

FORM APPROVED OMB NO. 0570-0038

1. DATE OF DISPOSITION

2 PAGE

 SALE☒ EXCHANGE OR TRANSFER ☐ DONATION

12 Aug 2019

1 OF 1

3. SELLER OR DONOR (Name and Address)

4. BUYER OR RECEIVER (Name and Address)

Kansas State University, Comparative Medicine Group

3A. DEALER'S LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO.
(Seller) 48R001

4A. USDA LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (if any)

5. IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (See reverse for Breed Abbreviations for Dogs and Cats) *If mixed breed, list 2 dominant breeds

COMPLETE ITEMS A THRU G FOR EACH ANIMAL[illegible]

6. DELIVERY BY (Check one and complete applicable items 7 and 8)

COMMERICAL SHIPPER☒ BUYER'S VEHICLE☐ SELLER'S VEHICLE

7. NAME AND ADDRESS OF COMPANY OR FIRM (Include Zip Code)

8. NAME AND BUSINESS ADDRESS OF TRUCK DRIVER (Include Zip Code)

9. RECEIVED BY

10. SIGNATURE

11. TITLE

12. DATE

12 aug 19

APHIS FORM 7006 (JUN 1995)

(Previous edition may be used.)

☐ ORIGINAL - Seller's Record ☐ USDA COPY - To be retained by seller ☐ BUYER's COPY - To accompany shipment and be retained by buyer

RECORD OF ACQUISITION AND DOGS AND CATS ON HAND

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

See reverse side for OMB information

FORM APPROVED
OMB NO. 0579-0036

1. RECORD FOR ("X")		USDA LICENSE OR REGISTRATION NO.		2. NAME AND ADDRESS OF LICENSEE, REGISTRANT, OR HOLDING FACILITY				3. BUSINESS YEAR		4. PAGE NO.	
<input type="checkbox"/> Dealer	<input type="checkbox"/> Holding Facility (Submit copy to Dealer)			Kansas State University, VP Research, Comparative Medicine Group				FROM (Mo, Day, Yr.)	TO (Mo, Day, Yr.)		
<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Exhibitor (Dogs and Cats only)							10/01/18	09/30/19	07	
IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (See reverse for Breed Abbreviations)											
A.	B. DOG	C. CAT	D. AGE OR DATE OF BIRTH	E. WT.	F. BREED OR TYPE	G. DESCRIPTION OF ANIMAL	H. DATE ACQUIRED	I. NAME AND ADDRESS	J. Date Removed or Sold	K. Date Died or Euthanized	
TATTOO OR USDA TAG NO.	"X" M or F	M or F			(If mixed breed, list 2 dominant breeds)	(Color, Distinctive Marks, Hair, Tail Tattoos, etc.)		USDA LICENSE OR REGISTRATION NUMBER, OR DRIVER'S LICENSE NUMBER AND STATE, VEHICLE LICENSE NUMBER AND STATE,		(Specify)	
37-19C	X	F	12/17/18	7.30	Beagle	Tri-Color Tattoo: RUY-8	07/08/19			Euth. 9-22-19	
38-19C	X	F	12/28/18	8.80	Beagle	Tri-Color Tattoo: WOY-8	07/08/19			Euth. 9-22-19	
39-19C	X	F	12/16/19	6.9	Beagle	TRI-Color Tattoo: SHY-8	07/09/2019			Euth. 9-22-19	
	M	M									
		F									
	M	M									
		F									
	M	M									
		F									
APHIS FORM 7005 (JUN 95)		INSPECTOR USE ONLY		LAST INSPECTION (Date)		TOTAL NO. ANIMALS ENTERED SINCE LAST INSPECTION		COUNT TOTAL NO. ANIMALS ACTUALLY ON PREMISES		DIFFERENCE (+ OR -)	
										DATE INITIALS	

(Replaces VS Form 18-5 which may be used.)

RECORD OF ACQUISITION AND DOGS AND CATS ON HAND

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<input type="checkbox"/> Dealer <input type="checkbox"/> Holding Facility (Submit copy to Dealer) <input checked="" type="checkbox"/> Other <input type="checkbox"/> Exhibitor (Dogs and Cats only)			Kansas State University, VP Research, Comparative Medicine Group		FROM (Mo, Day, Yr.)	TO (Mo, Day, Yr.)					
					10/01/18	09/30/19	06				
IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (See reverse for Breed Abbreviations)											
A. TATTOO OR USDA TAG NO.	B. DOG "X" M or F	C. CAT M or F	D. AGE OR DATE OF BIRTH	E. WT.	F. BREED OR TYPE (If mixed breed, list 2 dominant breeds)	G. DESCRIPTION OF ANIMAL (Color, Distinctive Marks, Hair, Tail Tattoos, etc.)	H. DATE ACQUIRED	I. NAME AND ADDRESS USDA LICENSE OR REGISTRATION NUMBER, OR DRIVER'S LICENSE NUMBER AND STATE, VEHICLE LICENSE NUMBER AND STATE,	J. Date Removed or Sold	K. Date Died or Euthanized (Specify)	
31-19C	M X F	M F	12/22/18	6.90	Beagle	Tri-Color Tattoo: UJY-8	07/08/19			Euth 9-22-19	
32-19C	M X F	M F	11/21/18	6.60	Beagle	Tri-Color Tattoo: EVW-8	07/08/19			Euth 7/8/19	
33-19C	M X F	M F	12/10/18	6.60	Beagle	Tri-Color Tattoo: QDY-8	07/08/19			Euth. 9-22-19	
34-19C	M X F	M F	12/03/2018	6.80	Beagle	Tri-Color Tattoo: JFY-8	07/08/19			Euth 9-22-19	
35-19C	M X F	M F	12/22/18	7.20	Beagle	Blonde Tattoo: UAY-8	07/08/19			Euth. 9-22-19	
36-19C	M X F	M F	12/17/18	8.20	Beagle	Tri-Color Tattoo: RTY-8	07/08/19			Euth. 9-22-19	
APHIS FORM 7005 (JUN 95)		INSPECTOR USE ONLY		LAST INSPECTION (Date)		TOTAL NO. ANIMALS ENTERED SINCE LAST INSPECTION		COUNT TOTAL NO. ANIMALS ACTUALLY ON PREMISES	DIFFERENCE (+ OR -)	DATE	INITIALS
(Replaces VS Form 18-5 which may be used.)											

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1. RECORD FOR ("X") <input type="checkbox"/> Dealer <input type="checkbox"/> Holding Facility (Submit copy to Dealer) <input checked="" type="checkbox"/> Other <input type="checkbox"/> Exhibitor (Dogs and Cats only)		USDA LICENSE OR REGISTRATION NO. [REDACTED]	2. NAME AND ADDRESS OF LICENSEE, REGISTRANT, OR HOLDING FACILITY Kansas State University, VP Research, Comparative Medicine Group [REDACTED]		3. BUSINESS YEAR FROM (Mo., Day, Yr.) TO (Mo., Day, Yr.) 10/01/18 09/30/19		4. PAGE NO. 05				
IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (See reverse for Breed Abbreviations)						ACQUIRED FROM		DISPOSITION			
A. TATTOO OR USDA TAG NO.	B. DOG "X" M or F	C. CAT "X" M or F	D. AGE OR DATE OF BIRTH	E. WT.	F. BREED OR TYPE (If mixed breed, list 2 dominant breeds)	G. DESCRIPTION OF ANIMAL (Color, Distinctive Marks, Hair, Tail Tattoos, etc.)	H. DATE ACQUIRED	I. NAME AND ADDRESS USDA LICENSE OR REGISTRATION NUMBER, OR DRIVER'S LICENSE NUMBER AND STATE, VEHICLE LICENSE NUMBER AND STATE,	J. Date Removed or Sold	K. Date Died or Euthanized (Specify)	
25-19C	M X F	M F	12/14/18	7.60	Beagle	Tri-Color Tattoo: PJY-8	07/08/19	[REDACTED]		Euth. 9-22-19	
26-19C	M X F	M F	12/06/18	7.40	Beagle	Blonde Tattoo: LDY-8	07/08/19	[REDACTED]		Euth. 9-23-19	
27-19C	M X F	M F	12/02/18	5.60	Beagle	Tri-Color Tattoo: ITY-8	07/08/19	[REDACTED]		Euth. 9-22-19	
28-19C	M X F	M F	12/25/18	6.50	Beagle	Tri-Color Tattoo: VUY-8	07/08/19	[REDACTED]		Euth. 9-22-19	
29-19C	M X F	M F	12/24/18	7.20	Beagle	Tri-Color Tattoo: UPY-8	07/08/19	[REDACTED]	Adopted 8/12/19		
30-19C	M X F	M F	12/02/18	6.10	Beagle	Tri-Color Tattoo: KTY-8	07/08/19	[REDACTED]		Euth. 9-22-19	
APHIS FORM 7005 (JUN 95)		INSPECTOR USE ONLY		LAST INSPECTION (Date)		TOTAL NO. ANIMALS ENTERED SINCE LAST INSPECTION		COUNT TOTAL NO. ANIMALS ACTUALLY ON PREMISES	DIFFERENCE (+ OR -)	DATE	INITIALS
(Replaces VS Form 18-5 which may be used.)											

RECORD OF ACQUISITION AND DOGS AND CATS ON HAND

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<input type="checkbox"/> Dealer <input type="checkbox"/> Holding Facility (Submit copy to Dealer) <input checked="" type="checkbox"/> Other <input type="checkbox"/> Exhibitor (Dogs and Cats only)			Kansas State University, VP Research, Comparative Medicine Group		FROM (Mo, Day, Yr.)	TO (Mo, Day, Yr.)					
					10/01/18	09/30/19	04				
IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (See reverse for Breed Abbreviations)											
A. TATTOO OR USDA TAG NO.	B. DOG "X" M or F	C. CAT "X" M or F	D. AGE OR DATE OF BIRTH	E. WT.	F. BREED OR TYPE (If mixed breed, list 2 dominant breeds)	G. DESCRIPTION OF ANIMAL (Color, Distinctive Marks, Hair, Tail Tattoos, etc.)	H. DATE ACQUIRED	I. NAME AND ADDRESS USDA LICENSE OR REGISTRATION NUMBER, OR DRIVER'S LICENSE NUMBER AND STATE, VEHICLE LICENSE NUMBER AND STATE,	J. Date Removed or Sold	K. Date Died or Euthanized (Specify)	
19-19C	X	F	12/18/18	7.30	Beagle	Tri-Color Tattoo: SUY-8	07/08/19			Euth. 9-22-19	
20-19C	X	F	12/15/18	7.30	Beagle	Blonde Tattoo: ROY-8	07/08/19			Euth. 9-22-19	
21-19C	X	F	12/18/18	6.20	Beagle	Tri-Color Tattoo: SRY-8	07/08/19			Euth. 9-23-19	
22-19C	X	F	12/16/18	7.80	Beagle	Tri-Color Tattoo: SFY-8	07/08/19			Euth. 9-22-19	
23-19C	X	F	11/29/18	6.80	Beagle	Blonde Tattoo: HXW-8	07/08/19			Euth. 9-22-19	
24-19C	X	F	12/10/18	6.10	Beagle	Tri-Color Tattoo: LTY-8	07/08/19			Euth. 9-22-19	
APHIS FORM 7005 (JUN 95)		INSPECTOR USE ONLY		LAST INSPECTION (Date)		TOTAL NO. ANIMALS ENTERED SINCE LAST INSPECTION		COUNT TOTAL NO. ANIMALS ACTUALLY ON PREMISES	DIFFERENCE (+ OR -)	DATE	INITIALS
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<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Exhibitor (Dogs and Cats only)				10/01/18	09/30/19	03
IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (See reverse for Breed Abbreviations)							
A.	B.	C.	D.	E.	F.	G.	H.
TATTOO OR USDA TAG NO.	DOG	CAT	AGE OR DATE OF BIRTH	WT.	BREED OR TYPE (If mixed breed, list 2 dominant breeds)	DESCRIPTION OF ANIMAL (Color, Distinctive Marks, Hair, Tail Tattoos, etc.)	DATE ACQUIRED
13-19C	M X F	M F	07/28/18	7.10	Beagle	Tri-Color Tattoo: UIO8	02/14/19
14-19C	M X F	M F	07/26/18	6.90	Beagle	Tri-Color Tattoo: TZO8	02/14/19
15-19C	M X F	M F	07/29/18	6.60	Beagle	Tri-Color Tattoo: TKO8	02/14/19
16-19C	M X F	M F	07/19/18	6.90	Beagle	Tri-Color Tattoo: OIO8	02/14/19
17-19C	M X F	M F	08/04/18	6.80	Beagle	Blonde Tattoo: YZQ8	02/14/19
18-19C	M X F	M F	07/19/18	7.10	Beagle	Tri-Color Tattoo: QJO8	02/14/19
ACQUIRED FROM							
NAME AND ADDRESS USDA LICENSE OR REGISTRATION NUMBER, OR DRIVER'S LICENSE NUMBER AND STATE, VEHICLE LICENSE NUMBER AND STATE,							
DISPOSITION							
J. Date Removed or Sold							
K. Date Died or Euthanized (Specify)							
							Euth. 4/24/19
							Euth. 4/24/19
							Euth. 4/24/19
							Euth. 4/24/19
							Euth. 4/24/19
							Euth. 4/24/19

APHIS FORM 7005 (JUN 95)	INSPECTOR USE ONLY	LAST INSPECTION (Date)	TOTAL NO. ANIMALS ENTERED SINCE LAST INSPECTION	COUNT TOTAL NO. ANIMALS ACTUALLY ON PREMISES	DIFFERENCE (+ OR -)	DATE	INITIALS
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<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Exhibitor (Dogs and Cats only)				10/01/18	09/30/19	02

IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (See reverse for Breed Abbreviations)								ACQUIRED FROM		DISPOSITION	
A. TATTOO OR USDA TAG NO.	B. DOG	C. CAT	D. AGE OR DATE OF BIRTH	E. WT.	F. BREED OR TYPE (If mixed breed, list 2 dominant breeds)	G. DESCRIPTION OF ANIMAL (Color, Distinctive Marks, Hair, Tail Tattoos, etc.)	H. DATE ACQUIRED	I. NAME AND ADDRESS USDA LICENSE OR REGISTRATION NUMBER, OR DRIVER'S LICENSE NUMBER AND STATE, VEHICLE LICENSE NUMBER AND STATE,	J. Date Removed or Sold	K. Date Died or Euthanized (Specify)	
07-19C	M X F	M F	07/28/18	6.40	Beagle	Tri-Color Tattoo: SZO8	02/14/19			Euth. 4/23/19	
08-19C	M X F	M F	08/12/18	6.40	Beagle	Tri-Color Tattoo: BCQ8	02/14/19			Euth. 4/23/19	
09-19C	M X F	M F	08/08/18	7.60	Beagle	Tri-Color Tattoo: CTQ8	02/14/19			Euth. 4/23/19	
10-19C	M X F	M F	08/05/18	7.20	Beagle	Tri-Color Tattoo: WYQ8	02/14/19			Euth. 4/24/19	
11-19C	M X F	M F	07/31/18	7.10	Beagle	Tri-Color Tattoo: ZTO8	02/14/19			Euth. 4/24/19	
12-19C	M X F	M F	07/31/18	6.00	Beagle	Tri-Color Tattoo: XEO8	02/14/19			Euth. 4/24/19	

APHIS FORM 7005 (JUN 95)	INSPECTOR USE ONLY	LAST INSPECTION (Date)	TOTAL NO. ANIMALS ENTERED SINCE LAST INSPECTION	COUNT TOTAL NO. ANIMALS ACTUALLY ON PREMISES	DIFFERENCE (+ OR -)	DATE	INITIALS
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(Replaces VS Form 18-6 which may be used.)

RECORD OF ACQUISITION AND DOGS AND CATS ON HAND

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					10/01/18	09/30/19	01				
IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (See reverse for Breed Abbreviations)											
A. TATTOO OR USDA TAG NO.	B. DOG "X" M or F	C. CAT M or F	D. AGE OR DATE OF BIRTH	E. WT.	F. BREED OR TYPE (If mixed breed, list 2 dominant breeds)	G. DESCRIPTION OF ANIMAL (Color, Distinctive Marks, Hair, Tail Tattoos, etc.)	H. DATE ACQUIRED	I. NAME AND ADDRESS USDA LICENSE OR REGISTRATION NUMBER, OR DRIVER'S LICENSE NUMBER AND STATE, VEHICLE LICENSE NUMBER AND STATE,	J. DISPOSITION Date Removed or Sold	K. Date Died or Euthanized (Specify)	
01-19C	M X F	M F	08/07/18	7.10	Beagle	Tri-Color Tattoo: DPQ8	02/14/19			Euth 4/23/19	
02-19C	M X F	M F	07/26/18	6.70	Beagle	Tri-Color Tattoo: TXO8	02/14/19			Euth. 4/23/19	
03-19C	M X F	M F	07/28/18	6.00	Beagle	Tri-Color Tattoo: UHO8	02/14/19			Euth. 4/23/19	
04-19C	M X F	M F	07/27/18	7.10	Beagle	Tri-Color Tattoo: VDO8	02/14/19			Euth. 4/23/19	
05-19C	M X F	M F	07/19/18	7.50	Beagle	Tri-Color Tattoo: OHO8	02/14/19			Euth. 4/23/19	
06-19C	M X F	M F	07/27/18	7.20	Beagle	Tri-Color Tattoo: TDO8	02/14/19			Euth. 4/23/19	
APHIS FORM 7006 (JUN 95)		INSPECTOR USE ONLY		LAST INSPECTION (Date)		TOTAL NO. ANIMALS ENTERED SINCE LAST INSPECTION		COUNT TOTAL NO. ANIMALS ACTUALLY ON PREMISES	DIFFERENCE (+ OR -)	DATE	INITIALS

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A.	B. DOG	C. CAT	D. AGE OR DATE OF BIRTH	E. WT.	F. BREED OR TYPE	G. DESCRIPTION OF ANIMAL	H. DATE ACQUIRED	I. NAME AND ADDRESS	J. Date Removed or Sold	K. Date Died or Euthanized	
TATTOO OR USDA TAG NO.	"X" M or F	"X" M or F			(If mixed breed, list 2 dominant breeds)	(Color, Distinctive Marks, Hair, Tail Tattoos, etc.)		USDA LICENSE OR REGISTRATION NUMBER, OR DRIVER'S LICENSE NUMBER AND STATE, VEHICLE LICENSE NUMBER AND STATE,		(Specify)	
19-18C	M X	M	10/08/17		Beagle	BLACK, TAN & WHITE Tattoo: CIJCN	03/27/18			Euth. 6/25/18	
20-18C	M X	M	10/18/17		Beagle	BLACK, TAN & WHITE Tattoo: CIJCKB	03/27/18			Euth. 6/26/18	
21-18C	M X	M	10/19/17		Beagle	BLACK, TAN & WHITE Tattoo: CIJCKJ	03/27/18			Euth. 6/26/18	
22-18C	M X	M	10/15/17		Beagle	BLACK, TAN & WHITE Tattoo: CIJCIB	03/27/18			Euth. 6/26/18	
23-18C	M X	M	10/20/17		Beagle	BLACK, TAN & WHITE Tattoo: CIJCLE	03/27/18			Euth. 6/26/18	
24-18C	M X	M	10/15/17		Beagle	BLACK, TAN & WHITE Tattoo: CIJCHZ	03/27/18			Euth. 6/26/18	
APHIS FORM 7005 (JUN 95)		INSPECTOR USE ONLY	LAST INSPECTION (Date)		TOTAL NO. ANIMALS ENTERED SINCE LAST INSPECTION		COUNT TOTAL NO. ANIMALS ACTUALLY ON PREMISES	DIFFERENCE (+ OR -)		DATE	INITIALS

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<input type="checkbox"/> Dealer	<input type="checkbox"/> Holding Facility (Submit copy to Dealer)		Kansas State University, VP Research, Comparative Medicine Group		FROM (Mo, Day, Yr.)	TO (Mo., Day, Yr.)				
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IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (See reverse for Breed Abbreviations)				ACQUIRED FROM		DISPOSITION				
A. TATTOO OR USDA TAG NO.	B. DOG "X" M or F	C. CAT "X" M or F	D. AGE OR DATE OF BIRTH	E. WT.	F. BREED OR TYPE (If mixed breed, list 2 dominant breeds)	G. DESCRIPTION OF ANIMAL (Color, Distinctive Marks, Hair, Tail Tattoos, etc.)	H. DATE ACQUIRED	I. NAME AND ADDRESS USDA LICENSE OR REGISTRATION NUMBER, OR DRIVER'S LICENSE NUMBER AND STATE, VEHICLE LICENSE NUMBER AND STATE,	J. Date Removed or Sold	K. Date Died or Euthanized (Specify)
13-18C	M X F	M F	10/15/17		Beagle	BLACK, TAN & WHITE Tattoo: CIJCIC	03/27/18			Euth. 6/25/18
14-18C	M X F	M F	10/25/17		Beagle	BLACK, TAN & WHITE Tattoo: CIJCND	03/27/18			Euth. 6/25/18
15-18C	M X F	M F	10/19/17		Beagle	BLACK, TAN & WHITE Tattoo: CIJCKK	03/27/18			Euth. 6/25/18
16-18C	M X F	M F	10/25/17		Beagle	BLACK, TAN & WHITE Tattoo: CIJCNI	03/27/18			Euth. 6/25/18
17-18C	M X F	M F	10/29/17		Beagle	BLACK, TAN & WHITE Tattoo: CIJCPI	03/27/18			Euth. 6/25/18
18-18C	M X F	M F	10/08/17		Beagle	BLACK, TAN & WHITE Tattoo: CIJCEP	03/27/18			Euth. 6/25/18
APHIS FORM 7005 (JUN 95)		INSPECTOR USE ONLY	LAST INSPECTION (Date)		TOTAL NO. ANIMALS ENTERED SINCE LAST INSPECTION		COUNT TOTAL NO. ANIMALS ACTUALLY ON PREMISES	DIFFERENCE (+ OR -)	DATE	INITIALS

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

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FORM APPROVED
OMB NO. 0579-0038

1. RECORD FOR ("X")				USDA LICENSE OR REGISTRATION NO.		2. NAME AND ADDRESS OF LICENSEE, REGISTRANT, OR HOLDING FACILITY		3. BUSINESS YEAR		4. PAGE NO.	
<input type="checkbox"/> Dealer <input type="checkbox"/> Holding Facility (Submit copy to Dealer) <input checked="" type="checkbox"/> Other <input type="checkbox"/> Exhibitor (Dogs and Cats only)				[REDACTED]		Kansas State University, VR Research, Comparative Medicine Group		FROM (Mo., Day, Yr.)	TO (Mo., Day, Yr.)	02	
IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (See reverse for Breed Abbreviations)								ACQUIRED FROM		DISPOSITION	
A. TATTOO OR USDA TAG NO.	B. DOG	C. CAT	D. AGE OR DATE OF BIRTH	E. WT.	F. BREED OR TYPE (If mixed breed, list 2 dominant breeds)	G. DESCRIPTION OF ANIMAL (Color, Distinctive Marks, Hair, Tail Tattoos, etc.)	H. DATE ACQUIRED	I. NAME AND ADDRESS USDA LICENSE OR REGISTRATION NUMBER, OR DRIVER'S LICENSE NUMBER AND STATE, VEHICLE LICENSE NUMBER AND STATE,	J. Date Removed or Sold	K. Date Died or Euthanized (Specify)	
07-18C	M X F	M F	10/15/17		Beagle	BLACK, TAN & WHITE Tattoo: CIJCHY	03/27/18	[REDACTED]			Euth. 6/26/18
08-18C	M X F	M F	10/10/17		Beagle	BLACK, TAN & WHITE Tattoo: CIJCFU	03/27/18	[REDACTED]			Euth. 6/26/18
09-18C	M X F	M F	10/26/17		Beagle	BLACK, TAN & WHITE Tattoo: CIJCNV	03/27/18	[REDACTED]			Euth. 6/26/18
10-18C	M X F	M F	10/20/17		Beagle	BLACK, TAN & WHITE Tattoo: CIJCLN	03/27/18	[REDACTED]			Euth. 6/26/18
11-18C	M X F	M F	10/18/17		Beagle	BLACK, TAN & WHITE Tattoo: CIJCKD	03/27/18	[REDACTED]			Euth. 6/26/18
12-18C	M X F	M F	10/12/17		Beagle	BLACK, TAN & WHITE Tattoo: CIJCGX	03/27/18	[REDACTED]			Euth. 6/26/18

APHIS FORM 7005 (JUN 95)	INSPECTOR USE ONLY	LAST INSPECTION (Date)	TOTAL NO. ANIMALS ENTERED SINCE LAST INSPECTION	COUNT TOTAL NO. ANIMALS ACTUALLY ON PREMISES	DIFFERENCE (+ OR -)	DATE	INITIALS
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(Replaces VS Form 18-5 which may be used.)

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

RECORD OF ACQUISITION AND DOGS AND CATS ON HAND

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

See reverse side for OMB information

FORM APPROVED
OMB NO. 0579-0036

1. RECORD FOR ("X")		USDA LICENSE OR REGISTRATION NO.	2. NAME AND ADDRESS OF LICENSEE, REGISTRANT, OR HOLDING FACILITY		3. BUSINESS YEAR		4. PAGE NO.			
<input type="checkbox"/> Dealer	<input type="checkbox"/> Holding Facility (Submit copy to Dealer)		Kansas State University, VP Research, Comparative Medicine Group		FROM (Mo., Day, Yr.)	TO (Mo., Day, Yr.)				
<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Exhibitor (Dogs and Cats only)				10/01/17	09/30/18	01			
IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (See reverse for Breed Abbreviations)					ACQUIRED FROM		DISPOSITION			
A. TATTOO OR USDA TAG NO.	B. DOG "X" M or F	C. CAT "X" M or F	D. AGE OR DATE OF BIRTH	E. WT.	F. BREED OR TYPE (If mixed breed, list 2 dominant breeds)	G. DESCRIPTION OF ANIMAL (Color, Distinctive Marks, Hair, Tail Tattoos, etc.)	H. DATE ACQUIRED	I. NAME AND ADDRESS USDA LICENSE OR REGISTRATION NUMBER, OR DRIVER'S LICENSE NUMBER AND STATE, VEHICLE LICENSE NUMBER AND STATE,	J. Date Removed or Sold	K. Date Died or Euthanized (Specify)
01-18C	X F	M F	10/23/17		Beagle	BLACK, TAN & WHITE Tattoo: CIJCMT	03/27/18			Euth. 6/25/18
02-18C	X F	M F	10/15/17		Beagle	BLACK, TAN & WHITE Tattoo: CIJCIL	03/27/18			Euth. 6/25/18
03-18C	X F	M F	10/17/17		Beagle	BLACK, TAN & WHITE Tattoo: CIJCJB	03/27/18			Euth. 6/25/18
04-18C	X F	M F	10/02/17		Beagle	BLACK, TAN & WHITE Tattoo: CIJCBK	03/27/18			Euth. 6/25/18
05-18C	X F	M F	10/22/17		Beagle	BLACK, TAN & WHITE Tattoo: CIFCMG	03/27/18			Euth. 6/25/18
06-18C	X F	M F	10/18/17		Beagle	BLACK, TAN & WHITE Tattoo: CIJCGS	03/27/18			Euth. 6/26/18
APHIS FORM 7005 (JUN 95)		INSPECTOR USE ONLY	LAST INSPECTION (Date)		TOTAL NO. ANIMALS ENTERED SINCE LAST INSPECTION		COUNT TOTAL NO. ANIMALS ACTUALLY ON PREMISES	DIFFERENCE (+ OR -)	DATE	INITIALS

(Replaces VS Form 18-5 which may be used.)

RECORD OF ACQUISITION AND DOGS AND CATS ON HAND

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

See reverse side for OMB information

FORM APPROVED
OMB NO. 0579-0036

1. RECORD FOR ("X")		USDA LICENSE OR REGISTRATION NO.		2. NAME AND ADDRESS OF LICENSEE, REGISTRANT, OR HOLDING FACILITY		3. BUSINESS YEAR		4. PAGE NO.			
<input type="checkbox"/> Dealer	<input type="checkbox"/> Holding Facility (Submit copy to Dealer)			Kansas State University, VP Research, Comparative Medicine Group		FROM (Mo, Day, Yr.)	TO (Mo., Day, Yr.)				
<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Exhibitor (Dogs and Cats only)					10/01/16	09/30/17	04			
IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (See reverse for Breed Abbreviations)					ACQUIRED FROM			DISPOSITION			
A. TATTOO OR USDA TAG NO.	B. DOG "X" M or F	C. CAT "X" M or F	D. AGE OR DATE OF BIRTH	E. WT.	F. BREED OR TYPE (If mixed breed, list 2 dominant breeds)	G. DESCRIPTION OF ANIMAL (Color, Distinctive Marks, Hair, Tail Tattoos, etc.)	H. DATE ACQUIRED	I. NAME AND ADDRESS USDA LICENSE OR REGISTRATION NUMBER, OR DRIVER'S LICENSE NUMBER AND STATE, VEHICLE LICENSE NUMBER AND STATE,	J. Date Removed or Sold	K. Date Died or Euthanized (Specify)	
19-17	X	F	06/21/16	8.2	Beagle	BLACK, TAN & WHITE Tattoo: CHFCPC	02/28/17			Euth. 5/31/17	
20-17	X	F	06/06/16	9.3	Beagle	BLACK, TAN & WHITE Tattoo: CHFCX	02/28/17			Euth. 5/30/17	
21-17	X	F	06/15/16	8.8	Beagle	BLACK, TAN & WHITE Tattoo: CHFCIP	02/28/17			Euth. 5/31/17	
22-17	X	F	06/18/16	8.0	Beagle	BLACK, TAN & WHITE Tattoo: CHFCMB	02/28/17			Euth. 5/31/17	
23-17	X	F	06/08/16	9.6	Beagle	BLACK, TAN & WHITE Tattoo: CHFCY	02/28/17			Euth. 5-12-17	
24-17	X	F	06/15/16	8.0	Beagle	BLACK, TAN & WHITE Tattoo: CHFCJE	02/28/17			Euth. 5-12-17	
APHIS FORM 7005 (JUN 95)		INSPECTOR USE ONLY		LAST INSPECTION (Date)		TOTAL NO. ANIMALS ENTERED SINCE LAST INSPECTION		COUNT TOTAL NO. ANIMALS ACTUALLY ON PREMISES	DIFFERENCE (+ OR -)	DATE	INITIALS

(Replaces VS Form 18-5 which may be used.)

RECORD OF ACQUISITION AND DOGS AND CATS ON HAND

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

See reverse side for OMB information

FORM APPROVED
OMB NO. 0579-0036

1. RECORD FOR ("X")		USDA LICENSE OR REGISTRATION NO.		2. NAME AND ADDRESS OF LICENSEE, REGISTRANT, OR HOLDING FACILITY		3. BUSINESS YEAR		4. PAGE NO.			
<input type="checkbox"/> Dealer	<input type="checkbox"/> Holding Facility (Submit copy to Dealer)			Kansas State University, VP Research, Comparative Medicine Group		FROM (Mo, Day, Yr.)		TO (Mo, Day, Yr.)			
<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Exhibitor (Dogs and Cats only)					10/01/16		09/30/17			
IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (See reverse for Breed Abbreviations)						ACQUIRED FROM		DISPOSITION			
A. TATTOO OR USDA TAG NO.	B. DOG	C. CAT	D. AGE OR DATE OF BIRTH	E. WT.	F. BREED OR TYPE (If mixed breed, list 2 dominant breeds)	G. DESCRIPTION OF ANIMAL (Color, Distinctive Marks, Hair, Tail Tattoos, etc.)	H. DATE ACQUIRED	I. NAME AND ADDRESS USDA LICENSE OR REGISTRATION NUMBER, OR DRIVER'S LICENSE NUMBER AND STATE, VEHICLE LICENSE NUMBER AND STATE,	J. Date Removed or Sold	K. Date Died or Euthanized (Specify)	
13-17	M X F	M F	06/21/16	8.3	Beagle	BLACK, TAN & WHITE Tattoo: CHFCNX	02/28/17			Euth. S-23-17	
14-17	M X F	M F	06/10/16	8.8	Beagle	BLACK, TAN & WHITE Tattoo: CHFCVK SAG	02/28/17			Euth. S-12-17	
15-17	M X F	M F	06/30/16	9.2	Beagle	BLACK, TAN & WHITE Tattoo: CHFCXA	02/28/17			Euth. S-12-17	
16-17	M X F	M F	06/09/16	9.4	Beagle	BLACK, TAN & WHITE Tattoo: CHFCED	02/28/17			Euth. S-12-17	
17-17	M X F	M F	06/02/16	9.1	Beagle	BLACK, TAN & WHITE Tattoo: CHFCAP	02/28/17			Euth. S-12-17	
18-17	M X F	M F	06/04/16	8.3	Beagle	BLACK, TAN & WHITE Tattoo: CHFCBP	02/28/17			Euth. S-12-17	
APHIS FORM 7005 (JUN 95)		INSPECTOR USE ONLY		LAST INSPECTION (Date)		TOTAL NO. ANIMALS ENTERED SINCE LAST INSPECTION		COUNT TOTAL NO. ANIMALS ACTUALLY ON PREMISES	DIFFERENCE (+ OR -)	DATE	INITIALS

(Replaces VS Form 18-5 which may be used.)

RECORD OF ACQUISITION AND DOGS AND CATS ON HAND

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

See reverse side for OMB information

FORM APPROVED
OMB NO. 0579-0036

1. RECORD FOR ("X")		USDA LICENSE OR REGISTRATION NO.	2. NAME AND ADDRESS OF LICENSEE, REGISTRANT, OR HOLDING FACILITY		3. BUSINESS YEAR		4. PAGE NO.			
<input type="checkbox"/> Dealer	<input type="checkbox"/> Holding Facility (Submit copy to Dealer)		Kansas State University, VP Research, Comparative Medicine Group		FROM (Mo., Day, Yr.)	TO (Mo., Day, Yr.)				
<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Exhibitor (Dogs and Cats only)				10/01/16	09/30/17	02			
IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (See reverse for Breed Abbreviations)				ACQUIRED FROM		DISPOSITION				
A. TATTOO OR USDA TAG NO.	B. DOG "X" M or F	C. CAT M or F	D. AGE OR DATE OF BIRTH	E. WT.	F. BREED OR TYPE (If mixed breed, list 2 dominant breeds)	G. DESCRIPTION OF ANIMAL (Color, Distinctive Marks, Hair, Tail Tattoos, etc.)	H. DATE ACQUIRED	I. NAME AND ADDRESS USDA LICENSE OR REGISTRATION NUMBER, OR DRIVER'S LICENSE NUMBER AND STATE, VEHICLE LICENSE NUMBER AND STATE,	J. Date Removed or Sold	K. Date Died or Euthanized (Specify)
07-17C	M X F	M F	06/23/16	10.0	Beagle	BLACK, TAN & WHITE Tattoo: CHFC SI	01/19/17			Euth. 5-12-17
08-17C	M X F	M F	06/25/16	9.1	Beagle	BLACK, TAN & WHITE Tattoo: CHFC UJ	01/19/17			Euth. 5/31/17
09-17C	M X F	M F	06/28/16	9.8	Beagle	BLACK, TAN & WHITE Tattoo: CHFC VK	01/19/17			Euth. 5/30/17
10-17	M X F	M F	06/23/16	9.8	Beagle	BLACK, TAN & WHITE Tattoo: CHFC RW	02/28/17			Euth. 5/30/17
11-17	M X F	M F	06/21/16	8.5	Beagle	BLACK, TAN & WHITE Tattoo: CHFC PL	02/28/17			Euth. 5/30/17
12-17	M X F	M F	06/26/17	8.2	Beagle	BLACK, TAN & WHITE Tattoo: CHFC US	02/28/17			Euth. 5/30/17
APHIS FORM 7005 (JUN 95)		INSPECTOR USE ONLY	LAST INSPECTION (Date)		TOTAL NO. ANIMALS ENTERED SINCE LAST INSPECTION		COUNT TOTAL NO. ANIMALS ACTUALLY ON PREMISES	DIFFERENCE (+ OR -)	DATE	INITIALS

(Replaces VS Form 18-6 which may be used.)

RECORD OF ACQUISITION AND DOGS AND CATS ON HAND

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

See reverse side for OMB information

FORM APPROVED
OMB NO. 0579-0036

1. RECORD FOR ("X")				USDA LICENSE OR REGISTRATION NO.		2. NAME AND ADDRESS OF LICENSEE, REGISTRANT, OR HOLDING FACILITY			3. BUSINESS YEAR		4. PAGE NO.				
<input type="checkbox"/> Dealer <input type="checkbox"/> Holding Facility (Submit copy to Dealer) <input checked="" type="checkbox"/> Other <input type="checkbox"/> Exhibitor (Dogs and Cats only)				[REDACTED]		Kansas State University, V/P Research, Comparative Medicine Group			FROM (Mo, Day, Yr.) 10/01/16		TO (Mo., Day, Yr.) 09/30/17		01		
IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (See reverse for Breed Abbreviations)												ACQUIRED FROM		DISPOSITION	
A.	B. DOG	C. CAT	D. AGE OR DATE OF BIRTH	E. WT.	F. BREED OR TYPE	G. DESCRIPTION OF ANIMAL	H. DATE ACQUIRED	I.	J.	K.					
TATTOO OR USDA TAG NO.	"X" M or F	"X" M or F			(If mixed breed, list 2 dominant breeds)	(Color, Distinctive Marks, Hair, Tail Tattoos, etc.)		NAME AND ADDRESS USDA LICENSE OR REGISTRATION NUMBER, OR DRIVER'S LICENSE NUMBER AND STATE, VEHICLE LICENSE NUMBER AND STATE,	Date Removed or Sold	Date Died or Euthanized (Specify)					
01-17C	M X F	M F	06/19/16	9.5	Beagle	BLACK, TAN & WHITE Tattoo: CHFCML	01/19/17	[REDACTED]		Euth. 2-10-17					
02-17C	M X F	M F	06/22/16	9.2	Beagle	BLACK, TAN & WHITE Tattoo: CHFCRG	01/19/17	[REDACTED]		Euth. 2-10-17					
03-17C	M X F	M F	06/30/16	9.2	Beagle	BLACK, TAN & WHITE Tattoo: CHFCXM	01/19/17	[REDACTED]		Euth. 2-6-17					
04-17C	M X F	M F	06/20/16	9.4	Beagle	BLACK, TAN & WHITE Tattoo: CHFCNG	01/19/17	[REDACTED]		Euth. 5-12-17					
05-17C	M X F	M F	06/21/16	9.8	Beagle	BLACK, TAN & WHITE Tattoo: CHFCNR	01/19/17	[REDACTED]		Euth. 5/31/17					
06-17C	M X F	M F	06/23/16	9.0	Beagle	BLACK, TAN & WHITE Tattoo: CHFCSG	01/19/17	[REDACTED]		Euth. 5/11/17					
APHIS FORM 7006 (JUN 95)		INSPECTOR USE ONLY		LAST INSPECTION (Date)		TOTAL NO. ANIMALS ENTERED SINCE LAST INSPECTION		COUNT TOTAL NO. ANIMALS ACTUALLY ON PREMISES		DATE		INITIALS			

(Replaces VS Form 18-5 which may be used.)

RECORD OF DISPOSITION OF DOGS AND CATS

2. PAGE

☒ SALE ☐ EXCHANGE OR TRANSFER ☐ DONATION

07/09/2019

1 OF 1

3. SELLER OR DONOR (NAME & ADDRESS)

4. BUYER OR RECEIVER (NAME & ADDRESS)

KANSAS STATE UNIVERSITY

3A. DEALER'S LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (SELLER)

4A. USDA LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (IF ANY)

5. IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (SEE REVERSE FOR BREED ABBREVIATIONS FOR DOGS AND CATS) * IF MIXED BREED, LIST 2 DOMINANT BREEDS

COMPLETE ITEMS A THRU G FOR EACH ANIMAL

[illegible]

6. DELIVERY BY (CHECK ONE AND COMPLETE APPLICABLE ITEM 7 AND 8)

☐ **COMMERCIAL SHIPPER**☐ BUYER'S VEHICLE☒ SELLER'S VEHICLE

7. NAME AND ADDRESS OF COMPANY OR FIRM (INCLUDE ZIP CODE)

8. NAME AND BUSINESS ADDRESS OF TRUCK DRIVER (INCLUDE ZIP CODE)

9. RECEIVED BY

10. SIGNATURE

11. TITLE

12. DATE

Veterinarian

10 Jul 19

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

RECORD OF DISPOSITION OF DOGS AND CATS

FORM APPROVED OMG NO. 0579-0036
DATE OF DISPOSITION

2. PAGE

1 OF 2

☒ SALE ☐ EXCHANGE OR TRANSFER ☐ DONATION

07/08/2019

INSTRUCTIONS: COMPLETE APPLICABLE ITEMS 1 THROUGH 8. ORIGINAL AND USDA COPY TO BE RETAINED BY SELLER
BUYER'S COPY TO ACCOMPANY SHIPMENT. IT MUST BE RETAINED BY BUYER

3. SELLER OR DONOR (NAME & ADDRESS)

4. BUYER OR RECEIVER (NAME & ADDRESS)

KANSAS STATE UNIVERSITY

3A. DEALER'S LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (SELLER)

4A. USDA LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (IF ANY)

5. IDENTIFICATION OF EACH ANIMAL BEING DELIVERED

(SEE REVERSE FOR BREED ABBREVIATIONS FOR DOGS AND CATS) * IF MIXED BREED, LIST 2

DOMINANT BREEDS

COMPLETE ITEMS A THRU G FOR EACH ANIMAL

IDENTIFICATION NUMBER	DOG "X" M OR F	CAT M OR F	AGE OR DATE OF BIRTH	WEIGHT	BREED OR TYPE	DESCRIPTION OF ANIMAL (COLOR, DISTINCTIVE MARKS, HAIR, TAIL, TATTOOS, ETC.)
EVW-8 32-19	M	F	11/21/18	6.60	BEAGLE	TRICOLOR
HXW-8 23-19	M	F	11/29/18	6.80	BEAGLE	TRICOLOR
ITY-8 27-19	M	F	12/2/18	5.60	BEAGLE	TRICOLOR
Y-8 34-19	M	F	12/3/18	6.80	BEAGLE	TRICOLOR
KTY-8 30-19	M	F	12/2/18	6.10	BEAGLE	TRICOLOR
LDY-8 26-19	M	F	12/6/18	7.40	BEAGLE	BLOND
LTY-8 24-19	M	F	12/10/18	6.10	BEAGLE	TRICOLOR
PJY-8 25-19	M	F	12/14/18	7.60	BEAGLE	TRICOLOR
QDY-8 33-19	M	F	12/10/18	6.60	BEAGLE	TRICOLOR
ROY-8 20-19	M	F	12/15/18	7.30	BEAGLE	BLOND
RTY-8 36-19	M	F	12/17/18	8.20	BEAGLE	TRICOLOR
RUY-8 37-19	M	F	12/17/18	7.30	BEAGLE	TRICOLOR
SFY-8 22-19	M	F	12/16/18	7.80	BEAGLE	TRICOLOR
SRY-8 21-19	M	F	12/18/18	6.20	BEAGLE	TRICOLOR

6. DELIVERY BY (CHECK ONE AND COMPLETE APPLICABLE ITEM 7 AND 8)

☐ COMMERCIAL SHIPPER

☐ BUYER'S VEHICLE

☒ SELLER'S VEHICLE

7. NAME AND ADDRESS OF COMPANY OR FIRM (INCLUDE ZIP CODE)

8. NAME AND BUSINESS ADDRESS OF TRUCK DRIVER (INCLUDE ZIP CODE)

9. RECEIVED BY

10. SIGNATURE

11. TITLE

veterinarian

12. DATE

8 Jul 2019

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

FORM APPROVED OMG NO. 0579-0036
DATE OF DISPOSITION

2. PAGE

RECORD OF DISPOSITION OF DOGS AND CATS

☒ SALE ☐ EXCHANGE OR TRANSFER ☐ DONATION

02/13/2019

1 OF 2

INSTRUCTIONS: COMPLETE APPLICABLE ITEMS 1 THROUGH 8. ORIGINAL AND USDA COPY TO BE RETAINED BY SELLER
BUYER'S COPY TO ACCOMPANY SHIPMENT. IT MUST BE RETAINED BY BUYER

3. SELLER OR DONOR (NAME & ADDRESS)

4. BUYER OR RECEIVER (NAME & ADDRESS)

KANSAS STATE UNIVERSITY

3A. DEALER'S LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (SELLER)

4A. USDA LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (IF ANY)

5. IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (SEE REVERSE FOR BREED ABBREVIATIONS FOR DOGS AND CATS) * IF MIXED BREED, LIST 2 DOMINANT BREEDS

COMPLETE ITEMS A THRU G FOR EACH ANIMAL

IDENTIFICATION NUMBER	DOG "X" M OR F	CAT "X" M OR F	AGE OR DATE OF BIRTH	WEIGHT	BREED OR TYPE	DESCRIPTION OF ANIMAL (COLOR, DISTINCTIVE MARKS, HAIR, TAIL, TATTOOS, ETC.)
BCQ-8	M X F	M F	8/12/18	6.40	BEAGLE	TRICOLOR
CTQ-8	M X F	M F	8/8/18	7.60	BEAGLE	TRICOLOR
DPQ-8	M X F	M F	8/7/18	7.10	BEAGLE	TRICOLOR
HO-8	M X F	M F	7/19/18	7.50	BEAGLE	TRICOLOR
OIO-8	M X F	M F	7/19/18	6.90	BEAGLE	TRICOLOR
QJO-8	M X F	M F	7/19/18	7.10	BEAGLE	TRICOLOR
SZO-8	M X F	M F	7/28/18	6.40	BEAGLE	TRICOLOR
TDO-8	M X F	M F	7/27/18	7.20	BEAGLE	TRICOLOR
TKO-8	M X F	M F	7/29/18	6.60	BEAGLE	TRICOLOR
TXO-8	M X F	M F	7/26/18	6.70	BEAGLE	TRICOLOR
TZO-8	M X F	M F	7/26/18	6.90	BEAGLE	TRICOLOR
UHO-8	M X F	M F	7/28/18	6.00	BEAGLE	TRICOLOR
UIO-8	M X F	M F	7/28/18	7.10	BEAGLE	TRICOLOR
VDO-8	M X F	M F	7/27/18	7.10	BEAGLE	TRICOLOR

6. DELIVERY BY (CHECK ONE AND COMPLETE APPLICABLE ITEM 7 AND 8)

☐ COMMERCIAL SHIPPER

☐ BUYER'S VEHICLE

☒ SELLER'S VEHICLE

7. NAME AND ADDRESS OF COMPANY OR FIRM (INCLUDE ZIP CODE)

8. NAME AND BUSINESS ADDRESS OF TRUCK DRIVER (INCLUDE ZIP CODE)

9. RECEIVED BY

10. SIGNATURE

11. TITLE

12. DATE

RECORD OF DISPOSITION OF DOGS AND CATS

DATE OF DISPOSITION

02/13/2019

2 OF 2

☒ SALE ☐ EXCHANGE OR TRANSFER ☐ DONATION

DEALER'S LICENSE NO. OR RESEARCH FACILITY REGISTRATION

3. SELLER OR DONOR (NAME & ADDRESS)

4. BUYER OR RECEIVER (NAME & ADDRESS)

KANSAS STATE UNIVERSITY

[illegible]

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection are 0579-0036 and 0579-0392. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved
0579-0036 and 0579-0392

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

RECORD OF DISPOSITION OF DOGS AND CATS

☒ SALE ☐ EXCHANGE OR TRANSFER ☐ DONATION

1. DATE OF DISPOSITION

02/27/2017

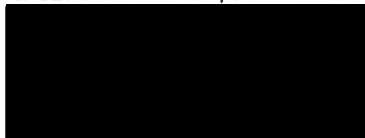
2. PAGE

1 OF

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

INSTRUCTIONS: Complete applicable items 1 through 8. Original and USDA Copy to be retained by seller.
Buyer's Copy to accompany shipment. It must be retained by Buyer.

3. SELLER OR DONOR (Name and Address)



4. BUYER OR RECEIVER (Name and Address)

KANSAS STATE UNIV P



3A. DEALER'S LICENSE NUMBER OR RESEARCH FACILITY REGISTRATION NUMBER (Seller)

4A. USDA LICENSE NUMBER OR RESEARCH FACILITY REGISTRATION NUMBER (if any)

5. IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (See reverse for Breed Abbreviations for Dogs and Cats) * If mixed breed, list 2 dominant breeds

COMPLETE ITEMS A THROUGH G FOR EACH ANIMAL							
A. IDENTIFICATION NUMBER	B. DOG		C. CAT		D. AGE OR DATE OF BIRTH	E. WEIGHT	F. BREED OR TYPE *
	"X" M OR F						G. DESCRIPTION OF ANIMAL (Color, Distinctive Marks, Hair, Tail, Tattoos, etc.)
CHFCFK	M	F	M	F	2016-06-10	8.6	BE BLACK, TAN & WHITE
CHFCNX	M	F	M	F	2016-06-21	8.3	BE BLACK, TAN & WHITE
CHFCPL	M	F	M	F	2016-06-21	8.5	BE BLACK, TAN & WHITE
CHFCRW	M	F	M	F	2016-06-23	9.8	BE BLACK, TAN & WHITE
CHFCUS	M	F	M	F	2016-06-26	8.2	BE BLACK, TAN & WHITE
CHFCVE	M	F	M	F	2016-06-28	8.2	BE BLACK, TAN & WHITE
CHFCXA	M	F	M	F	2016-06-30	9.2	BE BLACK, TAN & WHITE
CHFCAP	M	F	M	F	2016-06-02	9.1	BE BLACK, TAN & WHITE
CHFCBP	M	F	M	F	2016-06-04	8.3	BE BLACK, TAN & WHITE
CHFCGX	M	F	M	F	2016-06-06	9.3	BE BLACK, TAN & WHITE
CHFCGY	M	F	M	F	2016-06-06	9.6	BE BLACK, TAN & WHITE
CHFCED	M	F	M	F	2016-06-09	9.4	BE BLACK, TAN & WHITE
CHFCIP	M	F	M	F	2016-06-15	8.8	BE BLACK, TAN & WHITE
CHFCJE	M	F	M	F	2016-06-15	8.0	BE BLACK, TAN & WHITE

6. DELIVERY BY (check one and complete applicable items 7 and 8)

☒ COMMERCIAL SHIPPER

☐ BUYER'S VEHICLE

☐ SELLER'S VEHICLE

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



8. NAME AND ADDRESS OF TRUCK DRIVER (Include ZIP Code)

Bio Trans LLC - Driver

9. RECEIVED BY

10. SIGNATURE

11. TITLE

12. DATE

Veterinarian

2/28/17

JUL 2009

COVANCE

THE DEVELOPMENT SERVICES COMPANY

17583

Covance Research Products Inc.

USDA License Number: [REDACTED]

Ship To: KANSAS STATE UNIV [REDACTED]
COMPARATIVE MEDICINE GROUP [REDACTED]

Ship Via: BIO TRANS

Driver: [REDACTED]

Ship Date: 2017-01-18

Breed: BEAGLE

Page 1 of 1

ORDER PACKING LIST SOP#: 6127

No.	Tattoo	D. O. B.	Sex	Sire ID.	Dam ID.	Weight(Kgs.)	Description
11. ✓	CHFCML Cols	2016-06-19	M	CFHDER	CFICUP	9.5	BLACK, TAN & WHITE
12. ✓	CHFCNG	2016-06-20	M	CFKCCR	CFACER	9.4	BLACK, TAN & WHITE
13. ✓	CHFCNR	2016-06-21	M	CGGCVH	CCLCUB	9.8	BLACK, TAN & WHITE
14. ✓	CHFCRB Cols	2016-06-22	M	CEKCAA	CBACZA	9.2	BLACK, TAN & WHITE
15. ✓	CHFCRB	2016-06-23	M	CEICHE	CBKCHN	9.0	BLACK, TAN & WHITE
16. ✓	CHFCRI	2016-06-23	M	CEICHE	CBKCHN	10.0	BLACK, TAN & WHITE
17. ✓	CHFCUJ	2016-06-25	M	CGFCIA	CEBCEP	9.1	BLACK, TAN & WHITE
18. ✓	CHFCVK	2016-06-26	M	CFLCAA	CBFCKM	9.8	BLACK, TAN & WHITE
19. ✓	CHFCXM Cols	2016-06-30	M	CEDCML	CEHCLB	9.2	BLACK, TAN & WHITE

Federal
& Medical Books
done 1/19/17

DELIVERY RECEIPT - TO BE COMPLETED BY BUYER OR RECEIVER

APPARENT CONDITION OF ANIMALS DELIVERED: GOOD / ☒ / POOR / ☐ / *REJECTED / ☐ /

*IF REJECTED GIVE REASON - ATTACH EXPLANATION

NUMBER OF ANIMALS RECEIVED: 9 / ALIVE / 9 / DEAD / ☐ /

PRINT NAME: [REDACTED]

BY: [REDACTED]

Veterinarian
(TITLE)1/19/17
(DATE)

THE AMERICAS

EUROPE

ASIA/PACIFIC

AFRICA

Obtained by Rise for Animals. Uploaded 07/09/2020

USDA License Number: [REDACTED]

Medical + Federal
Records done SW
3-28-18

Ship To: KANSAS STATE UNIVERSITY

Ship Via: BIOTRANS

Driver: [REDACTED]

Ship Date: 2018-03-26

Breed: BEAGLE

Page 1 of 1

ORDER PACKING LIST SOP#: 6127

Q.	Tattoo	D. O. B.	Sex	Sire ID.	Dam ID.	Weight(Kgs.)	Description
===	=====	=====	===	=====	=====	=====	=====
1.	CIJCEN ✓	2017-10-08	M	CSBCWZ	CHHCHV	8.0	BLACK, TAN & WHITE
2.	CIJCEP ✓	2017-10-08	M	CSBCWZ	CHHCHV	8.1	BLACK, TAN & WHITE
3.	CIJCHZ ✓	2017-10-15	M	CEGCAN	CGGCSG	8.5	BLACK, TAN & WHITE
4.	CIJCIB ✓	2017-10-15	M	CEGCAN	CGGCSG	7.3	BLACK, TAN & WHITE
5.	CIJCIC ✓	2017-10-15	M	CEGCAN	CGGCSG	8.7	BLACK, TAN & WHITE
6.	CIJCKB ✓	2017-10-18	M	CFBCBH	CDICSR	8.0	BLACK, TAN & WHITE
7.	CIJCKJ ✓	2017-10-19	M	CFLCAA	CGECFA	7.0	BLACK, TAN & WHITE
8.	CIJCKK ✓	2017-10-19	M	CFLCAA	CGECFA	7.6	BLACK, TAN & WHITE
9.	CIJCLE ✓	2017-10-20	M	CGACJD	CHADY	9.2	BLACK, TAN & WHITE
10.	CIJCND ✓	2017-10-25	M	CEBCBU	CDBCCI	8.8	BLACK, TAN & WHITE
11.	CIJCNU ✓	2017-10-25	M	CGICDW	CEJCJL	8.4	BLACK, TAN & WHITE
12.	CIJCPI ✓	2017-10-29	M	CFICMZ	CFECUM	8.5	BLACK, TAN & WHITE
13.	CIJCBK ✓	2017-10-02	F	CGECKM	CGGDHH	6.5	BLACK, TAN & WHITE
14.	CIJCFU ✓	2017-10-10	F	CEKCHN	CFLCTG	6.6	BLACK, TAN & WHITE
15.	CIJCGS ✓	2017-10-12	F	CEACVY	CHKCBW	6.7	BLACK, TAN & WHITE
16.	CIJCBX ✓	2017-10-12	F	CFBCBS	CGCCRZ	6.7	BLACK, TAN & WHITE
17.	CIJCHY ✓	2017-10-15	F	CEHCET	CGCCFN	6.1	BLACK, TAN & WHITE
18.	CIJCIL ✓	2017-10-15	F	CGGCVL	CGGCNR	7.4	BLACK, TAN & WHITE
19.	CIJCJB ✓	2017-10-17	F	CHGCKA	CFGCXK	5.7	BLACK, TAN & WHITE
20.	CIJCKD ✓	2017-10-18	F	CFBCBH	CDICSR	6.1	BLACK, TAN & WHITE
21.	CIJCLN ✓	2017-10-20	F	CHHCPW	CFJCBC	6.4	BLACK, TAN & WHITE
22.	CIJCMG ✓	2017-10-22	F	CGCCSZ	CEACHI	6.0	BLACK, TAN & WHITE
23.	CIJCMY ✓	2017-10-23	F	CDHCMS	CEICMW	6.9	BLACK, TAN & WHITE
24.	CIJCMV ✓	2017-10-26	F	CFKCJD	CFHDFZ	6.0	BLACK, TAN & WHITE

DELIVERY RECEIPT - TO BE COMPLETED BY BUYER OR RECEIVER

APPARENT CONDITION OF ANIMALS DELIVERED: GOOD / 02 / POOR / 00 / *REJECTED / 00 /

*IF REJECTED GIVE REASON - ATTACH EXPLANATION

NUMBER OF ANIMALS RECEIVED: TOTAL / 24 / ALIVE / 24 / DEAD / 00 /

PRINT NAME: [REDACTED]

BY: [REDACTED] Lab animal Technician 3-27-18
(TITLE) (DATE)