

Health Certificate No. 09-NM021  
 U.S. Department of Agriculture  
 Animal and Plant Health Inspection Service



**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO**

To be valid, it must be accompanied by VS FORM 10-13 entirely completed

**CERTIFICADO INTERNACIONAL ZOOSANTARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:  
*Nombre y Dirección del Exportador:*

Dennis Chavez  
 24 Dalies Road  
 Los Lunas, NM 87031

2. Name and Address of Importer:  
*Nombre y Dirección del Importador:*

Bertha Ruiz Pacheco  
 Carnicos De Jerez  
 Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age /Edad	Color/Color
4283	Gelding	QH	10	Dun
4284	Gelding	QH	9	Brown
4285	Mare	QH	7	Brown
4286	Gelding	QH	8	Paint
4287	Gelding	QH	9	Sorrel
4288	Gelding	QH	8	Sorrel
4289	Mare	QH	10	White
4290	Gelding	QH	8	Bay
4291	Gelding	QH	8	Bay
4292	Mare	QH	9	Paint
4293	Gelding	QH	8	Palomino
4294	Mare	QH	11	Grey
4295	Mare	QH	9	Black
4296	Gelding	QH	10	Sorrel
4297	Mare	QH	8	Bay
4298	Mare	QH	9	Dun

Health Certificate No. 09-NM02  
[Redacted]



**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
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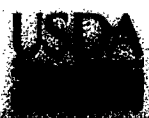
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**  
Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

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Bertha Ruiz Pacheco  
Carnicos De Jerez  
Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age /Edad	Color/Color
4299	Gelding	QH	10	Palomino
4300	Gelding	QH	9	Bay
4301	Gelding	QH	10	Black
4302	Gelding	QH	9	Black
4303	Mare	QH	11	Brown
4304	Mare	QH	19	Brown
4305	Mare	QH	9	Paint
4306	Mare	QH	8	Sorrel
4307	Mare	QH	12	Chestnut
4308	Mare	QH	13	Bay
4309	Mare	QH	9	Bay
4310	Gelding	QH	9	Grey
4311	Gelding	QH	10	Appaloosa
4312	Mare	QH	12	Paint
4313	Gelding	QH	9	Bay
4314	Gelding	QH	8	Black



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**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

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*Nombre y Dirección del Importador:*

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 Carnicos De Jerez  
 Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age /Edad	Color/Color
4315	Mare	QH	9	Roan
4316	Gelding	QH	8	Roan
4317	Gelding	QH	7	Sorrel
4318	Gelding	QH	7	Grey
4319	Gelding	TB	11	Brown
4320	Mare	TB	13	Brown
4321	Mare	QH	10	Sorrel
4322	Gelding	QH	9	Sorrel
4323	Gelding	QH	9	Bay
4324	Mare	QH	7	Bay
4325	Mare	QH	8	White
4326	Mare	TB	10	Grey
4327	Gelding	QH	9	Sorrel
4328	Gelding	QH	8	Black
4329	Gelding	QH	9	Bay
4330	Gelding	QH	9	Grey

Health Certificate No. 09-NM4021



**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO**

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**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

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24 Dalies Road  
Los Lunas, NM 87031

2. Name and Address of Importer:  
*Nombre y Dirección del Importador:*  
Bertha Ruiz Pacheco  
Carnicos De Jerez  
Jerez, Zacatecas, MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age /Edad	Color/Color
4331	Mare	QH	9	Bay
4332	Gelding	QH	10	Paint
4333	Gelding	QH	7	Roan
4334	Mare	QH	9	Bay
4335	Mare	QH	8	Bay
4336	Gelding	QH	11	Sorrel
4337	Gelding	TB	10	Black
4338	Mare	QH	9	Palomino
4339	Mare	TB	10	Bay
4340	Mare	QH	9	Sorrel
4341	Mare	QH	9	Bay
4342	Mare	QH	10	Sorrel
4343	Mare	QH	7	Bay
4344	Mare	TB	10	Brown
4345	Gelding	QH	9	Bay
4346	Mare	QH	12	Sorrel

Health Certificate No. 09-NM107  
Approved for Exportation



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**CERTIFICADO INTERNACIONAL ZOOSANTARIO PARA EXPORTAR CABALLOS PARA  
SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

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2. Name and Address of Importer:  
*Nombre y Dirección del Importador:*  
Bertha Ruiz Pacheco  
Carnicos De Jerez  
Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age /Edad	Color/Color
4347	Mare	TB	13	Brown
4348	Mare	QH	9	Appaloosa
0942	Gelding	QH	8	Bay
0943	Gelding	QH	8	Bay
0944	Gelding	QH	8	Roan

AFFIDAVIT

DECLARACION JURADA

I Dennis Chavez declare that, to my best knowledge horses included in this shipment and accompany by the health certificate Q-1-NM-021 have not been fed to or treated within the last ninety (90) days prior to shipment with the following compounds, plants or drugs.

Por estemedio declaro que a mi saber y entender los cabalios en este embarque, acompanados por el certificado sanitario numero Q-1-NM-021 no han sido alimentados o tranados con ninguno de los siguientes, plantas o medicamentos durante los noventa dias antes del embarque.

- 1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicines, dapsone, dimetridazole, metronidazole, nitrofurans (included furazolidone), ronidazol.

Aristolochia spp y cualquier otra preparacion derivada de esta planta, cloranfencial, cloroformo, clorpromazina, colchicines, dapsona, demetridazole, metronidazol, nitrofurans (incuding furazolidona) y rodinazole.

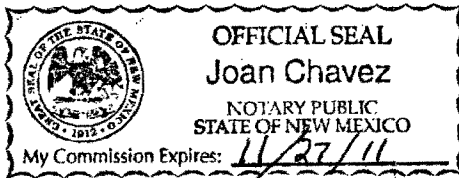
- 2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol and raptopamine.  
Los sigulentes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol y raptopamina.

- 3. The following thyrosthtics substances were not used: thiouracil, methylthiouracil phenylthiouracil and propylthiouracial.  
Que no fueron empleados los siguientes tirostaticos: tiouracilo, metiluracilo, fentituiractio y propititiracilo.

(b)(6)

Date and Signature of the exporter 10/06/09

Date and Signature of the Notary Public 10/06/09



**C.Y. BRASMER DVM**  
**5900 Jones Place NW**  
**Albuquerque, NM 87120**  
**505-610-4711**

I hereby certify to the best of my knowledge that the 197 head of horses;

tagged 4155 thru 4348 and 0942-0944.

inspected today to accompany Health Certificate No. \_\_\_\_\_ are in good health and not of

Kentucky origin.

(b)(6)

C.Y. Brasmer DVM

**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**  
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are 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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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.

FORM  
APPROVED  
OMB NO.  
0579-0160

09-NM021

TIME HORSES LOADED ON CONVEYANCE (b)(6)	DATE 10/06/2009	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE LOS LUNAS NEW MEXICO
VEHICLE LICENSE NO. AND DRIVER'S NAME (b)(6)	NAME OF AUCTION/MARKET SOUTHWEST LIVESTOCK AUCTION	
CONSIGNOR (OWNER/SHIPPER) NAME DENNIS CHAVEZ	CONSIGNEE (RECEIVER/DESTINATION) NAME BERTHA RUIZ PACHECO	
STREET ADDRESS 24 DALIES RD	STREET ADDRESS CARNICAS DE JEREZ	
CITY, STATE, ZIP CODE LOS LUNAS, NM 87031	CITY, STATE, ZIP CODE SANTA TERESA, NM 88008	
AREA CODE & TELEPHONE NO. 505-865-4600	AREA CODE & TELEPHONE NO. 915-252-6614	

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- Pregnant mares are not likely to foal (give birth) during the trip.
  Horses are able to bear weight on all 4 limbs.
  Horses are able to walk unassisted.
- Foals are older than 6 months of age.
  Horses are not blind in both eyes.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
1	USFH 4155						SORREL												CH
2	4156		✓																
3	4157	✓																	
4	4158		✓																
5	4159						DUN												
6	4160						DUN												
7	4161						SORREL												
8	4162		✓																
9	4163					✓													
10	4164	✓																	
11	4165						SORREL												
12	4166						BROWN												
13	4167						SORREL												
14	4168						SORREL												
15	4169						BROWN	✓											

HORSES HA HOURS IMM	(b)(6)	A MINIMUM OF 6 CONSECUTIVE	CANADIAN FOOD INSPECTION AGENCY (CFIA) EST. _____ DATE _____ TIME _____
SIGNATURE	(b)(6)		DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF) EST. _____ DATE _____ TIME _____
I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).		SIGNATURE OF _____ the best of my knowledge	ained in this form is true and correct to



According to the Paperwork Reduction Act of 1995, no persons are 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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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.

FORM APPROVED  
OMB NO.  
0579-0160


09-NM402

**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY  
(CONTINUATION SHEET)**

(Please type or print in ink)

Tag No.	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
16	USPH	4170							SOEDEL	✓					✓				CH	
17		4171							SOEDEL				MULE				✓			
18		4172				✓											✓			
19		4173							APPALDIAW								✓			
20		4174							PALOMINO	✓							✓			
21		4175							BUCKSKIN	✓										
22		4176	✓							✓							✓			
23		4177							SOEDEL	✓							✓			
24		4178							SOEDEL	✓										
25		4179							DUN	✓							✓			
26		4180							SOEDEL	✓							✓			
27		4181				✓				✓										
28		4182					✓			✓										
29		4183				✓				✓										
30		4184	✓							✓							✓			
31		4185		✓						✓							✓			
32		4186		✓						✓										
33		4187							ROAN	✓							✓			
34		4188							SOEDEL	✓										
35		4189	✓							✓							✓			
36		4190							SOEDEL	✓							✓			
37		4191							SOEDEL	✓										
38		4192				✓				✓							✓			
39		4193	✓							✓							✓			
40		4194	✓							✓										
41		4195	✓							✓										
42		4196				✓				✓										
43		4197	✓							✓										
44		4198							Dun	✓										
45		4199				✓				✓							✓			

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SIGNATURE  contained in this form is true and correct to the best of my knowledge.)

**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY  
(CONTINUATION SHEET)**  
*(Please type or print in ink)*

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FORM APPROVED  
OMB NO.  
0579-0160

09 NMOZ

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
		Bay	Grey	Bik.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USFH 4200						SORREL		✓				✓				Ⓢ 4H	
17	4201			✓					✓				✓					
18	4202						SORREL		✓				✓					
19	4203	✓							✓				✓					
20	4204						SORREL		✓								✓	
21	4205						WHITE		✓								✓	
22	4206	✓							✓				✓					
23	4207	✓							✓				✓					
24	4208						SORREL		✓				✓					
25	4209						SORREL		✓								✓	
26	4210						SORREL		✓				MULE				✓	
27	4211						PALOMINO		✓								✓	
28	4212						WHITE		✓								✓	
29	4213		✓						✓								✓	
30	4214						SORREL		✓								✓	
31	4215						BROWN		✓					✓				
32	4216						WHITE		✓					✓				
33	4217						BROWN		✓					✓				
34	4218				✓				✓					✓				
35	4219						WHITE		✓					✓				
36	4220						SORREL		✓								✓	
37	4221	✓							✓								✓	
38	4222						PALOMINO		✓								✓	
39	4223						SORREL		✓								✓	
40	4224		✓						✓					✓				
41	4225						SORREL		✓					✓				
42	4226						SORREL		✓					✓				
43	4227						BROWN		✓					✓				
44	4228				✓				✓					✓				
45	✓ 4229	✓							✓								✓	

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT (b)(6) U.S.C. SECTION 1001).

SIGNATURE

(Signature area)

**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY  
(CONTINUATION SHEET)**  
(Please type or print in Ink)

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OMB NO.  
0579-0160

09-NM021

TAG PREFIX	Tag NO.	COLOR DESCRIPTION								BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include precondition				
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld								
16	USFH	4230								SORREL									✓			ELH	
17		4231								APPALOOSA									✓				
18		4232								ROAN													✓
19		4233		✓															✓				
20		4234								WHITE													✓
21		4235								ROAN													✓
22		4236								BROWN													✓
23		4237								SORREL													✓
24		4238	✓																✓				
25		4239								DULL													✓
26		4240	✓																				✓
27		4241								SORREL													✓
28		4242								BROWN													✓
29		4243				✓													✓				
30		4244								GRULLA													✓
31		4245								SORREL													✓
32		4246								BROWN									✓				
33		4247								DULL									✓				
34		4248								PALOMINO									✓				
35		4249	✓																✓				
36		4250				✓													✓				
37		4251		✓																			✓
38		4252			✓																		✓
39		4253								SORREL													✓
40		4254			✓														✓				
41		4255				✓																	✓
42		4256								ROAN													✓
43		4257								ROAN									✓				
44		4258			✓														✓				
45		4259	✓																✓				

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SIGNATURE

(b)(6)

contained in this form is true and correct to the best of my knowledge.)

**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY  
(CONTINUATION SHEET)**

(Please type or print in ink)

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FORM APPROVED  
OMB NO.  
0579-0160

09-NW102

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition		
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld					
USFH	4260					✓				✓								✓	ELH	
	4261	✓								✓						✓				
	4262							BRULLA		✓						✓				
	4263					✓				✓										
	4264		✓							✓										
	4265	✓								✓										
	4266							WHITE		✓					✓					
	4267		✓							✓					✓					
	4268	✓								✓										
	4269	✓								✓										
	4270	✓								✓										
	4271	✓								✓										
	4272							WHITE		✓					✓					
	4273							SORREL		✓										
	4274							ROAN		✓										
	4275	✓							✓											
	4276		✓							✓					✓					
	4277	✓								✓					✓					
	4278	✓								✓										
	4279	✓								✓					✓					
	4280							SORREL		✓										
	4281					✓			✓											
	4282	✓								✓										
	4283							DULL BROWN		✓										
	4284							BROWN		✓										
	4285							BROWN		✓					✓					
	4286					✓				✓										
	4287							SORREL		✓										
	4288							SORREL		✓										
	4289							WHITE		✓					✓					

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SIGNATURE OF OWNER/SHIPPER

The information furnished in this form is true and correct to the best of my knowledge.)

**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY  
(CONTINUATION SHEET)**

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are 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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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.

FORM APPROVED  
OMB NO.  
0579-0160

09-NM1021

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition		
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld					
16	USFH	4290	✓															✓	⊕ LH		
17		4291	✓																✓		
18		4292					✓										✓				
19		4293								PALOMINO									✓		
20		4294		✓														✓			
21		4295					✓											✓			
22		4296								SORREL									✓		
23		4297	✓															✓			
24		4298								DUN								✓			
25		4299								PALOMINO									✓		
26		4300	✓															✓			
27		4301					✓											✓			
28		4302					✓											✓			
29		4303								BROWN								✓			
30		4304								BROWN								✓			
31		4305					✓											✓			
32		4306								SORREL								✓			
33		4307						✓										✓			
34		4308	✓															✓			
35		4309	✓															✓			
36		4310		✓														✓			
37		4311								APPALOOSA									✓		
38		4312					✓											✓			
39		4313	✓															✓			
40		4314					✓											✓			
41		4315								ROAN								✓			
42		4316								ROAN									✓		
43		4317								SORREL								✓			
44		4318		✓														✓			
45	↓	4319								BROWN	✓							✓		↓	

I HEREBY AUTHORITY OF THIS FORM IMPRISONMENT SIGNATURE OF

(b)(6)

INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION IS A FEDERAL CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT (18 USC 1001).

(The information on this form is true and correct to the best of my knowledge.)

**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY  
(CONTINUATION SHEET)**

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are 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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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.

FORM  
APPROVED  
OMB NO.  
0579-0160

09-NM021

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USFH	4320							BROWN	✓					✓			CLH	
17		4321							SORREL	✓					✓				
18		4322							SORREL								✓		
19		4323	✓							✓							✓		
20		4324	✓							✓									
21		4325							WHITE	✓							✓		
22		4326		✓						✓							✓		
23		4327							SORREL	✓								✓	
24		4328				✓				✓								✓	
25		4329	✓							✓								✓	
26		4330		✓						✓								✓	
27		4331	✓							✓							✓		
28		4332				✓				✓								✓	
29		4333							ROAN	✓								✓	
30		4334	✓							✓							✓		
31		4335	✓							✓							✓		
32		4336							SORREL	✓								✓	
33		4337				✓				✓								✓	
34		4338							PALMWOOD	✓							✓		
35		4339	✓							✓							✓		
36		4340							SORREL	✓							✓		
37		4341	✓							✓							✓		
38		4342							SORREL	✓							✓		
39		0942	✓							✓								✓	
40		0943	✓							✓								✓	
41		0944							ROAN	✓								✓	
42		4343	✓							✓							✓		
43		4344							BROWN	✓							✓		
44		4345	✓							✓								✓	
45	✓	4346							SORREL	✓							✓		↓

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

(b)(6)

SIGNATURE OF OWNER/SHIPPER

is true and correct to the best of my knowledge.)



UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICES  
STATEMENT OF SERVICES

Originating Office Phone  
505-589-6150

Control Number: 350300027

Office Id: 973503

Bertha Ruiz Pacheco  
Elisa Griensen #7741  
Col. Independencia #2  
Juarez CH 32679

Service Date(s)  
Begin: 09-OCT-09  
End: 09-OCT-09

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due \$ 51.00


Remarks: VS FORM 17-140 CERT#09-NM023  
DENNIS CHAVEZ, 24 DALIES RD. LOS LUNAS, NM 87031

Payment Information

Nfc Id 9999999999V
-----------------------

Date	Amount	Payment Type	Account/Check #
09-OCT-09	\$ 51.00	Money Order	09-161101202

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATER MARK - HOLD AT AN ANGLE TO VIEW

<b>WESTERN UNION MONEY ORDER</b>	<b>INTEGRATED PAYMENT SYSTEMS, INC. - ISSUER</b> <small>Englewood, Colorado</small>
 <small>(ISSUER'S AGENT)</small>	09-161101202 <small>82-40/1021</small>
#350300027	AGENT 605307 DATE 100609 TIME 1332 05 091611012024 LOCATION 001238-4 1 1/2 ****
** PAY EXACTLY FIFTY-ONE DOLLARS AND NO CENTS *****	
PAY EXACTLY PAY TO THE ORDER OF <u>U.S.D.A.</u>	PAYMENT FOR/ACCT. # (b)(6)
(b)(6)	(b)(6)
<small>PURCHASER BY SIGNING YOU AGREE TO THE TERMS ON THE REVERSE SIDE</small>	
<small>Western Union Money Order and Design is a service mark of Western Union Holdings, Inc. Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado</small>	

be issued by the USDA, APHIS  
your payment to: USDA/APHIS,

r a US postal Money Order, the  
ared. If you have any

⑆ 102100400⑆ 4009161012024⑈





Health Certificate No. 91-111023  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)



**CERTIFICATION STATEMENTS / CERTIFICACIONES**

1. Horses originate from the United States.  
*Los animales son originarios de Estados Unidos.*

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.  
*A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*  
Inspection date / *Fecha de inspección* OCTOBER 7, 2009

(Choose one answer and delete the other/*Escoja una respuesta y suprima la otra*)  
3. The animals [are free of ectoparasites.] [were treated against ectoparasites.] (Please indicate the date of treatment and the product used.) FREE OF ECTOPARASITES  
*[Que se encuentran libres de ectoparásitos.] [Que recibieron un tratamiento.] (Indicando la fecha y el producto utilizado)*

4. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.  
*Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.*

5. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.  
*Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.*

C. Y. BRASMER  
Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
Acreditado*

(b)(6)  
Howe  
Name of Endorsing Federal Veterinarian  
*Nombre del Médico Veterinario  
Federal que endosa.*

(b)(6)  
10/07/09  
Signature of Accredited Veterinarian and Date  
*Firma del Médico Veterinario Acreditado  
y Fecha*

(b)(6)  
8/09  
and Date  
*Firma del Médico Veterinario que endosa  
y Fecha*

Mexico, Slaughter horse HC  
April 2, 2009

