



Marion County Board of County Commissioners

Animal Services

5701 SE 66th St. Ocala, FL 34480 Phone: 352-671-8700 Animal Control: 352-671-8727 Fax: 352-671-8717

RECEIVED

JAN 29 2024

Marion County Growth Service

Kennel License Application

Please submit the completed application to the Zoning Department, located at 2710 E. Silver Springs Blvd, Ocala, FL 34470, for review to determine if a Special Use Permit is needed. After Zoning has reviewed, please submit to Marion County Animal Services along with the nonrefundable application fee, inspection fee and proof of rabies vaccines and County Licenses on all animals.

Date 10/30/2023 Application for: [X] Initial Kennel License [] Renewal (License # _____)

Kennel Type (check all that apply): (please see definitions per Chapter 4 of Marion County Ordinance):

[X] Large / Personal [] Business [] Breeder [] Pet Dealer [] Rescue

If you are a Rescue, are you 501c3? Yes [] No [] (if yes, you must submit a copy of your 501c3 determination letter)

Parcel Number(s) 12839-001-00 Zoning A1

Name Judith Romani Phone number (352) 895-8577 DOB 08/14/1942

Email judyromani234@gmail.com Driver License Number R550-42542-794-0

Address 3781 NW 100th St. City Ocala State FL Zip 34475

Mailing Address (if different): _____ City _____ State _____ Zip _____

Business/Rescue Name _____ Phone number _____

Business Address _____ City _____ State _____ Zip _____

Number of Animals (Dogs/Cats) 25 dogs [Proof of current rabies vaccinations and County Licenses must be submitted with application]

Do you, or your establishment, offer or provide services for remuneration, including but not limited to, boarding, care, grooming, breeding, stud services, sale of offspring of adult dogs or cats etc.? [] Yes [X] No

Do you have, or does your establishment provide services, where 4 or more dogs or cats, over 4 months of age, are groomed, bred, raised, boarded, or trained for compensation or income? [] Yes [X] No

DEPARTMENT USE ONLY:

ZONING: Received by: _____ Date: _____ Reviewed by: _____

Special Use Permit required: [] Yes [] No Special Use Permit obtained: [] Yes [] No Permit number: _____

ANIMAL SERVICES:

Received by: _____ Date: _____ Application Fee: _____ Inspection Fee: _____ Inspected by: _____

Inspection Date: _____ Total Number of Animals: _____ Dogs: _____ Cats: _____ Current RV/CT: [] Yes [] No

Initial Approval: [] Yes [] No License Type: [] Personal [] Business Kennel License # _____

Re-inspection Fee: _____ Re-Inspection Date: _____ Inspected by: _____ Approval [] Yes [] No

Empowering Marion for Success

**Marion County
Board of County Commissioners**

Animal Services

5701 SE 66th St.
Ocala, FL 34480
Phone: 352-671-8700
Animal Control: 352-671-8727
Fax: 352-671-8717

FEE RECEIPT

Number: 23-139553
Form: EDITH ROMANI
781 NW 100 ST
OCALA, FL 34475

Receipt Date: Saturday, March 18, 2023

PID: P066025

ROMANI

Check No: 3656

Phone: (352) 895-8577

Animal ID:	Reference No:	Price:	Qty:	Amount:
A312189	L23-002579 <i>Chloe</i>	\$75.00	1	\$75.00
A312190	L23-002575 <i>ELLIE</i>	75.00	1	75.00
A312191	L23-002576 <i>Curlay</i>	75.00	1	75.00
A312192	L23-002577 <i>Pepe</i>	75.00	1	75.00
A312193	L23-002578 <i>Banjo</i>	75.00	1	75.00
A312194	<i>Toby has 3yo Rabbits IC 2</i> L23-002582 <i>Toby</i>	75.00	1	75.00
A312195	L23-002581 <i>ANGEL</i>	75.00	1	75.00
A312196	L23-002580 <i>Betty Boop</i>	75.00	1	75.00

Total Fees Due:	\$600.00
Cash:	300.00
Check:	300.00
Credit Card:	0.00
Total Received:	\$600.00
Change:	\$0.00
Balance Due:	\$0.00

Thank You

ATTACHMENT C



**Marion County
Board of County Commissioners**

Animal Services
5701 SE 66th St.
Ocala, FL 34480
Phone: 352-671-8700
Animal Control: 352-671-8727
Fax: 352-671-8717

FEE RECEIPT

Receipt Number: R23-144584
Person Information: JUDITH ROMANI
3781 NW 100 ST
OCALA, FL 34475

Receipt Date: Wednesday, October 25, 2023
PID: P066025

Received From: JUDITH ROMANI

Check No: Phone: (352) 895-8577

Item:	Animal ID:	Reference No:	Price:	Qty:	Amount:
LICENSE	A323224	L23-007493	\$75.00	1	\$75.00
LICENSE	A323226	L23-007492	75.00	1	75.00
LICENSE	A322349	L23-007533	75.00	1	75.00
Total Fees Due:					\$225.00
Cash:					225.00
Check:					0.00
Credit Card:					0.00
Total Received:					\$225.00
Change:					\$0.00
Balance Due:					\$0.00

Thank You

Animal Information

- A322349 - YETTA - FEMALE, MIX BREED, CREAM DOG
- A323224 - RAMBO - MALE, LHASA APSO/POODLE MIN, TRICOLOR DOG
- A323226 - RILEY - MALE, MALTESE/POODLE MIN, APRICOT AND WHITE DOG

License Information

Tag Number:	Expires:	Animal ID:	Vacc Date:	Term:	Vacc Expires:	Type:	Amount:
L23-007492	06/19/24	A323226	06/19/23	12	06/19/24	LIC	\$75.00
L23-007493	03/09/24	A323224	03/09/23	12	03/09/24	LIC	\$75.00
L23-007533	06/19/24	A322349	06/19/23	12	06/19/24	LIC	\$75.00
Total License Fees:							\$225.00

Shelter Hours

Tuesday - Saturday 10:00 AM - 5:00 PM
Shelters CLOSED Sundays, Monday and Holidays
Transaction Date: 10/25/23

Clerk: SASHA SHELTER

Print Date: 10/25/23

Empowering Marion for Success

www.marioncountyfl.org



**Marion County
Board of County Commissioners**

Animal Services

5701 SE 66th St.
Ocala, FL 34480
Phone: 352-671-8700
Animal Control: 352-671-8727
Fax: 352-671-8717

FEE RECEIPT

Receipt Number: **R23-144482**
Person Information: JUDITH ROMANI
3781 NW 100 ST
OCALA, FL 34475

Receipt Date: **Wednesday, October 18, 2023**
PID: P066025

Received From: JUDITH ROMANI

Check No: 3699

Phone: (352) 895-8577

Item:	Animal ID:	Reference No:	Price:	Qty:	Amount:
LICENSE	A322351	L23-007416	\$75.00	1	\$75.00
LICENSE	A322348	L23-007417	75.00	1	75.00
LICENSE	A322336	L23-007418	75.00	1	75.00
LICENSE	A322345	L23-007419	75.00	1	75.00
LICENSE	A322343	L23-007420	75.00	1	75.00
LICENSE	A322342	K23-007421	75.00	1	75.00
LICENSE	A322346	L23-007422	75.00	1	75.00
LICENSE	A322341	L23-007423	75.00	1	75.00
LICENSE	A322339	L23-007424	75.00	1	75.00
LICENSE	A322338	L23-007462	75.00	1	75.00
LICENSE	A322378	L23-007463	75.00	1	75.00
LICENSE	A322328	L23-007464	75.00	1	75.00
LICENSE	A322344	L23-007465	75.00	1	75.00
LICENSE	A322337	L23-007466	75.00	1	75.00

Total Fees Due:	\$1050.00
Cash:	450.00
Check:	600.00
Credit Card:	0.00
Total Received:	\$1050.00
Change:	\$0.00
Balance Due:	\$0.00

Thank You

Shelter Hours

Tuesday - Saturday 10:00 AM - 5:00 PM
Shelters CLOSED Sundays, Monday and Holidays
Transaction Date: 10/18/23

Clerk: ELISA SHELTER

Print Date: 10/18/23

Empowering Marion for Success

www.marioncountyfl.org

Animal Information

- A322328 - MAX - MALE, GERM SHEPHERD, BROWN AND BLACK DOG
- A322336 - TEDDY - MALE, MALTESE/MIX, CREAM DOG
- A322337 - CLANCY - MALE, COCKER SPAN/POODLE MIN, BLACK DOG
- A322338 - OREO - FEMALE, AUST SHEPHERD, WHITE AND BLACK DOG
- A322339 - BENJI - MALE, AUST SHEPHERD/MIX, BLUE MERLE AND WHITE DOG
- A322341 - PEPPER - MALE, MIX BREED, GRAY AND BROWN DOG
- A322342 - KONA - FEMALE, AUST SHEPHERD, TRICOLOR DOG
- A322343 - BELLE - FEMALE, AUST SHEPHERD, RED AND WHITE DOG
- A322344 - HONEY - FEMALE, GREAT PYRENEES, WHITE DOG
- A322345 - LOLA - FEMALE, GREAT PYRENEES, WHITE DOG
- A322346 - LIBBY - FEMALE, GERM SHEPHERD, BLACK AND BROWN DOG
- A322348 - POLLY - FEMALE, MIX BREED, CREAM DOG
- A322351 - DOLLY - FEMALE, MIX BREED, CREAM DOG
- A322378 - COSMO - MALE, GERM SHEPHERD, BLACK AND TAN DOG

License Information

Tag Number:	Expires:	Animal ID:	Vacc Date:	Term:	Vacc Expires:	Type:	Amount:
K23-007421	10/18/24	A322342	04/13/23	36	04/13/26	LIC	
L23-007416	10/18/24	A322351	04/13/23	36	04/13/26	LIC	\$75.00
L23-007417	10/18/24	A322348	04/13/23	36	04/13/26	LIC	\$75.00
L23-007418	10/18/24	A322336	10/13/23	36	10/13/26	LIC	\$75.00
L23-007419	10/18/24	A322345	10/13/23	36	10/13/26	LIC	\$75.00
L23-007420	10/18/24	A322343	04/13/23	36	04/13/26	LIC	\$75.00
L23-007422	03/25/24	A322346	03/25/23	12	03/25/24	LIC	\$75.00
L23-007423	03/25/24	A322341	03/25/23	12	03/25/24	LIC	\$75.00
L23-007424	03/25/24	A322339	03/25/23	12	03/25/24	LIC	\$75.00
L23-007462	03/25/24	A322338	03/25/23	12	03/25/24	LIC	\$75.00
L23-007463	10/18/24	A322378	04/13/23	36	04/13/26	LIC	\$75.00
L23-007464	10/18/24	A322328	04/13/23	36	04/13/26	LIC	\$75.00
L23-007465	11/03/23	A322344	10/13/23	36	10/13/26	LIC	\$75.00
L23-007466	03/25/24	A322337	03/25/23	12	03/25/24	LIC	\$75.00
Total License Fees:							\$1,050.00

Shelter Hours

Tuesday - Saturday 10:00 AM - 5:00 PM
 Shelters CLOSED Sundays, Monday and Holidays
 Transaction Date: 10/18/23

Clerk: ELISA SHELTER

Print Date: 10/18/23

Empowering Marion for Success

www.marioncountyfl.org

RABIES VACCINATION CERTIFICATE NASPHV Form #50

Rabies Tag Number

Owner's Name & Address

PRINT - Last

Romani

Print - use ball point pen or type

First Judy

M.I.

Telephone

No.

3871

Street

NW 100th St

City

Ocala

State

Zip

FL 32746

Species:

Dog

Cat

Sex:

Male

Female

Age:

3 mo. to 12 mo.

12 mo. or older

Size:

Under 20 lbs.

20-50 lbs.

Over 50 lbs.

Predominant Breed:

Maltipoo

Colors:

Champagne

White

Name

Polly

Producer:

210 E

(First 3 letters)

1 yr. Lic./Vacc.

3 yr. Lic./Vacc.

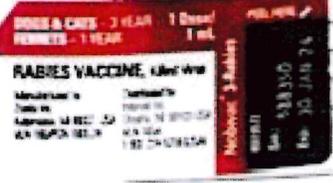
Other

Vacc. Serial (lot) No.

588350

For Licensing Agency Use

License No. Year



DATE VACCINATED:

4 / 13 / 23
Month Day Year

VACCINATION EXPIRES:

4 / 13 / 26
Month Day Year

Veterinarian's #

1051

License No.

Jack M. Harkin
Signature

2606 NW 67th Terr
Gainesville, FL 32606

Vaccination Certificate

Mark Wilson, DVM (VL-004)
 Florida International Teaching Zoo
 2000 SW 23rd
 Fort Lauderdale, FL 33441
 www.fortlauderdalezoo.com
 fortlauderdalezoo.com/fortlauderdale
 fortlauderdalezoo.com/fortlauderdale
 (352) 463-7782

To the best of my knowledge as a responsible pet owner, my pet is healthy with no diagnosed ailments, is vaccinated and has the proper care of a responsible pet owner. I understand that Florida International Teaching Zoo and Mark Wilson, DVM, are not the only Florida International Teaching Zoo and Mark Wilson, DVM, responsible for the health of my pet. I understand that a vaccine reaction is possible although rare. Should my pet become ill due to a vaccine, I will not hold Florida International Teaching Zoo and Mark Wilson, DVM, responsible. Acknowledging these facts, I hereby give my permission to Florida International Teaching Zoo, Mark Wilson, DVM, and staff to administer the vaccine listed below. Your pet has been examined to determine the appropriateness of immunization selected. This is not a full and complete physical examination.

Examine Date: _____

Owner's Signature: Judith Poman

Owner's Name: POMANI

First: Judith

PRESS HARD!!!!!!

Address: 3781 NW 100th St

City: Doral

State: FL

Zip: 33176

Phone: 352 888 5577 (cell only)

Vaccination packages: \$30 rabies + distemper/parvo or \$50 rabies + distemper/parvo + kennel cough/bordetella

Pet Information (circle top 2 lines, fill in blanks) Vaccinations Price

Dog	Cat	Male	Female	On Medication	Rabies type: Rabvac 1 SQ, BI	\$12.00
Spayed/Neutered		Not Pregnant		In Heat	Expiration date: <u>12/1/23</u>	
Name: <u>Luther</u>	Breed: <u>German Shepherd</u>			Lot number: <u>1001-1002</u>	DHP&Parvo	\$18.00
Weight: _____	Age: _____	Color: <u>Black & Tan</u>			Cat 3 in 1	\$18.00
Physical Exam: HR _____	Temp _____	APP _____			Bordetella/kennel cough	\$20.00
Skin _____	Eyes _____	Ears _____	Mouth _____			

Dog	Cat	Male	Female	On Medication	Rabies type: Rabvac 1 SQ, BI	\$12.00
Spayed/Neutered		Not Pregnant		In Heat	Expiration date: _____	
Name: _____	Breed: _____			Lot number: _____	DHP&Parvo	\$18.00
Weight: _____	Age: _____	Color: _____			Cat 3 in 1	\$18.00
Physical Exam: HR _____	Temp _____	APP _____			Bordetella/kennel cough	\$20.00
Skin _____	Eyes _____	Ears _____	Mouth _____			

Dog	Cat	Male	Female	On Medication	Rabies type: Rabvac 1 SQ, BI	\$12.00
Spayed/Neutered		Not Pregnant		In Heat	Expiration date: _____	
Name: _____	Breed: _____			Lot number: _____	DHP&Parvo	\$18.00
Weight: _____	Age: _____	Color: _____			Cat 3 in 1	\$18.00
Physical Exam: HR _____	Temp _____	APP _____			Bordetella/kennel cough	\$20.00
Skin _____	Eyes _____	Ears _____	Mouth _____			

Dog	Cat	Male	Female	On Medication	Rabies type: Rabvac 1 SQ, BI	\$12.00
Spayed/Neutered		Not Pregnant		In Heat	Expiration date: _____	
Name: _____	Breed: _____			Lot number: _____	DHP&Parvo	\$18.00
Weight: _____	Age: _____	Color: _____			Cat 3 in 1	\$18.00
Physical Exam: HR _____	Temp _____	APP _____			Bordetella/kennel cough	\$20.00
Skin _____	Eyes _____	Ears _____	Mouth _____			

Veterinarian's Signature: _____

Florida International Teaching Zoo (352-463-7782) receives 100% of your donation today. The zoo animals and staff thank you.

Total: 60

Mark Wilson, DVM (VL-004)
 Fort Lauderdale, FL 33441

Checks Payable to: ZOO SCHOOL

Recommended financial products written by Safeguard or Nemex 2

Marion County Pet Tag Information
 Marion County Animal Center
 5701 SE 66th St Ocala, FL 34480 (352) 611-8700

UF Ocala Vet Emergency PETS (352) 512-0188

For information call:

Nature Conservancy (352) 307-1333

Official Vaccination Certificate

Mark Wilson, DVM (VL-004)
 Florida International Teaching Zoo
 PO Box 2115
 Belleview, FL 34421
 www.floridazooanimalcenter.com
 facebook.com/floridazooanimalcenter
 facebook.com/PetVaccinations
 (352)667-7788

To the best of my knowledge as a responsible pet owner, my pet is healthy with no diagnosed allergies to vaccines and has no recent symptoms of abnormal coughing, sneezing, vomiting, diarrhea, or runny nose. I understand that Florida International Teaching Zoo and Mark Wilson, DVM, use only the best vaccines available to the Veterinary profession. However, I understand that a vaccine reaction is possible although rare. Should my pet become ill due to a reaction, I will not hold Florida International Teaching Zoo and Mark Wilson, DVM, responsible. Acknowledging these facts, I hereby give my permission to Florida International Teaching Zoo, Mark Wilson, DVM, and staff to administer the vaccines listed below. Your pet has been examined to determine the appropriateness of immunization selected. This is not a full and complete physical examination.

Booster Due _____

Owner's Signature Judith Roman

Owner's Name ROMANI

Judith

PRESS HARD!!!!!!!

Address 3781 NW 100th ST

City _____

City DAWA State FL Zip 33417

Phone 352 595 3571 (Email) (opt) _____

Vaccination packages: \$30 rabies + distemper/parvo or \$50 rabies+ distemper/parvo +kennel cough/bordatella

Pet Information (circle top 2 lines, fill in blanks)

Vaccinations Price

Dog Cat Male Female On Medication
 Spayed/Neutered Not Pregnant in Heat
 Name LUIS Breed SHARPEI M
 Weight 6 Age 3 Color BRN/WHITE
 Physical Exam: HR Resp APP
 Skin Eyes Ears Mouth

Rabies type: Rabvac 1 SQ, BI \$12.00
 Expiration date 3/18/14
 Lot number 595587
 DHP&Parvo \$18.00
 Cat 3 in 1 \$18.00
 Bordatella/kennel cough \$20.00

Dog Cat Male Female On Medication
 Spayed/Neutered Not Pregnant in Heat
 Name LOU Breed MALTI DOG M
 Weight 9 Age 3 Color W/BLK
 Physical Exam: HR Resp APP
 Skin Eyes Ears Mouth

Rabies type: Rabvac 1 SQ, BI \$12.00
 Expiration date 3/18/14
 Lot number 595587
 DHP&Parvo \$18.00
 Cat 3 in 1 \$18.00
 Bordatella/kennel cough \$20.00

Dog Cat Male Female On Medication
 Spayed/Neutered Not Pregnant in Heat
 Name LUIS Breed SHARPEI F
 Weight 7 Age 2 Color BRN/FRN
 Physical Exam: HR Resp APP
 Skin Eyes Ears Mouth

Rabies type: Rabvac 1 SQ, BI \$12.00
 Expiration date 3/18/14
 Lot number 595587
 DHP&Parvo \$18.00
 Cat 3 in 1 \$18.00
 Bordatella/kennel cough \$20.00

Dog Cat Male Female On Medication
 Spayed/Neutered Not Pregnant in Heat
 Name LUIS Breed SHARPEI F
 Weight 6 Age 4 Color BRN/WHITE
 Physical Exam: HR Resp APP
 Skin Eyes Ears Mouth

Rabies type: Rabvac 1 SQ, BI \$12.00
 Expiration date 3/18/14
 Lot number 595587
 DHP&Parvo \$18.00
 Cat 3 in 1 \$18.00
 Bordatella/kennel cough \$20.00

Veterinarian's Signature Mark Wilson DVM #1573

Florida International Teaching Zoo (So-10577) receives 100% of your donation today. The zoo animals and staff thank you.

Total 48

Mark Wilson, DVM (VL-004) Feathers, Furs, Scales

Date 3/18/13

Checks Payable to: ZOO SCHOOL

Marion County Pet Tag information
 Marion County Animal Center
 5701 SE 66th ST, Ocala, FL 34480 (352)671-8700

Recommended intestinal parasite wormer
 Safeguard or Nemex 2

For veterinary use only

UF Ocala Vet Emergency PETS: (352) 512-0886

Neuter Computer (352) 307-1351

Mark Wilson DVM #1573

Official Vaccination Certificate

Mark Wilson, DVM (VL-004)
 Florida International Teaching Zoo
 PO Box 2319
 Belleair, FL 34621
 www.fitzoo.com
 facebook.com/fitzooandvet
 facebook.com/fitzvaccinations
 (352) 667-7788

To the best of my knowledge as a responsible pet owner my pet is healthy with no diagnosed ailments or vaccine and has no recent occurrence of abnormal coughing, sneezing, vomiting, diarrhea, or heavy stool. I understand the Florida International Teaching Zoo and Mark Wilson DVM use only the finest vaccines available to the Veterinary profession. However, I understand that a vaccine reaction is possible although rare. Should my pet become ill due to a reaction, I will not hold Florida International Teaching Zoo and Mark Wilson DVM responsible. Acknowledging these facts, I hereby give my permission to Florida International Teaching Zoo, Mark Wilson DVM, and staff to administer the vaccine listed below. Your pet has been examined to determine the appropriateness of immunizations selected. This is not a full and complete physical examination.

Owner's Signature Judith Roman

Born on Date _____

Owner's Name Roman First

PRESS HARD!!!!!!!

Address 3781 NW 100th
 City Dania State FL Zip 33124 Phone 352 985-8577 Email opt1

Vaccination packages: **\$30 rabies + distemper/parvo** or **\$50 rabies + distemper/parvo + kennel cough/bordetella**

Pet Information (circle top 2 lines, fill in blanks)

Dog Cat Male Female On Medication
 Sprayed/Neutered Not Pregnant In Heat
 Name Max Breed Labrador
 Weight 30 Age 4 Color Black
 Physical Exam: HR Resp APP
 Skin Eyes Ears Mouth

Rabies type: Rabvac 1 SQ, BL \$12.00
 Expiration date 3/18/24
 Lot number 595587
 DHP&Parvo \$18.00
 Cat 3 in 1 \$18.00
 Bordetella/kennel cough \$20.00

Dog Cat Male Female On Medication
 Sprayed/Neutered Not Pregnant In Heat
 Name Max Breed Labrador
 Weight 30 Age 4 Color Black
 Physical Exam: HR Resp APP
 Skin Eyes Ears Mouth

Rabies type: Rabvac 1 SQ, BL \$12.00
 Expiration date 3/18/24
 Lot number 595587
 DHP&Parvo \$18.00
 Cat 3 in 1 \$18.00
 Bordetella/kennel cough \$20.00

Dog Cat Male Female On Medication
 Sprayed/Neutered Not Pregnant In Heat
 Name Max Breed Labrador
 Weight 30 Age 4 Color Black
 Physical Exam: HR Resp APP
 Skin Eyes Ears Mouth

Rabies type: Rabvac 1 SQ, BL \$12.00
 Expiration date 3/18/24
 Lot number 595587
 DHP&Parvo \$18.00
 Cat 3 in 1 \$18.00
 Bordetella/kennel cough \$20.00

Dog Cat Male Female On Medication
 Sprayed/Neutered Not Pregnant In Heat
 Name Max Breed Labrador
 Weight 30 Age 4 Color Black
 Physical Exam: HR Resp APP
 Skin Eyes Ears Mouth

Rabies type: Rabvac 1 SQ, BL \$12.00
 Expiration date 3/18/24
 Lot number 595587
 DHP&Parvo \$18.00
 Cat 3 in 1 \$18.00
 Bordetella/kennel cough \$20.00

Veterinarian's Signature Mark Wilson DVM #1573

Florida International Teaching Zoo (56-10577) receives 100% of your donation today. The zoo animals and staff thank you.

Total 48 -

Mark Wilson, DVM (VL-004) Fathens, Fun, Scams
 Date 3/18/23

Checks Payable to: ZOO SCHOOL

Marion County Pet Tag Information
 Marion County Animal Center
 5701 SE 66th ST Ocala, FL 34480 (352) 671-8700

Recommended intestinal parasite wormer
 Safeguard or Nemex 2

UF Ocala Vet Emergency PETTS: (352) 512-6886

Mark Wilson DVM #1573

PM119

RABIES VACCINATION CERTIFICATE
NASPHV Form #50
Print - use ball point pen or type

Owner's Name & Address: Roman, Judy
No: 3871 NW 100th St, Ocala, FL
Telephone: 352 495-4597
State: FL

Species: Dog Cat
Sex: Male Female
Age: 3 mo. to 12 mo. 12 mo. or older
Size: Under 20 lbs. 20-50 lbs. Over 50 lbs.
Predominant Breed: German Shepherd
Colors: black/tan

Name: Cosmo

Producer: ZOE
Vacc. Serial (lot) No: 588350

For Licensing Agency Use
License No. Year
DATE VACCINATED: 4 13 23
VACCINATION EXPIRES: 4 13 26
Veterinarian's # 1051
Signature: Jack W. Jackson
2606 NW 67th Terr, Gainesville, FL 32606

RABIES VACCINATION CERTIFICATE
NASPHV Form #50
Print - use ball point pen or type

Owner's Name & Address: Roman, Judy
No: 3871 NW 100th St, Ocala, FL
Telephone: 352 495-4597
State: FL

Species: Dog Cat
Sex: Male Female
Age: 3 mo. to 12 mo. 12 mo. or older
Size: Under 20 lbs. 20-50 lbs. Over 50 lbs.
Predominant Breed: German Shepherd
Colors: black/tan

Name: Mae

Producer: ZOE
Vacc. Serial (lot) No: 588350

For Licensing Agency Use
License No. Year
DATE VACCINATED: 4 13 23
VACCINATION EXPIRES: 4 13 26
Veterinarian's # 1051
Signature: Jack W. Jackson
2606 NW 67th Terr, Gainesville, FL 32606

RABIES VACCINATION CERTIFICATE
NASPHV Form #50
Print - use ball point pen or type

Owner's Name & Address: Roman, Judy
No: 3871 NW 100th St, Ocala, FL
Telephone: 352 495-4597
State: FL

Species: Dog Cat
Sex: Male Female
Age: 3 mo. to 12 mo. 12 mo. or older
Size: Under 20 lbs. 20-50 lbs. Over 50 lbs.
Predominant Breed: Australian Shepherd
Colors: red/white

Name: Belle

Producer: ZOE
Vacc. Serial (lot) No: 588350

For Licensing Agency Use
License No. Year
DATE VACCINATED: 4 13 23
VACCINATION EXPIRES: 4 13 26
Veterinarian's # 1051
Signature: Jack W. Jackson
2606 NW 67th Terr, Gainesville, FL 32606

RABIES VACCINATION CERTIFICATE
NASPHV Form #50

Owner's Name & Address
PRINT - Last, First
No. 3871 NW 100th St, Ocala, FL 32746
M.I. Telephone 352-895-8577

Species: Dog Cat Sex: Male Female Age: 3 mo. to 12 mo. 12 mo. or older Size: Under 20 lbs. 20-50 lbs. Over 50 lbs. Predominant Breed: Maltipoo Colors: Champagne white

Name: Polly

Producer: ZOE (First 3 letters) Lic./Vacc. 1 yr. 3 yr. Other Vacc. Serial (lot) No. 588350

For Licensing Agency Use
License No. DATE VACCINATED: 4/13/23
VACCINATION EXPIRES: 4/13/26
Month Day Year Month Day Year

Veterinarian's # 1051
Signature: Jack M. Haskin
2606 NW 67th Terr, Gainesville, FL 32606

RABIES VACCINATION CERTIFICATE
NASPHV Form #50

Owner's Name & Address
PRINT - Last, First
No. 3871 NW 100th St, Ocala, FL 32746
M.I. Telephone 352-895-8577

Species: Dog Cat Sex: Male Female Age: 3 mo. to 12 mo. 12 mo. or older Size: Under 20 lbs. 20-50 lbs. Over 50 lbs. Predominant Breed: Maltipoo Colors: black tricolor

Name: Kona

Producer: ZOE (First 3 letters) Lic./Vacc. 1 yr. 3 yr. Other Vacc. Serial (lot) No. 588350

For Licensing Agency Use
License No. DATE VACCINATED: 4/13/23
VACCINATION EXPIRES: 4/13/26
Month Day Year Month Day Year

Veterinarian's # 1051
Signature: Jack M. Haskin
2606 NW 67th Terr, Gainesville, FL 32606

RABIES VACCINATION CERTIFICATE
NASPHV Form #50

Owner's Name & Address
PRINT - Last, First
No. 3871 NW 100th St, Ocala, FL 32746
M.I. Telephone 352-895-8577

Species: Dog Cat Sex: Male Female Age: 3 mo. to 12 mo. 12 mo. or older Size: Under 20 lbs. 20-50 lbs. Over 50 lbs. Predominant Breed: German Shepherd Colors: black/tan

Name: Cosmo

Producer: ZOE (First 3 letters) Lic./Vacc. 1 yr. 3 yr. Other Vacc. Serial (lot) No. 588350

For Licensing Agency Use
License No. DATE VACCINATED: 4/13/23
VACCINATION EXPIRES: 4/13/26
Month Day Year Month Day Year

Veterinarian's # 1051
Signature: Jack M. Haskin
2606 NW 67th Terr, Gainesville, FL 32606

RABIES VACCINATION CERTIFICATE
NASPHV Form #50

Owner's Name & Address
PRINT - Last, First
No. 3871 NW 100th St, Ocala, FL 32746
M.I. Telephone 352-895-8577

Species: Dog Cat Sex: Male Female Age: 3 mo. to 12 mo. 12 mo. or older Size: Under 20 lbs. 20-50 lbs. Over 50 lbs. Predominant Breed: Maltipoo Colors: Champagne white

Name: Toby

Producer: ZOE (First 3 letters) Lic./Vacc. 1 yr. 3 yr. Other Vacc. Serial (lot) No. 588350

For Licensing Agency Use
License No. DATE VACCINATED: 4/13/23
VACCINATION EXPIRES: 4/13/26
Month Day Year Month Day Year

Veterinarian's # 1051
Signature: Jack M. Haskin
2606 NW 67th Terr, Gainesville, FL 32606

RABIES VACCINATION CERTIFICATE
NASPHV Form #50

Owner's Name & Address
PRINT - Last, First
No. 3871 NW 100th St, Ocala, FL 32746
M.I. Telephone 352-895-8577

Species: Dog Cat Sex: Male Female Age: 3 mo. to 12 mo. 12 mo. or older Size: Under 20 lbs. 20-50 lbs. Over 50 lbs. Predominant Breed: German Shepherd Colors: black/tan

Name: Max

Producer: ZOE (First 3 letters) Lic./Vacc. 1 yr. 3 yr. Other Vacc. Serial (lot) No. 588350

For Licensing Agency Use
License No. DATE VACCINATED: 4/13/23
VACCINATION EXPIRES: 4/13/26
Month Day Year Month Day Year

Veterinarian's # 1051
Signature: Jack M. Haskin
2606 NW 67th Terr, Gainesville, FL 32606

RABIES VACCINATION CERTIFICATE
NASPHV Form #50

Owner's Name & Address
PRINT - Last, First
No. 3871 NW 100th St, Ocala, FL 32746
M.I. Telephone 352-895-8577

Species: Dog Cat Sex: Male Female Age: 3 mo. to 12 mo. 12 mo. or older Size: Under 20 lbs. 20-50 lbs. Over 50 lbs. Predominant Breed: Maltipoo Colors: Champagne white

Name: Dolly

Producer: ZOE (First 3 letters) Lic./Vacc. 1 yr. 3 yr. Other Vacc. Serial (lot) No. 588350

For Licensing Agency Use
License No. DATE VACCINATED: 4/13/23
VACCINATION EXPIRES: 4/13/26
Month Day Year Month Day Year

Veterinarian's # 1051
Signature: Jack M. Haskin
2606 NW 67th Terr, Gainesville, FL 32606

RABIES VACCINATION CERTIFICATE

NASPHV Form #50

Rabies Tag Number

Owner's Name & Address

Print - use ball point pen or type

PRINT - Last

Roman

First

Judy

M.I.

Telephone

352 895-8577

No.

3871

Street

NW 100th St

City

Ocala

State

FL

Zip

34476

Species:

Dog

Cat

Sex:

Male

Female

Age:

3 mo. to 12 mo.

12 mo. or older

Size:

Under 20 lbs.

20-50 lbs.

Over 50 lbs.

Predominant Breed:

Australian Shepherd

Colors:

red/white

Name

Belle

Producer:

Z O E

(First 3 letters)

1 yr. Lic./Vacc.

3 yr. Lic./Vacc.

Other

Vacc. Serial (lot) No.

588350

For Licensing Agency Use

License No.

Year

DATE VACCINATED:

4 13 23

Month Day Year

Veterinarian's #

1051

License No.

Jack M. Gaskin

Signature

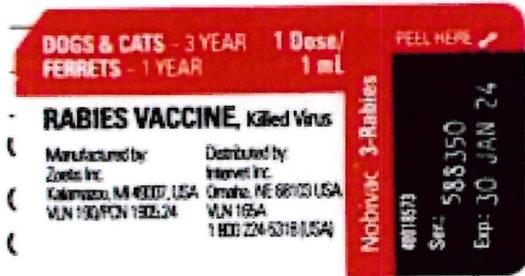
2606 NW 67th Terr
Gainesville, FL 32606

ADDRESS

VACCINATION EXPIRES:

4 13 24

Month Day Year



Official Vaccination Certificate

Mark Wilson, DVM (VL-004)
 Florida International Teaching Zoo
 PO Box 2319
 Belleview, FL 34421
 www.floridazoooschool.com
 facebook.com/thezoooschool
 facebook.com/PetVaccinations
 (352)867-7788

To the best of my knowledge as a responsible pet owner my pet is healthy with no diagnosed allergies to vaccine and has no recent occurrence of abnormal coughing, sneezing, vomiting, diarrhea, or runny nose. I understand that Florida International Teaching Zoo and Mark Wilson DVM use only the finest vaccines available to the Veterinary profession. However, I understand that a vaccine reaction is possible although rare. Should my pet become ill due to a reaction, I will not hold Florida International Teaching Zoo and Mark Wilson DVM responsible. Acknowledging these facts, I hereby give my permission to Florida International Teaching Zoo, Mark Wilson DVM, and staff to administer the vaccine listed below. Your pet has been examined to determine the appropriateness of immunization selected. This is not a full and complete physical examination.

Booster Due _____

Owner's Signature Judith Rosanni

Owner's Name ROMANI Judith

PRESS HARD!!!!!!!

Address 3781 NW 100th St

City OCALA State FL Zip 34415 Phone 352-867-8577 Email (opt) _____

Vaccination packages: **\$30 rabies + distemper/parvo** or **\$50 rabies+ distemper/parvo +kennel cough/bordatella**

Pet Information (circle top 2 lines, fill in blanks)

Vaccinations Price

Dog	Cat	Male	Female	On Medication	Rabies type: Rabvac 1 SQ, BI	Price
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expiration date <u>6/23/21</u>	\$12.00
Spayed/neutered			Not Pregnant	in Heat	Lot number <u>264076A</u>	
Name <u>PIPER</u>			Breed <u>Toy Poodle</u>		DHP&Parvo	\$18.00
Weight <u>11.5</u>			Age <u>6</u>	Color <u>TRI MERLE</u>	Cat 3 in 1	\$18.00
Physical Exam: HR Resp APP					Bordatella/kennel cough	\$20.00
Skin Eyes Ears Mouth						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rabies type: Rabvac 1 SQ, BI	\$12.00
Spayed/neutered			Not Pregnant	in Heat	Expiration date <u>6/23/21</u>	
Name <u>ROANI</u>			Breed <u>Passio X</u>		Lot number <u>264076A</u>	
Weight <u>12.5</u>			Age <u>4</u>	Color <u>BLACK</u>	DHP&Parvo	\$18.00
Physical Exam: HR Resp APP					Cat 3 in 1	\$18.00
Skin Eyes Ears Mouth					Bordatella/kennel cough	\$20.00
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rabies type: Rabvac 1 SQ, BI	\$12.00
Spayed/neutered			Not Pregnant	in Heat	Expiration date <u>6/23/21</u>	
Name <u>GRACY</u>			Breed <u>Passio X</u>		Lot number <u>264076A</u>	
Weight <u>12.5</u>			Age <u>4</u>	Color <u>BLACK</u>	DHP&Parvo	\$18.00
Physical Exam: HR Resp APP					Cat 3 in 1	\$18.00
Skin Eyes Ears Mouth					Bordatella/kennel cough	\$20.00
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rabies type: Rabvac 1 SQ, BI	\$12.00
Spayed/neutered			Not Pregnant	in Heat	Expiration date <u>6/23/21</u>	
Name <u>DRUD</u>			Breed <u>Aussie</u>		Lot number <u>264076A</u>	
Weight <u>5</u>			Age <u>5</u>	Color <u>BLACK TRI</u>	DHP&Parvo	\$18.00
Physical Exam: HR Resp APP					Cat 3 in 1	\$18.00
Skin Eyes Ears Mouth					Bordatella/kennel cough	\$20.00

Veterinarian's Signature

Mark Wilson DVM #1573

Florida International Teaching Zoo (Se-10577) receives 100% of your donation today. The zoo animals and staff thank you.

Total 60

Mark Wilson, DVM (VL-004) Feathers, Furs, Scales Date 03/25/23

Checks Payable to : ZOO SCHOOL

Marion County Pet Tag information
 Marion County Animal Center
 5701 SE 66th ST. Ocala, FL 34480 (352)671-8700

Recommended intestinal parasite wormers
 Safeguard or Nemex 2

Mark Wilson DVM #1573

Official Vaccination Certificate

Mark Wilson, DVM (VL-004)
 Florida International Teaching Zoo
 PO Box 2319
 Belleview, FL 34421
 www.floridazoooschool.com
 facebook.com/thezoooschool
 facebook.com/PetVaccinations
 (352)867-7788

To the best of my knowledge as a responsible pet owner my pet is healthy with no diagnosed allergies to vaccine and has no recent occurrence of abnormal coughing, sneezing, vomiting, diarrhea, or runny nose. I understand that Florida International Teaching Zoo and Mark Wilson DVM use only the finest vaccines available to the Veterinary profession. However, I understand that a vaccine reaction is possible although rare. Should my pet become ill due to a reaction, I will not hold Florida International Teaching Zoo and Mark Wilson DVM responsible. Acknowledging these facts, I hereby give my permission to Florida International Teaching Zoo, Mark Wilson DVM, and staff to administer the vaccine listed below. Your pet has been examined to determine the appropriateness of immunization selected. This is not a full and complete physical examination.

Booster Due _____

Owner's Signature Judith Roman

Owner's Name ROMANI

Judith

PRESS HARD!!!!!!

Address 3781 NW 100th St

City DADE State FL Zip 33175 Phone 352 895 8577 Email (opt) _____

Vaccination packages: **\$30 rabies + distemper/parvo** or **\$50 rabies+ distemper/parvo +kennel cough/bordatella**

Pet Information (circle top 2 lines, fill in blanks)	Vaccinations	Price
Dog <input checked="" type="checkbox"/> Cat <input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> On Medication _____ Spayed/neutered _____ Not Pregnant _____ in Heat _____ Name <u>Luther</u> Breed <u>German Shepherd</u> Weight <u>115</u> Age _____ Color <u>BLACK & TAN</u> Physical Exam: HR _____ Resp _____ APP _____ Skin _____ Eyes _____ Ears _____ Mouth _____	Rabies type: Rabvac 1 SQ. BI..... Expiration date <u>1/15/27</u> Lot number <u>00128312</u> DHP&Parvo..... Cat 3 in 1 Bordatella/kennel cough.....	\$12.00 \$18.00 \$18.00 \$20.00
Dog <input type="checkbox"/> Cat <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> On Medication _____ Spayed/neutered _____ Not Pregnant _____ in Heat _____ Name _____ Breed _____ Weight _____ Age _____ Color _____ Physical Exam: HR _____ Resp _____ APP _____ Skin _____ Eyes _____ Ears _____ Mouth _____	Rabies type: Rabvac 1 SQ. BI..... Expiration date Lot number..... DHP&Parvo..... Cat 3 in 1 Bordatella/kennel cough.....	\$12.00 \$18.00 \$18.00 \$20.00
Dog <input type="checkbox"/> Cat <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> On Medication _____ Spayed/neutered _____ Not Pregnant _____ in Heat _____ Name _____ Breed _____ Weight _____ Age _____ Color _____ Physical Exam: HR _____ Resp _____ APP _____ Skin _____ Eyes _____ Ears _____ Mouth _____	Rabies type: Rabvac 1 SQ. BI..... Expiration date Lot number..... DHP&Parvo..... Cat 3 in 1 Bordatella/kennel cough.....	\$12.00 \$18.00 \$18.00 \$20.00
Dog <input type="checkbox"/> Cat <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> On Medication _____ Spayed/neutered _____ Not Pregnant _____ in Heat _____ Name _____ Breed _____ Weight _____ Age _____ Color _____ Physical Exam: HR _____ Resp _____ APP _____ Skin _____ Eyes _____ Ears _____ Mouth _____	Rabies type: Rabvac 1 SQ. BI..... Expiration date Lot number..... DHP&Parvo..... Cat 3 in 1 Bordatella/kennel cough.....	\$12.00 \$18.00 \$18.00 \$20.00

Veterinarian's Signature
Mark Wilson DVM #4573

Florida International Teaching Zoo (So-10577)
 receives 100% of your donation today. The zoo
 animals and staff thank you.

03/05/23
 Date

Total 60

Mark Wilson, DVM (VL-004) @weathers, Furs, Scales

Checks Payable to : ZOO SCHOOL

Marion County Pet Tag information
 Marion County Animal Center
 5701 SE 66th ST. Ocala, FL 34480 (352)671-8700

Recommended intestinal parasite wormers
 Safeguard or Nemex 2

Mark Wilson DVM #11

Official Vaccination Certificate

Mark Wilson, DVM (VL-004)
 Florida International Teaching Zoo
 PO Box 2319
 Belleview, FL 34421
 www.floridazooschool.com
 facebook.com/thezooschool
 facebook.com/PetVaccinations
 (352)867-7788

To the best of my knowledge as a responsible pet owner my pet is healthy with no diagnosed allergies to vaccine and has no recent occurrence of abnormal coughing, sneezing, vomiting, diarrhea, or runny nose. I understand that Florida International Teaching Zoo and Mark Wilson DVM use only the finest vaccines available to the Veterinary profession. However, I understand that a vaccine reaction is possible although rare. Should my pet become ill due to a reaction, I will not hold Florida International Teaching Zoo and Mark Wilson DVM responsible. Acknowledging these facts, I hereby give my permission to Florida International Teaching Zoo, Mark Wilson DVM, and staff to administer the vaccine listed below. Your pet has been examined to determine the appropriateness of immunization selected. This is not a full and complete physical examination.

Booster Due _____

Owner's Signature Judith Roman

Owner's Name ROMANI Judith **PRESS HARD!!!!!!**

Address 3731 NW 100th Last First

City DADE State FL Zip 33475 Phone (352) 895-5877 Email (opt) _____

Vaccination packages: \$30 rabies + distemper/parvo or \$50 rabies+ distemper/parvo +kennel cough/bordatella

Pet Information (circle top 2 lines, fill in blanks) Vaccinations Price

	Dog	Cat	Male	Female	On Medication		Rabies type: Rabvac 1 SQ. BL.	Price	
A	Spayed/neutered Not Pregnant in Heat					Expiration date	3/18/24	\$12.00	
	Name <u>ROSE</u> Breed <u>POINTE D'INDIE</u>					Lot number	595587		
	Weight	Age	Color					DHP&Parvo	\$18.00
	Physical Exam: HR Resp APP					Cat 3 in 1			\$18.00
	Skin Eyes Ears Mouth					Bordatella/kennel cough			\$20.00
X	Spayed/neutered Not Pregnant in Heat					Expiration date	3/18/24	\$12.00	
	Name <u>LUKE</u> Breed <u>MIXED</u>					Lot number	595587		
	Weight	Age	Color					DHP&Parvo	\$18.00
	Physical Exam: HR Resp APP					Cat 3 in 1			\$18.00
	Skin Eyes Ears Mouth					Bordatella/kennel cough			\$20.00
X	Spayed/neutered Not Pregnant in Heat					Expiration date	3/18/24	\$12.00	
	Name <u>LUKE</u> Breed <u>MIXED</u>					Lot number	595587		
	Weight	Age	Color					DHP&Parvo	\$18.00
	Physical Exam: HR Resp APP					Cat 3 in 1			\$18.00
	Skin Eyes Ears Mouth					Bordatella/kennel cough			\$20.00
A	Spayed/neutered Not Pregnant in Heat					Expiration date	3/18/24	\$12.00	
	Name <u>ROSE</u> Breed <u>POINTE D'INDIE</u>					Lot number	595587		
	Weight	Age	Color					DHP&Parvo	\$18.00
	Physical Exam: HR Resp APP					Cat 3 in 1			\$18.00
	Skin Eyes Ears Mouth					Bordatella/kennel cough			\$20.00

Veterinarian's Signature Mark Wilson DVM #1573

Florida International Teaching Zoo (Se-10577) receives 100% of your donation today. The zoo animals and staff thank you.

Mark Wilson, DVM (VL-004) Feathers, Furs, Scales Date 3/18/23

Total 48-

Checks Payable to : ZOO SCHOOL

Marion County Pet Tag information
 Marion County Animal Center
 5701 SE 66th ST. Ocala, FL 34480 (352)671-8700

Recommended intestinal parasite wormers
 Safeguard or Nemex 2

UF Ocala Vet Emergency PETS: (352) 512-0886 For veterinary use only Neuter Commuter (352) 307-1351

Mark Wilson DVM #1573

Official Vaccination Certificate

Mark Wilson, DVM (VL-004)
 Florida International Teaching Zoo
 PO Box 2319
 Belleview, FL 34421
 www.floridazoooschool.com
 facebook.com/thezoooschool
 facebook.com/PetVaccinations
 (352)867-7788

To the best of my knowledge as a responsible pet owner my pet is healthy with no diagnosed allergies to vaccine and has no recent occurrence of abnormal coughing, sneezing, vomiting, diarrhea, or runny nose. I understand that Florida International Teaching Zoo and Mark Wilson D.V.M. use only the finest vaccines available to the Veterinary profession. However, I understand that a vaccine reaction is possible although rare. Should my pet become ill due to a reaction, I will not hold Florida International Teaching Zoo and Mark Wilson DVM responsible. Acknowledging these facts, I hereby give my permission to Florida International Teaching Zoo, Mark Wilson DVM, and staff to administer the vaccine listed below. Your pet has been examined to determine the appropriateness of immunization selected. This is not a full and complete physical examination.

Booster Due _____

Owner's Signature Judith Roman

Owner's Name ROMANI

Judith

PRESS HARD!!!!!!

Address 3381 NW 100th ST

First

City OCALA

State FL

Zip 34475

Phone 352 867 2577

Email(opt) _____

- Vaccination packages: **\$30 rabies + distemper/parvo** or **\$50 rabies+ distemper/parvo +kennel cough/bordatella**

Pet Information (circle top 2 lines, fill in blanks)

Vaccinations

Price

<p><input checked="" type="checkbox"/> Dog <input checked="" type="checkbox"/> Cat <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> On Medication</p> <p>Spayed/neutered <input type="checkbox"/> Not Pregnant <input type="checkbox"/> in Heat</p> <p>Name <u>MARCO</u> Breed <u>MIXED</u> M</p> <p>Weight <u>6</u> Age <u>3</u> Color <u>BLK/WHITE</u></p> <p>Physical Exam: HR Resp APP</p> <p>Skin Eyes Ears Mouth</p>	<p>Rabies type: Rabvac 1 SQ, BI.....\$12.00</p> <p>Expiration date <u>3/18/24</u></p> <p>Lot number <u>S95587</u></p>
	<p>DHP&Parvo.....\$18.00</p> <p>Cat 3 in 1.....\$18.00</p> <p>Bordatella/kennel cough.....\$20.00</p>
<p><input checked="" type="checkbox"/> Dog <input checked="" type="checkbox"/> Cat <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> On Medication</p> <p>Spayed/neutered <input type="checkbox"/> Not Pregnant <input type="checkbox"/> in Heat</p> <p>Name <u>JOBY</u> Breed <u>MIXED DO</u> M</p> <p>Weight <u>4</u> Age <u>3</u> Color <u>WHITE</u></p> <p>Physical Exam: HR Resp APP</p> <p>Skin Eyes Ears Mouth</p>	<p>Rabies type: Rabvac 1 SQ, BI.....\$12.00</p> <p>Expiration date <u>3/18/24</u></p> <p>Lot number <u>S95587</u></p>
	<p>DHP&Parvo.....\$18.00</p> <p>Cat 3 in 1.....\$18.00</p> <p>Bordatella/kennel cough.....\$20.00</p>
<p><input checked="" type="checkbox"/> Dog <input checked="" type="checkbox"/> Cat <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> On Medication</p> <p>Spayed/neutered <input type="checkbox"/> Not Pregnant <input type="checkbox"/> in Heat</p> <p>Name <u>PARCEL</u> Breed <u>MIXED DO</u> F</p> <p>Weight <u>7</u> Age <u>2</u> Color <u>BLK/FRN</u></p> <p>Physical Exam: HR Resp APP</p> <p>Skin Eyes Ears Mouth</p>	<p>Rabies type: Rabvac 1 SQ, BI.....\$12.00</p> <p>Expiration date <u>3/18/24</u></p> <p>Lot number <u>S95587</u></p>
	<p>DHP&Parvo.....\$18.00</p> <p>Cat 3 in 1.....\$18.00</p> <p>Bordatella/kennel cough.....\$20.00</p>
<p><input checked="" type="checkbox"/> Dog <input checked="" type="checkbox"/> Cat <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> On Medication</p> <p>Spayed/neutered <input type="checkbox"/> Not Pregnant <input type="checkbox"/> in Heat</p> <p>Name <u>LOUISA POP</u> Breed <u>LOUISIANA POP</u> F</p> <p>Weight <u>5</u> Age <u>4</u> Color <u>BLK/WHITE</u></p> <p>Physical Exam: HR Resp APP</p> <p>Skin Eyes Ears Mouth</p>	<p>Rabies type: Rabvac 1 SQ, BI.....\$12.00</p> <p>Expiration date <u>3/18/24</u></p> <p>Lot number <u>S95587</u></p>
	<p>DHP&Parvo.....\$18.00</p> <p>Cat 3 in 1.....\$18.00</p> <p>Bordatella/kennel cough.....\$20.00</p>

Veterinarian's Signature Mark Wilson DVM #14573

Florida International Teaching Zoo (So-10577)
 receives 100% of your donation today. The zoo
 animals and staff thank you.

Total 48-

Mark Wilson, DVM (VL-004) Feathers, Furs, Scales

Date 3/18/23

Checks Payable to : ZOO SCHOOL

Marion County Pet Tag information
 Marion County Animal Center
 5701 SE 66th ST. Ocala, FL 34480 (352)671-8700

Recommended intestinal parasite wormers
 Safeguard or Nemex 2

UF Ocala Vet Emergency PETS: (352) 512-0886

For veterinary use only

Neuter Committer (352) 307-1351

Mark Wilson DVM #14573

RABIES VACCINE (used 2007)

Owner's Name & Address
 LAST: Romani FIRST: Judy
 NO. 3781 STREET NW 100th St. CITY: Ocala STATE: FL ZIP: 34475
 TELEPHONE #: 352 895-8577

SPECIES: Dog Cat Ferret Other
 AGE: 3y Months Years SEX: Male Female Neutered
 SIZE: Under 20 lbs. 20 - 50 lbs. Over 50 lbs.
 PREDOMINANT BREED: Gr. Pyrenees PREDOMINANT COLORS/MARKINGS: White
 ANIMAL NAME: Lola

Animal Control License: 1 Yr 3 Yr Other
 DATE VACCINATED: 10 13 23 Month / Day / Year
 Product Name: NobVac-3 Rabies
 Manufacturer: (First 3 letters) ZOE
 1 Yr USDA Licensed Vaccine
 3 Yr USDA Licensed Vaccine
 4 Yr USDA Licensed Vaccine
 Initial dose Booster dose
 Vaccine Serial (lot) Number: 648624

Veterinarian's Name: Jack M. Gaskin
 License Number: 1051
 Veterinarian's Signature: Jack M. Gaskin
 Address: 2606 NW 67th Terr. Gainesville, FL 32606

RABIES VACCINE (used 2007)

Owner's Name & Address
 LAST: Romani FIRST: Judy M.I.:
 NO. 3781 STREET NW 100th St. CITY: Ocala STATE: FL ZIP: 34475
 TELEPHONE #: 352 895-8577

SPECIES: Dog Cat Ferret Other
 AGE: 3y Months Years SEX: Male Female Neutered
 SIZE: Under 20 lbs. 20 - 50 lbs. Over 50 lbs.
 PREDOMINANT BREED: Gr. Pyrenees PREDOMINANT COLORS/MARKINGS: White
 ANIMAL NAME: Honey

Animal Control License: 1 Yr 3 Yr Other
 DATE VACCINATED: 10 13 23 Month / Day / Year
 Product Name: NobVac-3 Rabies
 Manufacturer: (First 3 letters) ZOE
 1 Yr USDA Licensed Vaccine
 3 Yr USDA Licensed Vaccine
 4 Yr USDA Licensed Vaccine
 Initial dose Booster dose
 Vaccine Serial (lot) Number: 648624

Veterinarian's Name: Jack M. Gaskin
 License Number: 1051
 Veterinarian's Signature: Jack M. Gaskin
 Address: 2606 NW 67th Terr. Gainesville, FL 32606

RABIES VACCINE (used 2007)

Owner's Name & Ad.
 LAST: Romani FIRST: Judy
 NO. 3781 STREET NW 100th St. CITY: Ocala STATE: FL ZIP: 34475
 TELEPHONE #: 352 895-8577

SPECIES: Dog Cat Ferret Other
 AGE: 6y Months Years SEX: Male Female Neutered
 SIZE: Under 20 lbs. 20 - 50 lbs. Over 50 lbs.
 PREDOMINANT BREED: Min Poodle PREDOMINANT COLORS/MARKINGS: White
 ANIMAL NAME: Teddy

Animal Control License: 1 Yr 3 Yr Other
 DATE VACCINATED: 10 13 23 Month / Day / Year
 Product Name: NobVac-3 Rabies
 Manufacturer: (First 3 letters) ZOE
 1 Yr USDA Licensed Vaccine
 3 Yr USDA Licensed Vaccine
 4 Yr USDA Licensed Vaccine
 Initial dose Booster dose
 Vaccine Serial (lot) Number: 648624

Veterinarian's Name: Jack M. Gaskin
 License Number: 1051
 Veterinarian's Signature: Jack M. Gaskin
 Address: 2606 NW 67th Terr. Gainesville, FL 32606

V-79 VAC DTD 05-23

CERTIFICATE OF VACCINATION

Date of Vaccination: 06-19-23
Next Vaccination on: 06-18-24

Certificate No. 0
Previous Vaccination:

VETERINARY CLINIC
Animal Clinic
14015 N. U.S. Hwy. 441
Citra, FL 32113
(352) 732-9100

OWNER OF ANIMAL
Judy Romani
3781 NW 100th St
Ocala, FL 34475
(352) 895-8577

This is to certify...
THAT I HAVE VACCINATED THE ANIMAL DESCRIBED BELOW AGAINST RABIES.

Patient information...

PATIENT: Skye 5 Pups
SPECIES: Canine
SEX:
WEIGHT: 0.00 lbs
MICROCHIP:

TAG NO:
BREED:
AGE: 14 weeks
COLOR:

MFG BY: , **SERIAL:** , **EXPIRES:** , **ADMIN:**

Signed: Kelley Cox, DVM
Kelley Cox, DVM License:

Other Vaccinations...

Vaccinated	By	Vaccination	Next due
05-08-23	KC	Bordetella Vacc	05-07-24

ATTACHMENT C



ADAM H. PUTNAM
COMMISSIONER

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

**OFFICIAL CERTIFICATE OF VETERINARY INSPECTION
FOR INTRASTATE SALE OF A DOG OR CAT**

**EXPIRES 30 DAYS
FROM DATE OF
ISSUANCE**

Pursuant to Section 828.29, F.S., Rule 5C-27 and Rule 5C-28, F.A.C.

Section 828.29, Florida Statutes, provides that each dog or cat offered for sale within the state must be accompanied by a current Official Certificate of Veterinary Inspection (OCVI), issued by a veterinarian licensed by the state and accredited by the United States Department of Agriculture.

SELLER					PURCHASER								
Name: Judith Romani					Name: Pre-Purchase			Purchase Date:					
Address: 3781 NW 100th St					Address:								
City: Ocala			State: FL	Zip Code: 34475	City:			State:	Zip Code:				
Email:					Email:								
ANIMAL IDENTIFICATION													
Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat		Age of Birth Date: 03-12-23		Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Breed(s): Maltipoo		Color(s): Apricot/White		Optional Tattoo: Microchip: 99000000231024			
HEALTH RECORD INFORMATION													
IMMUNIZATIONS													
VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN	VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN
Canine Distemper	Boeh	M-Live	45761AG40	09/27/24	05/08/23	06/19/23	Bordetella	Boeh	Live	3310AS15	06/30/25	05/08/23	
Hepatitis	:	:	:	:	:	:	Rabies	Boeh	KV	18571	11/03/24	06/19/23	
Parainfluenza	:	:	:	:	:	:	Panleukopenia						
Leptospirals	not	in	best	interest	of	pet	Feline Viral Rhinotracheitis						
Canine Parvo	Boeh	M-Live	15761AG40	09/27/24	05/08/23	06/19/23	Calicivirus						
DIAGNOSTIC TEST	TEST TYPE	MANUFACTURER	DATE OF NEGATIVE TEST										
Canine Heartworm	Too Young												
Feline Leukemia													
Fecal Test	Float		06/19/23										
Other Test													
ANTHELMINTIC	TYPE	MANUFACTURER	DATE ADMINISTERED										
Broad Spectrum													
Other Anthelmintic	Pyrantel	Apexa	06/19/23										

Questions: State Veterinarian's Office: Division of Animal Industry, 407 S. Calhoun Street, Tallahassee, FL 32399-0800 Phone: 850-410-0900 Web: www.FreshFromFlorida.com/fl
Distribution: Original - Purchaser, One Copy - Seller, One Copy - Examining Veterinarian
Retention: The examining veterinarian must retain one copy of the official certificate of veterinary inspection on file for at least 1 year after the date of examination. The seller must retain one copy of the official certificate of veterinary inspection on record for at least 1 year after the date of sale.
FDACS-09085 Rev. 07/08



ADAM H. PUTNAM
COMMISSIONER

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

OFFICIAL CERTIFICATE OF VETERINARY INSPECTION
FOR INTRASTATE SALE OF A DOG OR CAT

EXPIRES 30 DAYS
FROM DATE OF
ISSUANCE

Pursuant to Section 828.29, F.S., Rule 5C-27 and Rule 5C-28, F.A.C.

Section 828.29, Florida Statutes, provides that each dog or cat offered for sale within the state must be accompanied by a current Official Certificate of Veterinary Inspection (OCVI), issued by a veterinarian licensed by the state and accredited by the United States Department of Agriculture.

SELLER				PURCHASER			
Name: Judith Romani				Name: Pre-Purchase		Purchase Date:	
Address: 3781 NW 100th St				Address:			
City: Ocala		State: FL	Zip Code: 32675	City:		State:	Zip Code:
Email:				Email:			
ANIMAL IDENTIFICATION							Optional
Species: <input checked="" type="checkbox"/> Dog <input type="checkbox"/> Cat	Age or Birth Date: 03-12-23	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Breed(s): Maltipoo	Color(s): Apricot/White			Tattoo: MIS-ROCHP1 4000060212849

HEALTH RECORD INFORMATION													
IMMUNIZATIONS													
VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN	VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN
Canine Distemper	Boeh	M-Live	45781A040	09/27/24	05/08/23	06/19/23	Bordetella	Boeh	Live	33108A915	06/30/25	05/08/23	
Hepatitis	:	:	:	:	:	:	Rabies	Boeh	KV	18571	11/03/24	06/19/23	
Parainfluenza	:	:	:	:	:	:	Parvleukopenia						
Leptospirosis	not	in	best	interest	of	pet	Feline Viral Rhinotracheitis						
Canine Parvo	Boeh	M-Live	15701A040	09/27/24	05/08/23	06/19/23	Calicivirus						
DIAGNOSTIC TEST	TEST TYPE			MANUFACTURER				DATE OF NEGATIVE TEST					
Canine Heartworm	Too Young												
Feline Leukemia								06/19/23					
Fecal Test	Float												
Other Test													
ANTHELMINTIC	TYPE			MANUFACTURER				DATE ADMINISTERED					
Broad Spectrum													
Other Anthelmintic	Pyrantel			Apexa				06/19/23					

OTHER INFORMATION/COMMENTS:
"Bigger"
4.4lb 99.9F

ISSUING VETERINARIAN'S CERTIFICATION: I hereby certify that the described animal was examined by me on the date shown; that the vaccines, anthelmintics, and diagnostic tests indicated herein, were administered by me, or under my direction; said animal is found to be healthy in that to the best of my knowledge it exhibits no sign of contagious or infectious diseases and has no evidence of internal or external parasites, including coccidiosis and ear mites, but excluding fleas and ticks; and to the best of my knowledge the animal has not been exposed to rabies, nor did the animal originate from an area under a quarantine for rabies.

SIGNATURE: Kelley Cox DVM Email: animal.clinic@hotmail.com

Printed Name: Kelley Cox DVM Exam Date: 06/19/23 FL Lic. No.: 12849

Address: 14015 N US Hwy 441 City: Citra State: FL Zip Code: 32113

Hospital/Clinic: Animal Clinic Telephone: 352-732-9100

Questions: State Veterinarian's Office, Division of Animal Industry, 407 S. Calhoun Street, Tallahassee, FL 32399-0800 Phone: 850-410-0900 Web: www.FreshFromFlorida.com/fla

Distribution: Original - Purchaser, One Copy - Seller, One Copy - Examining Veterinarian
Retention: The examining veterinarian must retain one copy of the official certificate of veterinary inspection on file for at least 1 year after the date of examination. The seller must retain one copy of the official certificate of veterinary inspection on record for at least 1 year after the date of sale.
FDACS-09085 Rev. 07/08

ATTACHMENT C

11

Chloe

1 YEAR OF AGE, FEMALE, COCKER SPAN, BLACK DOG

Oliver

1 YEAR OF AGE, FEMALE, AUST SHEPHERD, BLACK AND WHITE DOG

12

1 YEAR OF AGE, MALE, MALTESE/POODLE MIN, APRICOT DOG *Curly*

13

1 YEAR OF AGE, MALE, CHIHUAHUA SH/DACHSHUND, BLACK AND TAN DOG *Pete*

14

1 YEAR OF AGE, FEMALE, LHASA APSO/POODLE MIN, BLACK AND WHITE DOG

15

1 YEAR OF AGE, MALE, MALTESE/POODLE MIN, WHITE DOG

16

1 YEAR OF AGE, FEMALE, POODLE MIN/MIX, BLACK AND TAN DOG

17

1 YEAR OF AGE, FEMALE, LHASA APSO/POODLE MIN, BLACK AND WHITE DOG

18

Animal ID:	Vacc Date:	Term:	Vacc Expires:	Type:	Amount:
A312190	03/18/23	12	03/18/24	LIC	\$75.00
A312191	03/18/23	12	03/18/24	LIC	\$75.00
A312192	03/18/23	12	03/18/24	LIC	\$75.00
A312193	03/18/23	12	03/18/24	LIC	\$75.00
A312189	03/18/23	12	03/18/24	LIC	\$75.00
A312196	03/18/23	12	03/18/24	LIC	\$75.00
A312195	03/18/23	12	03/18/24	LIC	\$75.00
A312194	03/18/23	12	03/18/24	LIC	\$75.00
Total License Fees:					<u>\$600.00</u>

19

20

21

22

23

24

25

Shelter Hours
 Tuesday - Saturday 10:00 AM - 5:00 PM
 Shelters CLOSED Sundays, Monday and Holidays
 Transaction Date: 03/18/23

Print Date: 03/18/23

Empowering Marion for Success

www.marioncountyfl.org

CERTIFICATE OF VACCINATION

Date of Vaccination: 03-09-23
Next Vaccination on: 03-08-24

Certificate No. 0
Previous Vaccination:

VETERINARY CLINIC
Animal Clinic
14015 N. U.S. Hwy. 441
Citra, FL 32113
(352) 732-9100

OWNER OF ANIMAL
Judy Romani
3781 NW 100th St
Ocala, FL 34475
(352) 895-8577

This is to certify...
THAT I HAVE VACCINATED THE ANIMAL DESCRIBED BELOW AGAINST RABIES.

Patient information...

PATIENT: 4 Pups2M2F
SPECIES: Canine
SEX:
WEIGHT: 0.00 lbs
MICROCHIP:

TAG NO:
BREED: Lhasa-Poo
AGE: 17 weeks
COLOR:

MFG BY: , **SERIAL:** , **EXPIRES:** , **ADMIN:**

Signed: Jak M. Jaslein
Animal Clinic License: 0000

Other Vaccinations...

Vaccinated	By	Vaccination	Next due
03-09-23	AC	Bordetella Vacc	03-08-24



ADAM H. PUTNAM
COMMISSIONER

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

OFFICIAL CERTIFICATE OF VETERINARY INSPECTION
FOR INTRASTATE SALE OF A DOG OR CAT

EXPIRES 30 DAYS
FROM DATE OF
ISSUANCE

Pursuant to Section 828.29, F.S., Rule 5C-27 and Rule 5C-28, F.A.C.

Section 828.29, Florida Statutes, provides that each dog or cat offered for sale within the state must be accompanied by a current Official Certificate of Veterinary Inspection (OCVI), issued by a veterinarian licensed by the state and accredited by the United States Department of Agriculture.

SELLER				PURCHASER			
Name: Judith Romani				Name: Pre-Purchase			
Address: 3781 NW 100th St				Address:			
City: Ocala				City:			
State: FL Zip Code: 32476				State: Zip Code:			
Email:				Email:			
ANIMAL IDENTIFICATION							
Species: <input checked="" type="checkbox"/> Dog <input type="checkbox"/> Cat	Age of Birth Date: 11/05/22	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Breed(s): Lhasa-Poo	Color(s): Black Tri	Optional Tattoo: Microchip: 98200001800700		

HEALTH RECORD INFORMATION

IMMUNIZATIONS													
VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN	VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN
Canine Distemper	Boeh	M-Live	457478F67	05/10/24	03/09/23	03/09/23	Bordetella	Boeh	Live	33095B	06/22/25	01/09/23	
Hepatitis	:	:	:	:	:	:	Rabies	Boeh	KV	18563	08/11/24	03/09/23	
Parainfluenza	:	:	:	:	:	:	Panleukopenia						
Leptospirosis	not	in	best	interest	of	pet	Feline Viral Rhinotracheitis						
Canine Parvo	Boeh	M-Live	457478F67	05/10/24	03/09/23	03/09/23	Calicivirus						

DIAGNOSTIC TEST	TEST TYPE	MANUFACTURER	DATE OF NEGATIVE TEST
Canine Heartworm	Too Young		
Feline Leukemia			
Fecal Test	Float		03/09/23
Other Test			
ANTHELMINTIC	TYPE	MANUFACTURER	DATE ADMINISTERED
Broad Spectrum			
Other Anthelmintic	Pyrantel	Apexa	03/09/23

OTHER INFORMATION/COMMENTS: 7.4lbs. 99.1F

ISSUING VETERINARIAN'S CERTIFICATION: I hereby certify that the described animal was examined by me on the date shown; that the vaccines, anthelmintics, and diagnostic tests indicated herein, were administered by me, or under my direction; said animal is found to be healthy in that to the best of my knowledge it exhibits no sign of contagious or infectious diseases and has no evidence of internal or external parasites, including coccidiosis and ear mites, but excluding fleas and ticks; and to the best of my knowledge the animal has not been exposed to rabies, nor did the animal originate from an area under a quarantine for rabies.

SIGNATURE: *Jack M. Gaskin* Email: animal.clinic@hotmail.com
 Printed Name: Jack Gaskin DVM Exam Date: 03/09/23 FL Lic. No.: 1051
 Address: 14015 N US Hwy 441 City: Citra State: FL Zip Code: 32113
 Hospital/Clinic: Animal Clinic Telephone: 352-732-9100

Questions: State Veterinarian's Office, Division of Animal Industry, 407 S. Calhoun Street, Tallahassee, FL 32399-0800 Phone: 850-410-0900 Web: www.FreshFromFlorida.com/fl
 Distribution: Original - Purchaser, One Copy - Seller, One Copy - Examining Veterinarian
 Retention: The examining veterinarian must retain one copy of the official certificate of veterinary inspection on file for at least 1 year after the date of examination. The seller must retain one copy of the official certificate of veterinary inspection on record for at least 1 year after the date of sale.
 FDACS-09085 Rev. 07/08



ADAM H. PUTNAM
COMMISSIONER

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

OFFICIAL CERTIFICATE OF VETERINARY INSPECTION
FOR INTRASTATE SALE OF A DOG OR CAT

EXPIRES 30 DAYS
FROM DATE OF
ISSUANCE

Pursuant to Section 828.29, F.S., Rule 5C-27 and Rule 5C-28, F.A.C.

Section 828.29, Florida Statutes, provides that each dog or cat offered for sale within the state must be accompanied by a current Official Certificate of Veterinary Inspection (OCVI), issued by a veterinarian licensed by the state and accredited by the United States Department of Agriculture.

SELLER				PURCHASER			
Name: Judith Romani				Name: Pre-Purchase		Purchase Date:	
Address: 3781 NW 100th St				Address:			
City: Ocala		State: FL	Zip Code: 32675	City:		State:	Zip Code:
Email:				Email:			
ANIMAL IDENTIFICATION							Optional
Species: <input checked="" type="checkbox"/> Dog <input type="checkbox"/> Cat	Age or Birth Date: 11/05/22		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Breed(s): Lhasa-Poo		Color(s): Black Tri	Tattoo: Microchip: 2022001100728

HEALTH RECORD INFORMATION

IMMUNIZATIONS													
VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN	VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN
Canine Distemper	Boeh	M-Live	45747BF67	05/10/24	03/09/23	03/09/23	Bordetella	Boeh	Live	33095B	06/22/25	01/09/23	
Hepatitis	:	:	:	:	:		Rabies	Boeh	KV	18563	08/11/24	03/09/23	
Parainfluenza	:	:	:	:	:		Parvovirus						
Leptospirosis	not	in	best	interest	of	pet	Feline Viral Rhinotracheitis						
Canine Parvo	Boeh	M-Live	45747BF67	05/10/24	03/09/23	03/09/23	Calicivirus						

DIAGNOSTIC TEST	TEST TYPE	MANUFACTURER	DATE OF NEGATIVE TEST
Canine Heartworm	Too Young		
Feline Leukemia			
Fecal Test	Float		03/09/23
Other Test			
ANTHELMINTIC	TYPE	MANUFACTURER	DATE ADMINISTERED
Broad Spectrum			
Other Anthelmintic	Pyrantel	Apexa	03/09/23

OTHER INFORMATION/COMMENTS: 7.4lbs. 99.1F

ISSUING VETERINARIAN'S CERTIFICATION: I hereby certify that the described animal was examined by me on the date shown; that the vaccines, anthelmintics, and diagnostic tests indicated herein, were administered by me, or under my direction; said animal is found to be healthy in that to the best of my knowledge it exhibits no sign of contagious or infectious diseases and has no evidence of internal or external parasites, including coccidiosis and ear mites, but excluding fleas and ticks; and to the best of my knowledge the animal has not been exposed to rabies, nor did the animal originate from an area under a quarantine for rabies.

SIGNATURE: *Jack M. Gaskin* Email: animal.clinic@hotmail.com
 Printed Name: Jack Gaskin DVM Exam Date: 03/09/23 FL Lic. No.: 1051
 Address: 14015 N US Hwy 441 City: Citra State: FL Zip Code: 32113
 Hospital/Clinic: Animal Clinic Telephone: 352-732-9100

Questions: State Veterinarian's Office, Division of Animal Industry, 407 S. Calhoun Street, Tallahassee, FL 32399-0800 Phone: 850-410-0900 Web: www.FreshFromFlorida.com
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 Retention: The examining veterinarian must retain one copy of the official certificate of veterinary inspection on file for at least 1 year after the date of examination. The seller must retain one copy of the official certificate of veterinary inspection on record for at least 1 year after the date of sale.
 FDACS-09085 Rev. 07/08

Riley, FA.

CERTIFICATE OF VACCINATION

Date of Vaccination: 05-19-23
Next Vaccination on: 05-18-24

Certificate No. 0
Previous Vaccination:

VETERINARY CLINIC
Animal Clinic
14015 N. U.S. Hwy. 441
Citra, FL 32113
(352) 732-9100

OWNER OF ANIMAL
Judy Romani
3781 NW 100th St
Ocala, FL 34475
(352) 895-8577

This is to certify...
THAT I HAVE VACCINATED THE ANIMAL DESCRIBED BELOW AGAINST RABIES.

Patient information...

PATIENT: Dolly's Puppies 4
SPECIES: Canine
SEX:
WEIGHT: 0.00 lbs
MICROCHIP:

TAG NO:
BREED:
AGE: 14 weeks
COLOR:

MFG BY: , SERIAL: , EXPIRES: , ADMIN:

Signed: Kelley Cox, DVM
Kelley Cox, DVM License:

Other Vaccinations...

Vaccinated	By	Vaccination	Next due
05-15-23	KC	Bordetella Vacc	05-14-24



ADAM H. PUTNAM
COMMISSIONER

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

**OFFICIAL CERTIFICATE OF VETERINARY INSPECTION
FOR INTRASTATE SALE OF A DOG OR CAT**

**EXPIRES 30 DAYS
FROM DATE OF
ISSUANCE**

Pursuant to Section 828.29, F.S., Rule 5C-27 and Rule 5C-28, F.A.C.

Section 828.29, Florida Statutes, provides that each dog or cat offered for sale within the state must be accompanied by a current Official Certificate of Veterinary Inspection (OCVI), issued by a veterinarian licensed by the state and accredited by the United States Department of Agriculture.

SELLER						PURCHASER						
Name: Judith Romani						Name: Pre-Purchase			Purchase Date:			
Address: 3781 NW 100th St						Address:						
City: Ocala			State: FL	Zip Code: 34475		City:			State:	Zip Code:		
Email:						Email:						
ANIMAL IDENTIFICATION											Optional	
Species: <input checked="" type="checkbox"/> Dog <input type="checkbox"/> Cat	Age of Birth Date: 03-12-23			Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Breed(s): Maltipoo			Color(s): Apricot/White			Tattoo: Microchip: 9930002212857	

HEALTH RECORD INFORMATION													
IMMUNIZATIONS													
VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN	VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN
Canine Distemper	Boeh	M-Live	45761AG40	09/27/24	05/15/23	06/19/23	Bordetella	Boeh	Live	33108A915	06/30/25	05/15/23	
Hepatitis	:	:	:	:	:	:	Rabies	Boeh	KV	18571	11/03/24	06/19/23	
Parainfluenza	:	:	:	:	:	:	Panleukopenia						
Leptospirosis	not	in	best	interest	of	pet	Feline Viral Rhinotracheitis						
Canine Parvo	Boeh	M-Live	15761AG40	09/27/24	05/08/23	06/19/23	Calicivirus						
DIAGNOSTIC TEST	TEST TYPE		MANUFACTURER				DATE OF NEGATIVE TEST						
Canine Heartworm	Too Young												
Feline Leukemia													
Fecal Test	Float						06/19/23						
Other Test													
ANTHELMINTIC	TYPE		MANUFACTURER				DATE ADMINISTERED						
Broad Spectrum													
Other Anthelmintic	Pyrantel		Apexa				06/19/23						

OTHER INFORMATION/COMMENTS:
"Right Blue Eye"
3.9lb 100.4F

ISSUING VETERINARIAN'S CERTIFICATION: I hereby certify that the described animal was examined by me on the date shown; that the vaccines, anthelmintics, and diagnostic tests indicated herein, were administered by me, or under my direction; said animal is found to be healthy in that to the best of my knowledge it exhibits no sign of contagious or infectious diseases and has no evidence of internal or external parasites, including coccidiosis and ear mites, but excluding fleas and ticks; and to the best of my knowledge the animal has not been exposed to rabies, nor did the animal originate from an area under a quarantine for rabies.

SIGNATURE: Kelley Cox DVM Email: animal.clinic@hotmail.com

Printed Name: Kelley Cox DVM Exam Date: 06/19/23 FL Lic. No.: 12849

Address: 14015 N US Hwy 441 City: Citra State: FL Zip Code: 32113

Hospital/Clinic: Animal Clinic Telephone: 352-732-9100

Questions: State Veterinarian's Office: Division of Animal Industry, 407 S. Calhoun Street, Tallahassee, FL 32399-0800 Phone: 850-410-0900 Web: www.FreshFromFlorida.com/fl
 Distribution: Original - Purchaser, One Copy - Seller, One Copy - Examining Veterinarian
 Retention: The examining veterinarian must retain one copy of the official certificate of veterinary inspection on file for at least 1 year after the date of examination. The seller must retain one copy of the official certificate of veterinary inspection on record for at least 1 year after the date of sale.
 FDACS-09085 Rev. 07/08



ADAM H. PUTNAM
COMMISSIONER

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

OFFICIAL CERTIFICATE OF VETERINARY INSPECTION
FOR INTRASTATE SALE OF A DOG OR CAT

EXPIRES 30 DAYS
FROM DATE OF
ISSUANCE

Pursuant to Section 828.29, F.S., Rule 5C-27 and Rule 5C-28, F.A.C.

Section 828.29, Florida Statutes, provides that each dog or cat offered for sale within the state must be accompanied by a current Official Certificate of Veterinary Inspection (OCVI), issued by a veterinarian licensed by the state and accredited by the United States Department of Agriculture.

SELLER				PURCHASER			
Name: Judith Romani				Name: Pre-Purchase		Purchase Date:	
Address: 3781 NW 100th St				Address:			
City: Ocala		State: FL	Zip Code: 34475	City:		State:	Zip Code:
Email:				Email:			

ANIMAL IDENTIFICATION						Optional	
Species: <input checked="" type="checkbox"/> Dog <input type="checkbox"/> Cat	Age of Birth Date: 03-12-23	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Breed(s): Maltipoo	Color(s): Apricot/White	Tattoo:		Microchip: 9602000210301

HEALTH RECORD INFORMATION

IMMUNIZATIONS													
VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN	VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN
Canine Distemper	Boeh	M-Live	45791AG40	09/27/24	05/15/23	06/19/23	Bordetella	Boeh	Live	33108A915	06/30/25	05/15/23	
Hepatitis	:	:	:	:	:	:	Rabies	Boeh	KV	18571	11/03/24	06/19/23	
Parainfluenza	:	:	:	:	:	:	Panleukopenia						
Leptospirosis	not	in	best	interest	of	pet	Feline Viral Rhinotracheitis						
Canine Parvo	Boeh	M-Live	15761AG40	09/27/24	05/08/23	06/19/23	Calicivirus						

DIAGNOSTIC TEST	TEST TYPE	MANUFACTURER	DATE OF NEGATIVE TEST
Canine Heartworm	Too Young		
Feline Leukemia			
Fecal Test	Float		06/19/23
Other Test			
ANTHELMINTIC	TYPE	MANUFACTURER	DATE ADMINISTERED
Broad Spectrum			
Other Anthelmintic	Pyrantel	Apexa	06/19/23

OTHER INFORMATION/COMMENTS:
"Right Blue Eye"
3.9lb 100.4F

ISSUING VETERINARIAN'S CERTIFICATION: I hereby certify that the described animal was examined by me on the date shown; that the vaccines, anthelmintics, and diagnostic tests indicated herein, were administered by me, or under my direction; said animal is found to be healthy in that to the best of my knowledge it exhibits no sign of contagious or infectious diseases and has no evidence of internal or external parasites, including coccidiosis and ear mites, but excluding fleas and ticks; and to the best of my knowledge the animal has not been exposed to rabies, nor did the animal originate from an area under a quarantine for rabies.

SIGNATURE: Kelley Cox DVM Email: animal.clinic@hotmail.com
 Printed Name: Kelley Cox DVM Exam Date: 06/19/23 FL Lic. No.: 12849
 Address: 14015 N US Hwy 441 city: Citra State: FL Zip Code: 32113
 Hospital/Clinic: Animal Clinic Telephone: 352-732-9100

Questions: State Veterinarian's Office, Division of Animal Industry, 407 S. Calhoun Street, Tallahassee, FL 32399-0800 Phone: 850-410-0900 Web: www.FreshFromFlorida.com/ja
 Distribution: Original - Purchaser, One Copy - Seller, One Copy - Examining Veterinarian
 Retention: The examining veterinarian must retain one copy of the official certificate of veterinary inspection on file for at least 1 year after the date of examination. The seller must retain one copy of the official certificate of veterinary inspection on record for at least 1 year after the date of sale.
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