STATE OF: TEXAS	COUNT OF: BE	XAR	AGE		ENANT NOT TO SU ENTLAW ENFOR		
KNOW ALL THESE PRESENT THAT		•					/
LEA Rep Name		on behalf of	LEA Name				
(hereafter referred to as "RECIPIE	NT") accepts th	e following descri	bed military v	vorking	g dog(s) (hereafter refe	rred to as "M	IWD") to wit
MWD Name: MILKA	Tattoo No.	: X417	Whelp	Date:	02/20/2014	○ Male .	Female
Breed: BELGIAN MALINOIS		Program Elimina	ated from: 34	1 Milita	y Working Dog Training	School	
MWD Name: n/a	Tattoo No.		Whelp	Date:		← Male	○ Female
Breed:		Program Elimina	ated from:				
MWD Name: n/a	Tattoo No.		Whelp	Date:			← Female
Breed:		Program Elimina	ited from:		<u> </u>		
and any and all services be employed by the Go executors of administrators, will never institute or Department of Defense, or any employee or sent or indirectly by the above described dog, however and in further consideration of the trail United States Government, and Department of Dotherwise, which may arise at anytime whatsoev dog(s) by the United States Government or Dep of Defense, or any servants or employees there other party, whatsoever, who may institute any ty LEA RECIPIENT further makes the proposition of the LEA RECIPIENT by the United States Governmaking this agreement, the LEA RECIPIENT acts such knowledge, said owner, as a condition of beacts of the dog(s).	r in any way aid in want thereof, for or er and whenever the nafer of said dog, loefense, and any a ver, and which are continued in a partment of Defense of may have to pay to go of claim against or and the Depiknowledges that the	the institution of any siby reason of any dama by reason of any dama le same may be cause LEA RECIPIENT herek and all servants or emp attributable directly or i le, and to reimburse or if litigation arises on a st the United States Go (s) will not be used for artment of Defense, the e above mentioned do	uit, action at law age, loss, or inju d. by agrees to indi loyees thereof, indirectly to the make good any ccount of any o overnment and E r any illegal pur rough its agents g(s) HAS (have	or make against a against a above do loss or alaims m Departm pose, all or repre	e any claim against the Ur to person or property or be and waive any and all future any and all claims for injury escribed dog(s), or to any damages or cost the Unite ade by LEA RECIPIENT, it ent of Defense, or against in consideration of the tran esentatives' receipt of whice ad Air Force Aggressivense	e action, both at or damages, caraining given the distates Govern is successors, cany servant or on the about its hereby ack ess (Patrol) training the control of the about its hereby ack ess (Patrol) training the other control of the about its hereby ack ess (Patrol) training the other control of the about its hereby ack ess (Patrol) training the other control of	vernment, be caused directly law and equity, the compensation or e above described ment, Department or assigns, or by an employee thereof. we described dog(s nowledged. In ling, and having
acts of the dog(s).							
		XU	SOR	~	Jerry M. Britt Jr.	•	
Signatura of LEA Daniel Million La	——————————————————————————————————————	Signature of Do	D Representa	tive	Signature	Block of DoD) Agent
Signature of LEA Representative, on be Carlos Diaz Deputy Sheriff		4			r)	
		STATE OF: 15X			. COUNTY OF: 5		
Webb County Sheriff's Office Name of LEA Representative and LI	F∆ l⁻				T, a Notary Public,		
902 Victoria St.		•	•		hose name is subscribed to same for the purposes and		
		on this		(0) (0)	Providence Street Street		Randidarendo
Laredo, TX 78040 Address of LEA		11 day of A	UGUST	10	16	JERRY M.	8RITT, JR. State of Texas
956-523-4500		del	ROD	~		My Commis	sion Expires 30, 2019
Phone Number of LEA		NO NO	OTARY/PUBLIC	·	- Manual	COMMISSION	



REPLY TO ATTENTION OF

DEPARTMENT OF THE ARMY

DOD MILITARY WORKING DOG VETERINARY SERVICE LTC DANIEL E. HOLLAND MILITARY WORKING DOG HOSPITAL 1219 KNIGHT STREET, BLDG 7602 JOINT BASE SAN ANTONIO-LACKLAND, TEXAS 78236-5519

MCVS-MWD (40-905)

11 AUG14 (Date)

MEMORANDUM FOR RECORD

SUBJECT: Certificate of Acclimation/Fitness for Travel

- 1. This certificate of acclimation/fitness for travel applies to the below listed animal for shipment by military and commercial airline traffic or for interstate transport by rail or road transport.
- 2. The undersigned hereby certifies that the animal in this shipment appears healthy for transport, and unless otherwise noted, must be maintained at a temperature within the animal's thermo neutral zone, as defined in Title 9, Code of Federal Regulations.

Acclimation/thermo neutral zone for this animal is (circle one): Regulation IAW 9 CFR (45°-85° F) or as listed from $\cancel{-100}$ ° F to $\cancel{500}$ ° F.

3. Military Working Dog Name MWM and Tattoo number 4417

FOR THE DIRECTOR:

(Signature and Signature Block of Certifying Veterinarian)

T Chileton

VETERINARY HEALTH CERTIFICATE									
AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; 10 U.S.C. 5013, Secretar Veterinary Health Services; and E.O. 9397 (SSN).	PRIVACY ry of the Navy; 10 U.S.C. 8013, Secre	ACT STATEMENT stary of the Air Force; DoD Directive 5400.4,	DoD Veterinary Services Program;	AR 40-905, SECNAVIST 6401.1B, AFI 48-131,					
PRINCIPAL PURPOSE(S): The personal information will facilitate and document your animal's general health and rables vaccination status to permit interstate and international movement.									
ROUTINE USE(S): Used by state, Federal, and international health authorities to reque and communicable disease control programs; compile statistical data; conduct research	st and record the ownership, identity, r; teach; and assist in law enforcemen	and vaccination status of the described anim it; to include investigations and litigation.	nal, The Information may also be us	sed to aid in Federal, state, and local preventive health					
DISCLOSURE: Voluntary; however, if the requested information is not furnished, the animal may not be allowed interstate or international movement.									
1. OWNER'S NAME (Last, First, Middle Initial)	2. TELEPHONE NUMBER (Include Area Code)								
3. ADDRESS (Number, Street, City, State, ZIP Code)									
4. ANIMAL									
a. NAME/TATTOO	b, SPECIES	c. SEX	d. AGE	e. WEIGHT					
MILEA 1417	CANINE	Female	nos Le D #						
f. MICROCHIP NUMBER(S)	g, PREDOMINANT BRE	ED	h. COLOR(S)						
900085000239444			. I se ga ri ekkiri e						
= 642 08000544U3	MAL		Tan	The state of the second second					
5. RABIES IMMUNIZATION DATA									
a PRODUCER (First 3 letters) b. LOT NUMBER c. VIRUS TYPE d. DATE VACCINATED c. VACCINATION DURATION KILLED									
NER 18274	in lu	3 YEAR(S)							
This is to certify that the above described animal has been examined by me on the date below and was found to be free of any apparent									
communicable disease. This animal appears healthy for transport, but needs to be maintained at a temperature within its thermal neutral zone.									
It is recommended that the ambient temperature of this animal's environment be maintained within the specifications of USDA Regulation 9									
CFR. 3.18. To the best of my knowledge this animal has not been exposed to rabies and did not originate from a rabies quarantine area.									
6. FACILITY ADDRESS (Street, City, State, ZIP Code)	人名巴尔马克 医甲状腺管切除的 化多次连接 🗅	7. VETERINARIAN		and State of					
DOD MILITARY WORKING DOG V	a. NAME Diene E. Collette, DVM. (1 014	b.LICENSE NUMBER 報告 名於						
1219 KNIGHT STREET, BLDG 760	Marie Carta de en veren la	MV7 Dista Cr. Cousage Writing							
图1. 17、18的形式 2. 1. 16的复数形式 2. 2. 2. 2. 2. 1. 1. 1. 1. 1. 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		all the first the control of the con	100	WW03207 "					
LACKLAND AFB, TX 78236		Official Veterinarian, Au	Legitoria: Hronacia	THE STATE OF THE S					
(210) 671-3991		. D ord million Species	NA 为多数 44 多切自						
	والموجرة أعلوه والرازية فقيل أهاري أالهوارانين	C SIGNATURE		d DATE (YYYYMMDD)					