



FAX Transmission Sheet

USDA, APHIS, VS

Port Office
9901 S. Cage Blvd.
Pharr, TX 78577
Tel. 956/283-2180
Fax 956/782-7998

8-14-06

Date: _____

To: ~~_____~~ ~~_____~~ ~~_____~~

From: Greg Elizondo, AHT, AEI

Subject: MX-Export Protocols, + health certs

You should receive 8 page(s) including this cover sheet. If you do not receive all the pages, please call 956/283-2180

Remarks: Here are the protocols for Slaughter +
 Non-Slaughter horses being exported
 into MX. This is just for informational
 purposes. A broker should know the process
 better. If you have any more questions
 contact us.

January 2005

**IMPORT HEALTH REQUIREMENTS OF MEXICO FOR SLAUGHTER
HORSES FROM THE UNITED STATES
REQUISITOS ZOOSANITARIOS DE MEXICO PARA CABALLOS DE SACRIFICIO
EXPORTADOS DE LOS ESTADOS UNIDOS**

To be valid it must be accompanied by a VS FORM 10-13, entirely completed.
Para tener validez debe estar acompañada de la VS FORM 10-13, completamente llenada.

The animals must be accompanied by a U.S. Origin Health Certificate issued by a veterinarian authorized by the U.S. Department of Agriculture (USDA) and endorsed by a Veterinary Services veterinarian. The certificate must contain the name and address of the consignor and the consignee, and the individual identification of the animals to be exported. Additional information shall include:

Los animales deben estar acompañados de un Certificado de salud expedido por un Médico Veterinario acreditado por el Departamento de Agricultura de los Estados Unidos y endosado por un veterinario de Servicios Veterinarios (USDA). El certificado debe contener el nombre y la dirección del cosignador, del cosignatario y la identificación individual de los animales señalando raza, sexo, edad y número de tatuaje y/o arete. La información adicional debe incluir.

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. The horse(s) in the shipment were examined and found to be clinically healthy at the time of exportation.
Los equinos fueron examinados y estaban clínicamente sanos en la fecha de la exportación.
2. The horses will be transported in cleaned and disinfected vehicles, and do not come into contact with any other animals during travel.
Los vehículos utilizados para el transporte de los animales a la frontera, deberán ser sometidos a limpieza y desinfección antes del embarque y no están en contacto con otros animales durante el traslado.
3. The VS FORM 10-13 (Owner/shipper certificate of fitness to travel to a slaughter facility) must accompany the horses.
Los caballos viajan acompañados del formato VS FORM 10-13 (Certificado de aptitud para ser transportados a un rastro).

OTHER INFORMATION

1. Before endorsing the Health Certificate, the AVIC Office will review form VS FORM 10-13 and verify that all requested information is complete across the entire document.
2. The importer will present the VS FORM 10-13 to officials of the Mexican OISA, who will review it and send it, later, by pre-paid Federal Express air bills, to the Animal and Plant

Mexico/Slaughter Equine
January 5, 2005.

Health Inspection Service (APHIS) offices in Riverdale, MD.

3. Upon arrival, the horses will be inspected by a veterinarian of the Animal and Plant Health Inspection Office (OISA) in installations authorized by the Secretaría de Agricultura, Ganadería, Desarrollo Rural, Pesca y Alimentación (SAGARPA). After inspection, the trucks will be sealed before travel to their plant of destination.
4. The importer must present to OISA officials the original copy of the contract signed with the slaughter plant where the sacrifice will take place or the contract signed with the unit of animal health regulation that will receive the horses and send them only for slaughter. In both cases, the contract must be witnessed by SAGARPA personnel in the State of destination of the horses and by the veterinarian responsible for inspection at the slaughter plant in the first case, and for the responsible veterinarian in the second case.
5. The importer must declare the transportation route of the shipment until its final destination, indicating the zoosanitary inspection points where the shipment will be submitted to inspection.
6. The OISA will notify the SAGARPA delegation in the State of the shipment's final destination the following information: name of the importer, import certificate number, seals list, number of horses imported and shipped, name of the transportation company, number of the transportation jail plates, date and time of the import, and estimated date and time of arrival to the final destination.
7. The only people authorized to break the seals are the slaughterhouse veterinarians or veterinarians of the unit of animal health regulation of destination.
8. The shipment and documentation must comply with the dispositions of article 24 of the Federal Law of Animal Health.
9. Slaughter horses may enter Mexico only through the Eagle Pass, TX; Brownsville, TX.; Laredo, TX.; Del Río, TX; Presidio, TX; Santa Teresa, New Mexico; Nogales, AZ; and San Luis, AZ border-port crossings.

Health Certificate No.
(Valid Only if the USDA Veterinary
Seal Appears Over the Certificate #)

CERTIFICATION STATEMENTS
CERTIFICACIONES

Appendix

1. The horse(s) were vaccinated at least 15 days but within 12 months prior to shipment against equine eastern and western equine encephalitis with _____ (name of product) on _____ (date).
Los equinos fueron vacunados al menos 15 días pero dentro de los 12 meses antes de la fecha de exportación contra encefalomielitits equina del este y del oeste _____ (nombre del producto) el _____ (fecha).

2. The horse(s) were not vaccinated with either a live, attenuated, or inactivated vaccine within 14 days prior to exportation.
Los equinos no fueron vacunados con vacunas a virus vivo, atenuadas o inactivadas durante los 14 días anteriores a la exportación.

3. The horse(s) were examined and found to be clinically healthy and free of any evidence of infectious diseases and of ectoparasites. The United States is free of *Boophilus spp.*
Los equinos fueron examinados y se encontraron clinicamente sanos, y libres de enfermedades propias de la especie y de ectoparásitos. Los Estados Unidos están libres de garrapata Boophilus spp.

“[Select the appropriate statement/Esgoju la certificación indicada]

4. Horses were tested for equine infectious anemia using [the ELISA] [the agar-gel immunodiffusion test] with negative results on a sample taken on _____ (date) and tested at the _____ laboratory.
A los equinos se les practicó la prueba diagnóstica [de Coggins] [de ELISA] para anemia infecciosa equina obteniéndose resultados negativos realizada en muestra/s obtenida/s el _____ y probada/s en el laboratorio

5. The animals are transported in cleaned and disinfected vehicles and do not come in contact with other animals not part of the shipment.
Los vehículos utilizados para el transporte de los animales a la frontera, son sometidos a limpieza y desinfección antes del embarque y no están en contacto con otros animales durante el traslado.

Name of Issuing USDA Accredited Veterinarian

Name of Endorsing Federal Veterinarian

Signature and Date

Signature and Date (Seal)

Health Certificate No. _____
(Valid Only if the USDA Veterinary
Seal Appears Over the Certificate #)

Los vehículos utilizados para el transporte de los animales a la frontera, son sometidos a limpieza y desinfección antes del embarque y no están en contacto con otros animales durante el traslado.

TEST REQUIREMENTS

1. The animals were negative to the agar-gel immunodiffusion (Coggins) test or ELISA test for equine infectious anemia within 45 days prior to the date of export. (Show the date when the samples were taken and the name of the laboratory that performed the test.)

OTHER INFORMATION

1. All animals will be unloaded and inspected by a Mexican veterinarian at the facilities authorized by SAGARPA in the United States at all the border points.
2. The U.S. Origin Health Certificate must be typewritten. Mexican Port Veterinarians will reject any certificates that are handwritten.
3. The address of the destination of the animals must be stated at the point of entrance into Mexico.
4. The enclosed appendix of bilingual certification statements may be used and attached to the health certificate (VS 17-140). The health certificate number and federal endorsement must appear on this attachment.
5. Although NOT a health requirement, the Mexican government recommends to the Mexican importer that the animals be vaccinated against equine rhinopneumonitis at least 14 days prior to exportation.
6. Horses remaining in the United States for more than 90 days or horses that have had reproductive activity in the United States must meet full Mexican requirements for United States horses.
7. The documents and the shipment must comply with the requirements of article 24 of the federal law of animal health.

Health Certificate No. _____
 (Valid Only if the USDA Veterinary
 Seal Appears Over the Certificate #)

December 2005

**IMPORT HEALTH REQUIREMENTS OF MEXICO
 FOR HORSES (NON SLAUGHTER) EXPORTED FROM THE UNITED STATES
 REQUISITOS ZOOSANITARIOS DE MEXICO PARA IMPORTAR CABALLOS
 DE LOS ESTADOS UNIDOS**

The animals must be accompanied by U.S. Origin Health Certificate issued by a veterinarian authorized by the U.S. Department of Agriculture (USDA) and endorsed by a Veterinary Services veterinarian. The certificate shall contain the name and address of the consignor and the consignee and individual identification of the animals to be exported. Additional information shall include:
Los animales deben estar acompañados de un Certificado de salud expedido por un Médico Veterinario acreditado por el Departamento de Agricultura de los Estados Unidos y endosado por un veterinario de Servicios Veterinarios (USDA). El certificado debe contener el nombre y la dirección del cosignador, del cosignatario y la identificación individual de los animales señalando raza, sexo, edad y número de tatuaje y/o arete. La información adicional debe incluir:

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. The horse(s) were vaccinated at least 15 days but within 12 months prior to shipment against equine eastern and western equine encephalitis with _____ (name of product) on _____ (date).
Los equinos fueron vacunados al menos 15 días pero dentro de los 12 meses antes de la fecha de exportación contra encefalomiелitis equina del este y del oeste _____ (nombre del producto) el _____ (fecha).
2. The horse(s) were not vaccinated with either a live, attenuated, or inactivated vaccine within 14 days prior to exportation.
Los equinos no fueron vacunados con vacunas a virus vivo, atenuadas o inactivadas durante los 14 días anteriores a la exportación.
3. The horse(s) were examined and found to be clinically healthy and free of any evidence of infectious diseases and of ectoparasites. The United States is free of *Boophilus spp.*
*Los equinos fueron examinados y se encontraron clínicamente sanos, y libres de enfermedades propias de la especie y de ectoparásitos. Los Estados Unidos están libres de garrapata *Boophilus spp.**
4. The animals are transported in cleaned and disinfected vehicles and do not come in contact with other animals not part of the shipment.



Health Certificate No. _____
 (Valid Only if USDA Veterinary Seal
 Appears over the Certificate Number)

National Center for
 Import and Export

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. The horse(s) in this shipment was/were examined and found to be clinically healthy at the time of exportation.
Los equinos fueron examinados y están clínicamente sanos en la fecha de la exportación.
2. The horses are transported in cleaned and disinfected vehicles, and do not come into contact with any other animals not part of the shipment.
Los equinos son transportados en vehículos limpios y desinfectados y no están en contacto con otros animales que no son parte del envío.
3. The horses travel accompanied by VS FORM 10-13 (Owner/shipper certificate of fitness to travel to a slaughter facility), entirely completed.
Los caballos viajan acompañados del formato VS FORM 10-13 (Certificado dueño/transportista de aptitud para ser transportados a un rastro), completamente llenada.

 Name of Accredited Veterinarian
*Nombre del Médico Veterinario
 Acreditado*

 Print Name of Endorsing Federal Veterinarian
*Nombre del Médico Veterinario Federal que
 Endosa. Escriba a máquina o en letra de
 molde.*

 Signature of Accredited Veterinarian
Firma del Médico Veterinario Acreditado

 Date Endorsed and Signature of Endorsing
 Federal Veterinarian.
*Fecha de endoso y firma del Médico
 Veterinario Federal que endosa. (Valid only if
 USDA Veterinary Seal appears over the
 Signature of the Endorsing Federal
 Veterinarian).
 (Válido solamente si el sello veterinario del
 USDA está sobre la firma del Médico
 Veterinario Federal).*



Health Certificate No. _____
(Valid Only if USDA Veterinary Seal
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE TO EXPORT SLAUGHTER HORSES
FROM THE UNITED STATES TO MEXICO**

To be valid it must be accompanied by VS FORM 10-13, entirely completed.
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS
PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**
Para tener validez debe estar acompañada de la VS FORM 10-13, completamente llenada.

1. Name and Address of Consignor:
Nombre y Dirección de Consignador:

2. Name and Address of Consignee:
Nombre y Dirección del Destinatario:

3. Name and Address of the Parking Plant:
Nombre y Dirección de la Planta Procesadora:

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

Identification / <i>Identificación</i>	Identification / <i>Identificación</i>	Identification / <i>Identificación</i>	Identification / <i>Identificación</i>	Identification / <i>Identificación</i>

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

H 1403344

1. ACCESSION NUMBER

63699

2. DATE BLOOD DRAWN

6/28/06

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

- Market
- Change of Ownership
- Retest
- Show
- First Test
- Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

DM94

6. TEST TYPE

- ELISA
- AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

610 Lina Street
9563 MITE IE
MARCE DESTA
Tel No. Zip Code 78570
County INDALCO

8. NAME AND ADDRESS OF OWNER (Please print or type)

Domingo Duran

Zip Code

Tel No.

County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

A. A. Animal Clinic
1824 N. Hwy 77
Harlingen, Texas Zip Code 78550
Tel No. (956)423-6283 County Cameron

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

Glenn Tate

11. TYPE OR PRINT SIGNATURE NAME

GLENN TATE DVM

12. SIGNATURE DATE

6/28/06

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

[Signature]

14. TYPE OR PRINT SIGNATURE NAME

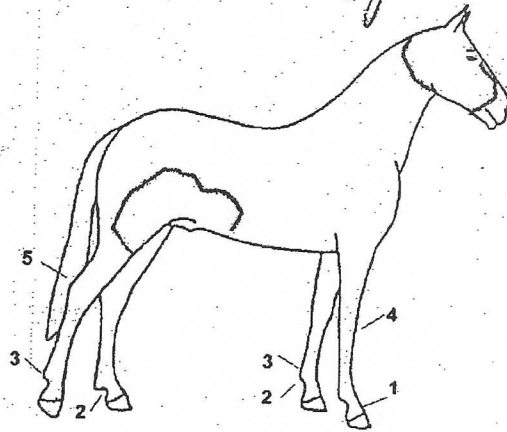
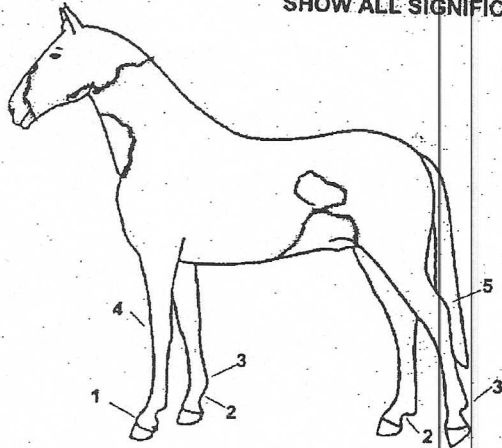
DEBRA R. DRAY

15. SIGNATURE DATE

6/28/06

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
11	21656		Red Cloud	Salt	PT			leg M	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

HEAD: Bad face white chin

NARRATIVE DESCRIPTION AND REMARKS

26. OTHER MARKS AND BRANDS: TOBIANO PAINT PATERN TATTOO 21656

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME AND STATE
Rio Rico Laboratory
P.O. Box 10
Mercedes, TX 78570
956-565-1027

32. DATE RECEIVED

6/28/06

33. DATE REPORTED OUT

6/28/06

34. TEST RESULTS

- Negative
- Positive
- AGID
- ELISA

35. SIGNATURE OF TECHNICIAN

[Signature]

36. REMARKS

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 (U.S.C. Section 1001).

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(US Memorandum 555.16)

SERIAL NO.

H1403345

1. ACCESSION NUMBER

603700

2. DATE BLOOD DRAWN

6/28/06

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed

3. REASON FOR TESTING

Market Change of Ownership Retest

Show First Test

Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

NM94

6. TEST TYPE

ELISA

AGID

8. NAME AND ADDRESS OF OWNER (Please print or type)

Domingo Olivares

Zip Code

Tel No.

County

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

Rio Rico Farm Co
9563 Mile 1E
Mercedes TX

Zip Code

78570

County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

A. A. Animal Clinic

1824 N. Hwy 77

Harlingen, Texas

Zip Code

78550

County

Tel No.

(956)423-6283

County

Cameron

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

Jan Tate

11. TYPE OR PRINT SIGNATURE NAME

Jan Tate

12. SIGNATURE DATE

6/28/06

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

[Signature]

14. TYPE OR PRINT SIGNATURE NAME

D. K. Davis

15. SIGNATURE DATE

6/28/06

16. Tube No.

17. Official Tag No.

18. Tattoo/Brand

19. Name of Horse

20. Color

21. Breed

22. Electronic I.D. No.

23. Age or DOB

24. Sex

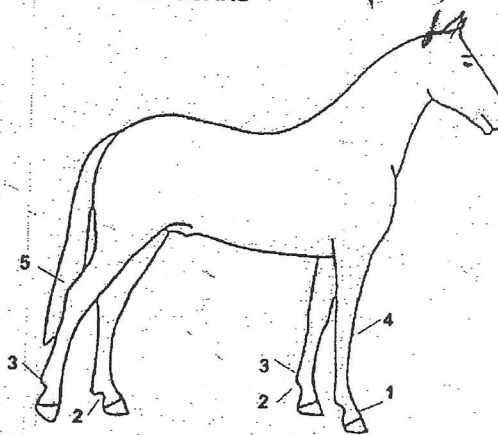
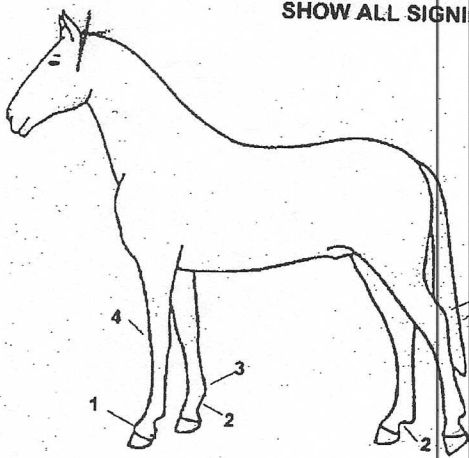
M - Male
F - Female
G - Gelding
N - Neuter

12

AR mini

10y G

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

25. HEAD

27. LEFT FORELIMB

29. LEFT HINDLIMB

NARRATIVE DESCRIPTION AND REMARKS

STAR whorl high med eye level
whorl whorls on face

26. OTHER MARKS AND BRANDS

FLAXEN MANE & TAIL whorls
both polls

28. RIGHT FORELIMB

30. RIGHT HINDLIMB

NO MARKS

Rio Rico Laboratory
P.O. Box 10
Mercedes, TX 78570
956-565-1027

FOR LABORATORY USE ONLY

32. DATE RECEIVED

6/28/06

33. DATE REPORTED OUT

6/28/06

34. TEST RESULTS

Negative Positive AGID ELISA

36. SIGNATURE OF TECHNICIAN

[Signature]

35. REMARKS

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 (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

4. DATE ISSUED 6/30/06
5. U.S. PORT OF EMBARKATION (City and State) HARRIS, TEXAS

9. SEMEN (Check if yes) 10. NO. DOSES OF SEMEN 11. TRANSPORTATION CLASS 48

15 SPECIES (X one - use VS Form 17-6 for Poultry)
 01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE
 05 EQUINE 08 OTHER WILDLIFE - MAMMAL
 09 OTHER (Specify)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION
(Instructions for columns A, B, C & D on reverse)

ID NO OR DESCRIPTION	AGE	SEX	BREED	DATE	VAC	1/25	1/50	1/100	DATE	DATE	DATE
DOMINCO OLIVARES MERCEDERS, TX 78570 *48											
RED-GLEAD SORAHEI - BLAD ENCL - WHI CHIN - TOSIANO PATINT. PATERN TUMIDO, 29656:											
"											
"											

19. DATE ENDORSED 7-3-06
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) JAMES, GLEN DWM

21. STATUS 1 State 2 Federal 3 Accredited
22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (include nos. from all affected VS Forms 17-140A) TWO

23. SIGNATURE OF ENDORSING FEDERAL VETERINARIAN (Type, print, or stamp) JOE C. GARRETT, DVM
25. SIGNATURE OF ISSUING VETERINARIAN (Type, print, or stamp) James, Glen DWM

26. SIGNATURE OF ENDORSING FEDERAL VETERINARIAN (Type, print, or stamp) JOE C. GARRETT, DVM
Previous edition may be used.

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)
OLIVARES, DOMINCO

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)
9506 WILLOW PAST
12. CONSIGNOR'S STATE
TEXAS

16. CONSIGNEE NAME AND STREET ADDRESS (Mailing Address)
SERVICIOS LOGISTICOS DE LA FRONTERA, SA DE CV
CERRO DE LAS MITAS NO 2505 COL OBISPO
MONTERREY, N.L. CP 64000
NEGATIVE TUBERCULIN READING

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DATE	DISEASE	DATE	DISEASE	DATE
EIA <td>6/28/06</td> <td></td> <td></td> <td></td> <td></td>	6/28/06				
ELISA <td>6/28/06</td> <td></td> <td></td> <td></td> <td></td>	6/28/06				
	6/28/06				
	6/28/06				
	6/28/06				

FURKI APPROVED - UMG NO. 05/9-0020
2. CERTIFICATE NO. I 45635
3. PAGE NO. 1 OF 2

8. CONSIGNOR'S CITY (or Town) MERCEDERS
13. STATE CODE 48
14. ZIP CODE 78570

16. CONSIGNEE NAME AND STREET ADDRESS (Mailing Address)
SERVICIOS LOGISTICOS DE LA FRONTERA, SA DE CV
CERRO DE LAS MITAS NO 2505 COL OBISPO
MONTERREY, N.L. CP 64000
NEGATIVE TUBERCULIN READING

BRUCELLOSIS BLOOD SAMPLE COLLECTED

DISEASE	DATE	DISEASE	DATE	DISEASE	DATE
EIA <td>6/28/06</td> <td></td> <td></td> <td></td> <td></td>	6/28/06				
ELISA <td>6/28/06</td> <td></td> <td></td> <td></td> <td></td>	6/28/06				
	6/28/06				
	6/28/06				
	6/28/06				

CERTIFICATION BY ISSUING VETERINARIAN
This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

21. STATUS 1 State 2 Federal 3 Accredited
22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (include nos. from all affected VS Forms 17-140A) TWO

PART 1 - TO ACCOMPANY SHIPMENT

IMPORT EXPORT LIVESTOCK SERVICE, LLC

9010 GOLIAD ROAD, SUITE C
PHARR, TX 78577

HOJA DE ENVÍO DE FAX

PARA: TERY	DE: NICOLAS TREVIÑO
COMPAÑIA:	FECHA: AUG. 14, 2006
NÚMERO DE FAX: [REDACTED]	Nº TOTAL DE PÁGINAS, PORTADA INCLUIDA: 5
TELÉFONO:	TELEFONO 956-781-9262
ASUNTO:	FAX 956-781-9283

URGENTE PARA REVISAR COMENTARIOS RESPONDER RECICLAR

NOTAS/COMENTARIOS

INFORMATION FOR THE EXPORT CERTIFICATE
THE EXPORT CERTIFICATE MUST BE DONE UNDER THIS NAME:

CONSIGNEE: SERVICIOS LOGISTICOS DE LA FRONTERA, S.A. DE C.V.
CERRO DE LAS MITRAS No. 2535, COL. OBISPADO
MONTERREY, N.L. C.P. 64040

PORT OF EMBARKATION: PHARR, TX

EXPORT COST FOR 20 HORSES: \$ 2,895.00 DLLS.
FREIGHT (FROM THE VALLEY TO REYNOSA, MEXICO): \$ 1,150.00

EXAMPLE ATTACHED

THANK YOU,

NICOLAS TREVIÑO

Permits - ALL BORDER PAPERWORK

FEE to have some

mail from Border to

REYNOSA, Mx.

TOTAL 4045.00

IMPORT EXPORT LIVESTOCK SERVICE, LLC

9010 GOLIAD ROAD, SUITE C

PHARR, TX 78577

HOJA DE ENVÍO DE FAX

PARA: TERY	DE: NICOLAS TREVIÑO
COMPAÑÍA:	FECHA: AUG. 15, 2006
NÚMERO DE FAX: [REDACTED]	Nº TOTAL DE PÁGINAS, PORTADA INCLUIDA: 2
TELÉFONO: [REDACTED]	TELÉFONO 956-781-9262
ASUNTO: MR. JORGE GONZALEZ HORSES	FAX 956-781-9283

URGENTE PARA REVISAR COMENTARIOS RESPONDER RECICLAR

NOTAS/COMENTARIOS:

IMPORT REQUIREMENTS

YOU CAN ALSO CHECK SAGARPA' SITE AT:

<http://senasicaw.senasica.sagarpa.gob.mx>

www.senasica.sagarpa.gob.mx/index/index.html

THANK YOU,

NICOLAS TREVIÑO

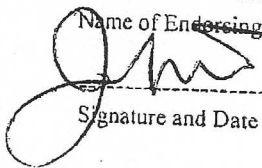
2. The horse(s) were not vaccinated with either a live, attenuated, or inactivated vaccine within 14 days prior to exportation.
Los equinos no fueron vacunados con vacunas a virus vivo, atenuadas o inactivadas durante los 14 días anteriores a la exportación.
- HORSES VACCINATED BY JACK A. VALERIUS, DVM, HARLINGEN, TX.
3. The horse(s) were examined and found to be clinically healthy and free of any evidence of infectious diseases and of ectoparasites. The United States is free of *Boophilus* spp.
Los equinos fueron examinados y se encontraron clínicamente sanos, y libres de enfermedades propias de la especie y de ectoparásitos. Los Estados Unidos están libres de garrapata Boophilus spp.

"[Select the appropriate statement/*Esgoja la certificación indicada*]

4. Horses were tested for equine infectious anemia using [the ELISA] [the agar-gel immunodiffusion test] with negative results on a sample taken on 6/28/06 (date) and tested at the RIO RICO laboratory.
A los equinos se les practicó la prueba diagnóstica [de Coggins] [de ELISA] para anemia infecciosa equina obteniéndose resultados negativos realizada en muestra/s obtenida/s el 6/28/06 y probada/s en el laboratorio RIO RICO LABS

5. The animals are transported in cleaned and disinfected vehicles and do not come in contact with other animals not part of the shipment.
Los vehículos utilizados para el transporte de los animales a la frontera, son sometidos a limpieza y desinfección antes del embarque y no están en contacto con otros animales durante el traslado.

~~GEN TATE, DVM~~
 Name of Issuing USDA Accredited Veterinarian
Gen Tate
 Signature and Date
6/30/06

JOE C. GARRETT, DVM
 Name of Endorsing Federal Veterinarian

 Signature and Date
7-3-06
 (Seal)

Appendix

CERTIFICATION STATEMENTS
CERTIFICACIONES

I 45635 2 OF 2

1. The horse(s) were vaccinated at least 15 days but within 12 months prior to shipment against equine eastern and western equine encephalitis with ENCEVAC (name of product) on 6/18/06 (date).
Los equinos fueron vacunados al menos 15 días pero dentro de los 12 meses antes de la fecha de exportación contra encefalomiелitis equina del este y del oeste ENCEVAC (nombre del producto) el 6/18/06 (fecha).



Requisitos Zoosanitarios para la Importación

(FUNCION ZOOTECNICA)