

Proof of Origin - Ntomba Mobengi

REPUBLIQUE DEMOCRATIQUE DU CONGO VILLE DE KINSHASA.

CERTIFICAT SANITAIRE-SANITARY CERTIFICATE.

A/T3-+iC-+ion	
A/Identification: Chien/ Dog:	e/Other
Panel Presed: PA CENITY Seve	Ser U
Race/ Breed: BASENIH Sext Robe/ Colour: Net F. Date	de naissance/ Date of hirth: 15 01/2010
Marques particulières/ Special marking:	do massantos Baro of our mayor (a c
Transpondage/ Microchips:4866465A2D	
Transpondage/ Microchips: 4866465A2D Proprietaire/ Owner JOHANNE JACK	E C
P/Devented and Parantology	(-)
B/Parasitologie/ Parasitology: L'animal ci-dessus mentionné a été traité contre les paras	ites externes eves
Le dernier traitement contre les parasites int	arnag a en lieu le
	enjes a eu neu ie
avec: The above mentioned animal has been treated against ex	townal parasites with ANIANTIY ON
the .o.l/.o.l/2010. The last treatment against internal p	perceites accurad on
the GIO 1000 with PARANTEC	arasues occurea on
C/Maladies infectieuses/ Infectious disease:	
L'animal ci-dessus mentionné ne présente aucun signe de	maladia infectiouse ou contacieuse
à la date de l'établissement de ce certificat.	: maiathe infectieuse ou contagleuse
The characteristic description of an infact	iour or contracious diseases on the
The above mentioned animal shows no sign of any infect	ous or contagious aisease on the
day of the issue of this certificate.	
D/Vaccinations:	aantra
L'animal ci-dessus mentionné a été vacciné en date du	
chien: Carré, hépatite, leptospirose, parvovirus, p	iraninuenza, boruetena, rage
chat: Panleucopénie, rhinotrachéite infectieuse, ca	mervirose, emanyura, rage.
The above mentioned animal has been vaccinated on the	
* dog:distemper , hepatitis, leptospirosis, parvoviri cat: panleucopenia, infectious rhinotracheitis,cal	is, paraingruenza, vorgetetta, raetes
E/ Vaccination antirabique/ Vaccination against rabies:	civirus, chiamyaia, rabies.
Fabricant/ Manufacture: Merial	
Norm du vincein/ Name of the vinceine/Deb	inim PUPPY DP
Nom du vaccin/ Name of the vaccine: (Rab Numéro de lot/ Lot number: A 034A •	
Expiration: OJ 2011	
Voie d'administration/ Pouts of administra	ations 00
Voie d'administration/ Route of administration/ Date de la dernière vaccination/ Date of the	MION. 3C
Date de la viscoination establanta/ Date of the	the former receivation.
Date de la vaccination précédente/ Date of F/Je soussigné, Médecin vétérinaire agréé, certifie l'exact	ine jormer vaccination:
figurant sur ce certificat de bonne santé.	itude de toutes les informations
I the undersigned veterinary surgeon approved, certify th	a manufacture of all the informations
stated on this health certificate.	e accuracy of all the informations
G/Ce certificat est valable dix jour à dater de son émission	
This certificate is valid ten days after beeing edited.	11.
	111111 90 10

Date: 03/ MARS / 2010 Kinshasa, Democratic Republic of Congo

Clinique Vétérinaire Kinoise Dr. Shengo Jerôme Dr. Pierre Verhaeghe.

Dr Freddy Modonji

or. VENTACUSK Dr. SMENU Clinique Vétérinaire Kinois 28, Av. Macampagne IKir