

VICKSBURG POLICE DEPARTMENT

820 Veto Street • Post Office Box 150 Vicksburg, Mississippi 39181-0150 601-636-2511 • Fax 601-636-7854

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M.M			
W.T		_	
MAR	2	8	2017

WALTER ARMSTRONG
CHIEF OF POLICE

GEORGE FLAGGS, JR.
MAYOR AND POLICE COMMISSIONER

March 27, 2017

Board of Mayor and Aldermen 1401 Walnut Street Vicksburg, MS 39180

RE: Donated K-9

Board of Mayor and Aldermen:

On March 24, 2017, the Vicksburg Police Department took delivery of one German shepherd for use in the K-9 Unit. The K-9 is two and half year old, male German Shepherd that was donated by the Department of Defense and United States Air Force. The K-9, named Cezar, was picked up on March 24, 2017 from Lackland Air Force Base in San Antonio, Texas.

I am requesting permission for the K-9, Cezar, to be placed into Vicksburg Police Department inventory. I have attached documents for you to review. Should you need any additional information, please do not hesitate to contact me.

Respectfully,

Walter L. Armstrong, Chief of Police



REPLY TO ATTENTION OF

DEPARTMENT OF THE ARMY

DOD MILITARY WORKING DOG VETERINARY SERVICE LTC DANIEL E. HOLLAND MILITARY WORKING DOG HOSPITAL 1219 KNIGHT STREET, BLDG 7602

JOINT BASE SAN ANTONIO-LACKLAND, TEXAS 78236-5519

MCVS-MWD (40-905)

23 mar 17

MEMORANDUM FOR RECORD

SUBJECT: Certificate of Acclimation/Fitness for Travel

Acclimation/thermo neutral zone for this animal is (circle one):

Regulation IAW 9 CFR (45°-85° F) or as listed from _____° F to _____° F.

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

3. Military Working Dog Name	<u> LZUV</u> an	d Tattoo number	¥302			
FOR THE DIRECTOR:		į.	indrew J. Kay, DVN	L DACVPM	Secretary de	
F = 3 76	MAJ US Army Veternary Service					
		(Carried Spiritures of the Control of	Can)		
	VETERINARY H		FICATE			
AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; 10 U.S.C. 5013, Secreta Veterinary Health Services; and E.O. 9397 (SSN).		CY ACT STATEMENT cretary of the Air Force; DoD D	Irective 6400.4, DoD Ve	elerinary Services Program; AR	40-905, SECNAVIST 8401, 1B, A	FI 46-131,
PRINCIPAL PURPOSE(S): The personal information will facilitate and document your	animal's general health and rables	vaccination status to permit into	erstate and international	I movement,		
RQUTINE USE(S): Used by state, Federal, and international health authorities to reque and communicable disease control programs; compile statistical data; conduct research				Information may also be used	to aid in Federal, state, and local	preventive health
DISCLOSURE: Voluntary; however, if the requested information is not furnished, the ar	nimal may not be allowed interstate	or international movement.				
1. OWNER'S NAME (Last, First, Middle Initial)				2. TELEPHONE NU	MBER (Include Area Co	de)
3. ADDRESS (Number, Street, City, State, ZIP Code)						
4. ANIMAL	No. of the second secon					
a NAME/TATTOO	b. SPECIES	c. SEX	d. /	AGE	e. WEIGHT	
Clear 1302	CANINE	mai	e 2	YR(S) 4 MC	s 72	#
f. MICROCHIP NUMBER(S)	g. PREDOMINANT BR		h. (COLOR(S)		
941 000 015 828 362	G	SD		Sable		
5. RABIES IMMUNIZATION DATA						
a. PRODUCER (First 3 letters) b. LOT NUMBER	c. VIRUS T		DATE VACCINA	ATED e	. VACCINATION DURA	
MER 18304	KILLEI		18JAN	117	2 YEAF	
This is to certify that the above described animal						
communicable disease. This animal appears hea						
It is recommended that the ambient temperature CFR. 3.18. To the best of my knowledge this ani						
6. FACILITY ADDRESS (Street, City, State, ZIP Code)	mai nas not been e.	7. VETERINARIA		iginate irom a rat	pies quarantine are	а.
DOD MILITARY WORKING DOG VI	ET SVCS	a. NAME	N		b. LICENSE NUMBER	
	Andrew J. Kay, C	OVM, DACVPM				
1219 KNIGHT STREET, BLDG 7602	۷	MAJ	2002-201200	1 1 1 1 2		_
LACKLAND AFB, TX 78236		US Army Veterna	Bry Service		VT6003900	09
/210\ 671 ₋ 3991		Others Acteurstia	n, Accreditation (1033)	ES 4		

c. SIGNATURE

d. DATE (YYYYMMDD) 2970323

STATE OF:	TEXAS	COUNT OF: BEX	'AR		ENANT NOT TO SU ENTLAW ENFOR		
KNOW ALL T	HESE PRESENT THAT		\$				
LEA Rep Name ROBERT STEWART		on behalf of LEA Name VICKSBURG POLICE DEPARTMENT					
(hereafter referred to as "RECIPIENT") accepts the following described military working dog(s) (hereafter referred to as "MWD") to wit							
MWD Name:	CEZAR	Tattoo No.:	Y302	Whelp Date:	11/29/2014		C Female
Breed: GER	MAN SHEPHERD DOG		Program Elimin	ated from: 341 TRS N	Ailitary Working Dog Sc	chool	
MWD Name:	n/a	Tattoo No.:		Whelp Date:		Male	(Female
Breed:			Program Elimin	ated from:			1
MWD Name:	n/a	Tattoo No.:		Whelp Date:		☐ Male	(Female
Breed:	-		Program Elimin	ated from:			*
That the LEA RECIPIENT hereby stipulates and guarantees that the canine(s) provided under this agreement is (are) being acquired for use by for the purpose of LAW EMPORCEMENT. It is hereby agreed by both parties that the adoption of said canines is not being accomplished with the intent that said canines be resold by the LEA RECIPIENT to a third party. If the LEA RECIPIENT fails to comply with this provision and places to examine(s) provided under this agreement for sale, the LEA RECIPIENT shall reimburse 341 TRS for the full market replacement value of the canine(s) provided under this agreement at a rate set by 341 TRS. The 341 TRS reserves the right to pursue all available legal recourse should the LEA RECIPIENT be found to have procured the canines provided under this agreement under false pretenses. LEA RECIPIENT, on consideration of the transfer of above referenced MWD(s), the receipt of which is hereby acknowledged, does hereby covenant and agree with the United States Government, Department of Defense, or any employee or servant thereof, for or by reason of any damage, loss, or injury either to person or property or both or wrongful death, which may be caused directly or indirectly by the above described MWD, however and whenever the same may be caused. And in further consideration of the transfer of said MWD, LEA RECIPIENT hereby agrees to indemnity the United States Government, and Department of Defense and any and all services be employed by the Government and the Department of Defense, through its agents and representatives, that LEA RECIPIENT, or his heirs, assigns, executors of administrators, will never institute or in any way aid in the institution of any suit, action at law, or make any claim against the United States Government, Department of Defense, or any employee or servant thereof, for or by reason of any damage, loss, or injury either to person or property or both, which may be caused directly or indirectly by the above described dog, however and whenever the same may be caused. And i							
allo	Luce	_	Signature of D	DOD Representative	Jerry M. Britt Jr.	e Block of DoD	Agent
Signature	of LEA Representative, on b	pehalf of	Ciginature of B	- Topi Goomanio	- Olynatur	2 3,000, 01 202	135.11
Robert Stewa	rt	s	TATE OF: TE	XAS	COUNTY OF: _	BEXAR	
	lice Department			Ry M. BRIT			
820 Veto Stre	of LEA Representative and			to me to be the person with that he/she executed the			
Vicksburg, M		or	n this				
Laterandia, Mi	Address of LEA		13rd day of M	ARCH 2017	_ N	JERRY M. B otary Public, St My Commissi	tate of Texas
601-626-2511	1 Phone Number of LEA		ALC:	NOTARY PUBLIC	Or	October 3	0, 2019