUMBER ANIMALS	C. PREVIOUS INVOICE NUMBER (if any)	D. INDIVIDUAL IDENTIFICATION TATTOOS, TAG NUMBERS (if applicable)	E. SPECIES	F. AGE - SEX				H. EST. WEIGHT (lbs.)	I. REMARKS (Condition, etc.)	RECEIVER'S USE	
					G. NUMBER YOUNG		G. NUMBER ADULT				J.	K.
	1		011917	baboon	M	F	M	X	11.2	Healthy		
	1		071117	baboon	M	F	M	X	12.3	Healthy		
	1		032717	baboon	M	F	M	X	14.2	Healthy		
	1		082817	baboon	M	F	M	X	14	Healthy		
	1		012916	baboon	M	F	M	X	14.8	Healthy		
	1		101816	baboon	M	F	M	X	11.2	Healthy		
	1		100417	baboon	M	F	M	X	11.5	Healthy		
					M	F	M	F				
					M	F	M	F				
					M	F	M	F				
					M	F	M	F				
					M	F	M	F				

9. DELIVERY BY ("X" one)

Buyer's Vehicle Seller's or Donor's Vehicle

DELIVERY BY COMMERCIAL CARRIER

10. VEHICLE LICENSE PLATE NUMBER
PA [REDACTED]

11. BILL OF LADING NUMBER

FRAME

12. NAME AND ADDRESS OF TRANSPORT COMPANY OR FIRM (Include ZIP Code)

Frame's Animal Transport Service, Inc.
1119 Haverford Road Ridley Park, Pennsylvania 19078

13. NAME AND ADDRESS OF VEHICLE DRIVER (Include ZIP Code)

[REDACTED] (SAME AS TRANSPORT COMPANY)

14. ANIMALS DELIVERY WERE ("X" one)

IN APPARENT GOOD CONDITION POOR CONDITION

15. TOTAL NUMBER RECEIVED 7 16. NUMBER DEAD 0 17. NUMBER ALIVE 7

18. BY (Signature)

[REDACTED]

19. TITLE

Clinical Veterinarian, DVM

20. DATE

12/1/22