

**CLEVELAND ZOO**

**REQUEST #2**

**Transaction Documents  
(Ownership / LEASE INFO)**

**10 PAGES FOLLOW**

Cleveland Metroparks Zoo  
3900 Brookside Park Drive

USDA 31-C-003  
CBW PRT-692874

Cleveland, OH 44109 **Animal Transaction Confirmation Form**

Alan L. Sironen, Mammal Curator (216) 661-6500 x 273  
FAX: (216) 661-3312

AZA #IN-1350500 (1972)  
ISIS Inst. Code: 310536007

Date: 2/13/1997

Transaction Type: Breeding Loan

Vendor: Erie Zoo  
423 W. 38th Street  
Erie PA 16508-0268  
( 814 ) 864-4091

Contact Person: James Rhea/ Cynthia Kze  
USDA # 23 C 002

FAX: ( )

Other applicable permit #'s:

**PROFILE REQUIRED FOR NON-AZA RECEIVING INSTITUTIONS:**

Sex ratio	Common Name	ID#	Unit \$	TOTAL \$
<u>1 Female</u>	<u>African Elephant</u>	<u>611</u>	<u>Loxodonta Africana</u>	<u>Breeding Loan</u>
				<u>per SSP</u>
				<u>Purchase</u>

Conditional health exams/tests requested : CBC; Blood chemistry; Negative fecal; Salmonella culture.  
A copy of all medical records.

Cleveland Metroparks Zoo will send one keeper to Erie up to one week prior to the transfer for acclimation to the specimen and Erie will send one keeper to Cleveland Metroparks Zoo for up to one week post-transfer for familiarization to the facilities and for the welfare of the specimen.

The Erie Zoo has requested that Novack Animal Sales, Cairo, NY be the designated hauler. Cleveland Metroparks Zoo, being the recipient, will pay freight charges, as is consistent with animal transportation protocols. The Erie Zoo has also requested appropriate CMZ Animal Management Staff assist with loading the specimen at the Erie Zoo for transportation to Cleveland.

**ALL TRANSACTIONS are SUBJECT to the FOLLOWING:** The recipient agrees that animals acquired from Cleveland Metroparks Zoo and their progeny will not be placed in an animal auction, a hunting situation, the pet trade, or in an institution for biomedical research purposes that are not of direct benefit to the animal or species. These conditions hold true when the animal(s) are surplused to others. The specimen(s) will be provided with appropriate housing, food and veterinary care, and will receive humane treatment to the best of the recipient's ability. The recipient will provide documentation of these conditions as requested.

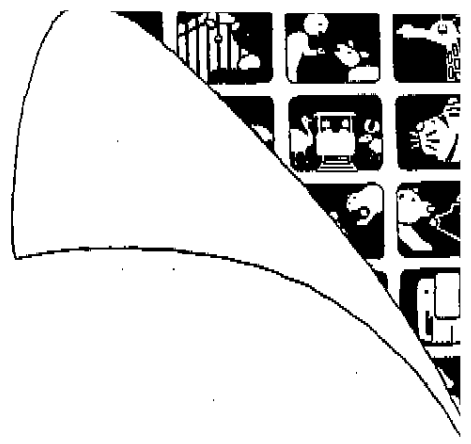
PLEASE SIGN AND RETURN ONE COPY AS SOON AS POSSIBLE.  
SINCERELY,

\_\_\_\_\_  
Alan L. Sironen Date  
Mammal Curator

\_\_\_\_\_  
Dr. Hugh R. Quinn Date  
General Curator

\_\_\_\_\_  
Steve H. Taylor Date  
Director, Cleveland Metroparks Zoo  
ATC.frm (revised 01/97)

\_\_\_\_\_  
Vendor Signature Date



April 22, 1997

Alan Sironen  
Curator of Mammals  
Cleveland Metroparks Zoo  
3900 Brookside Park Drive  
Cleveland, OH 44109

Dear Alan,

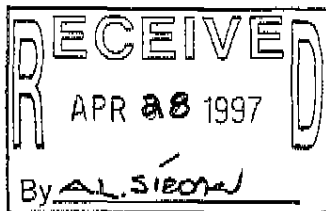
In order to firm up our tentative agreement on transferring ownership of "Kiah" our 12 year old 0/1 African Elephant to the Cleveland Zoo, I forward the following information.

1. The animal is available to you on any mutually agreed date, preferably June, 1997.
2. Cleveland Zoo has arranged for Ed Kovacs<sup>2</sup> to transport the animal.
3. Erie Zoo will receive \$18,000.
4. Erie Zoo staff will secure pre-shipment medical tests etc. on the animal as requested.
5. Erie Zoo staff will accompany animal to Cleveland and assist with acclimation at our expense.
6. It's agreed that both institutions will keep in close contact throughout this process.

Sincerely,

James P. Rhea  
Executive Director

JPR/lac



RECORD OF ACQUISITION, DISPOSITION OR TRANSPORT  
OF ANIMALS

(Other Than Dogs and Cats)

SALE  EXCHANGE OR TRANSFER  DONATION

1. INVOICE NO.

2. PAGE

1 of 01

3. DATE OF DISPOSITION

03 June 97

4. DEALER'S LICENSE NO.

23-C-002

INSTRUCTIONS: Complete applicable items 1 thru 13. Original and one copy to accompany animals. When delivery is made - items 14 thru 20 must be completed. Original retained by Buyer (Receiver) and copy returned to Dealer (Seller or Donor). Attach Continuation Sheet (VS Form 18-20A) as needed.

5. SELLER OR DONOR (Name & Address, include Zip Code)

Erie Zoological Gardens  
P.O. Box 3268  
423 West 38th Street  
Erie, PA 16508  
(814) 864-4093

6. BUYER OR RECEIVER (Name & Address, include Zip Code)

Cleveland Metroparks Zoo  
3900 Brookside Park Drive  
Cleveland, OH 44109  
(216) 661-6500

7. USDA LICENSE NO. (if any)

31-C-003-0003 (new #)

B. IDENTIFICATION OF ANIMALS BEING DELIVERED

CONTAINER TAG NO., CRATE OR PEN NO.	NO. ANIMALS	PREVIOUS INVOICE NO. (if any)	INDIVIDUAL IDENT. TATTOOS, TAG NOS. (if applicable)	SPECIES	AGE - SEX		EST. WEIGHT (lbs.)	REMARKS (Condition, etc.)	RECEIVER'S USE		
					NO. YOUNG	NO. ADULT			J	K	
	1			African Elephant	M	F	1	5,000	Excellent	CMZ #	970616
					M	F					
					M	F					
					M	F					
					M	F					
					M	F					
					M	F					
					M	F					
					M	F					
					M	F					
					M	F					
					M	F					

DELIVERY BY COMMERCIAL CARRIER

11. DELIVERY BY (Check one)

BUYER'S TRUCK

DEALER'S TRUCK (Seller or Donor)

9. BILL OF LADING NO.

12. TRUCK LICENSE NO.

10. NAME AND ADDRESS OF COMPANY OR FIRM

ED NOVACK ANIMAL EXCHANGE  
RT. 1, BOX 126T  
CAIRO, NEW YORK 12413  
518. 622. 8654

13. NAME AND ADDRESS OF TRUCK DRIVER

ED NOVACK  
NEW YORK

DELIVERY RECEIPT - TO BE COMPLETED BY BUYER OR RECEIVER

14. ANIMALS DELIVERED WERE (Check one)

IN APPARENT GOOD CONDITION

POOR CONDITION

REJECTED

IF REJECTED, GIVE REASON (Attach explanation)

15. TOTAL NO. RECEIVED

16. NO. DEAD

17. NO. ALIVE

18. BY (Signature)

ALAN L. SIMON

19. TITLE

CHEMIST OF MAMMALS

20. DATE

6.3.97

# AMERICAN ASSOCIATION OF ZOO VETERINARIANS

## STANDARD CERTIFICATE OF VETERINARY INSPECTION

# 024878

OWNER Evie Zoological Gardens CONSIGNEE Cleveland Metropolitan Zoo DATE ISSUED June 2, 1997

ADDRESS 421 West 18th Street, P.O. Box 3268 Erie, PA 16508 ADDRESS 3900 Widdiell Way Cleveland, OH 44109 Mode of Transport  Land  Air  Sea

PHONE (814) 866-4893 PHONE (216) 661-8500 NAME OF AGENT Ed Novak

ANIMAL I.D. Tattoo Band Tag Etc.	NAME Common Scientific	PHYSICAL DESCRIPTION Age Sex Weight Other	
IS13# 611 Staubhook#231	African elephant <i>Loxodonta africana</i>	12 years old Female approx 5,000 lbs.	

CMZ  
#970616

**HISTORY**  
Date of Vaccination including name of product used \_\_\_\_\_  
Date of last deworming including name of product used \_\_\_\_\_  
Housed with  other animals \_\_\_\_\_  
Recent health problems with similar or adjacent species None  
Given name and dosage of all drugs given prior to or during transport (include antibiotics, restraint or immobilizing drugs) Infu gel, prev i.v. only  
Tuberculin (Used and Dosage) \_\_\_\_\_ Site of injection \_\_\_\_\_  
 Mammalian old tuberculin \_\_\_\_\_  
 Bovine PPD \_\_\_\_\_ results:  Pos  Neg  Suspicious  
Other (specify) \_\_\_\_\_  
EIA results for Equine  Positive  Negative

Brucellosis Test for Ruminants

1-50	1-100	1-200	Result

Method of Examination  Visual  Physical

Based upon a visual examination of the elephant, and a review of zoo medical records, the elephant appears in excellent health.

Permit Obtained If Required Yes  No

\*Verify, as an authorized veterinarian, that the above described animals have been inspected by me and that they are not showing signs of infections, contagious, and/or communicable disease, except where noted. The vaccines and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No further warranty is made or implied.

White Copy — State Veterinarian Office  
Green Copy — State Veterinarian Office  
Yellow Copy — Issuing Veterinarian  
Pink Copy — Accompany Shipment  
Orange Copy — Owner

SIGNATURE Ed Novak DVM  
ADDRESS 3853 Park Ave. East, PA 15204  
APPROVED BY \_\_\_\_\_  
State Veterinarian

AAZV Member   
Non Member

OWNER/AGENT STATEMENT: The animals in this shipment are as certified to and listed on this certificate.

DVM 6/3

01/10/97 12:07 216 661 3312  
APR-18-97 THU 06:56

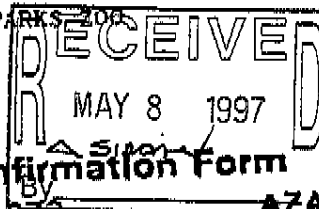
METROPARKS ZOO

002/002  
P.02Cleveland Metroparks Zoo  
3900 Brookside Park Drive

Cleveland, OH 44109

Alan L. Sironen, Mammal Curator (216) 661-6500 x 275

FAX: (216) 861-3312

USDA 31-C-003  
CBW PRT-692874AZA #IN-1350500 (1972)  
ISIS Inst. Code: 310536007Date: APRIL 9 - 1997Transaction Type: LOAN - INVendor: WILDLIFE SAFARI  
P.O. BOX 1600Contact Person: DAN BEETAM  
USDA # 92-C-010WILSON, OREGON 97496-0231

Other applicable permit #'s:

( 541 ) 679-6761FAX: ( ) 679-9210

## PROFILE REQUIRED FOR NON-AZA RECEIVING INSTITUTIONS:

Sex ratio	Common Name	ID#	Unit \$	TOTAL \$
0.1	AFRICAN ELEPHANT	JD #007841	29 YR. OLD	LOAN
0.1	AFRICAN ELEPHANT	MOSHI #005792	20 YR. OLD	LOAN

Additional terms: Insure for shipment and 30 days after arrival (\$10,000 - to \$30,000 -  
payable to wildlife safari.Conditional health exams/tests requested CBC AND BLOOD PROFILE; TB (AVIAN - BOVINE)  
TETANUS, EAR SWAB/FLU - FETAL CULTURE - SALMONELLA - SHIGELLA.

Copies of permits needed to complete this transaction \_\_\_\_\_

Transportation will be FOB Cleveland; Please note Airline Preference: TRANSPORT VIA ED ANNA  
Crate(s) returned prepaid/UPS/Common Carrier.

**ALL TRANSACTIONS are SUBJECT to the FOLLOWING:** The recipient agrees that animals acquired from Cleveland Metropark Zoo and their progeny will not be placed in an animal auction, a hunting situation, the pet trade, or in an institution for biomedical research purposes that are not of direct benefit to the animal or species. These conditions hold true when the animal(s) are surplus to others. The specimen(s) will be provided with appropriate housing, food and veterinary care and will receive humane treatment to the best of the recipient's ability. The recipient will provide documentation of these conditions as requested.

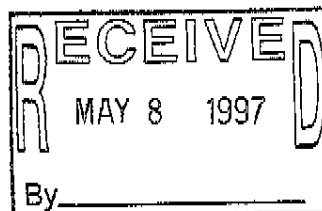
PLEASE SIGN AND RETURN ONE COPY AS SOON AS POSSIBLE.  
SINCERELY,

ALAN L. SIRONEN 4.9.1997  
Alan L. Sironen Date  
Mammal Curator

Hugh Quinn 10 Apr 97  
Dr. Hugh R. Quinn Date  
General Curator

Steve H Taylor 4/10/97  
Steve H. Taylor Date

Michael Collins 10/10/97  
Vendor Signature Date  
DIRECTOR

Safari Game Search Foundation, Inc.  
D/B/A**WILDLIFE  
SAFARI**

A.A.Z.P.A. Accredited



Post Office Box 1600 Winston, Oregon 97496-0231

Information and Reservations: 1-800-355-4848  
Phone (503) 679-6761 Fax (503) 679-9210**BREEDING LOAN AGREEMENT**

THIS BREEDING LOAN AGREEMENT, ENTERED INTO BY

(LOANING INSTITUTION): WILDLIFE SAFARIUSDA #: 92-C-10 CBW #: PRT-672558

AND

(RECEIVING INSTITUTION): CLEVELAND METROPARKS ZOOUSDA #: 31-C-003 CBW #: \_\_\_\_\_

CONCERNS THE FOLLOWING SPECIMEN(S) IDENTIFIED AS FOLLOWS:

<u>SPECIES</u>	<u>SEX</u>	<u>NAME</u>	<u>ISIS #</u>	<u>STUD BOOK #</u>
AFRICAN ELEPHANT	0.1	"Jo"	007841	62
AFRICAN ELEPHANT	0.1	"Moshi"	005792	139

AND WILL REMAIN IN EFFECT UNTIL TERMINATED BY EITHER PARTY.

**A. OBLIGATIONS OF THE LOANING INSTITUTION**

- 1) It is agreed that in the event of diseases, injury or death of the specimen(s) and in the absence of negligence, the receiving institution, its agents and employees will be free of all responsibility of the loaning institution.
- 2) A detailed copy of all information pertaining to the specimen(s), including but not restricted to, ISIS data, behavioral traits, medical, and all other pertinent data will be provided by the loaning institution.
- 3) In the event of intention to sell, trade or otherwise dispose of the specimen(s), the receiving institution shall be given the first right of refusal. In three-party agreements, the other loaning institution shall be given the second right of refusal.

## B. OBLIGATIONS OF THE RECEIVING INSTITUTION

1) The receiving institution will provide adequate housing, diet, medical care and other necessities conducive to the well-being and reproduction of the specimen(s). Under certain circumstances (bachelor herds, etc.), the specimen(s) may be placed in a non-breeding situation, but will be maintained in compliance with the above, for subsequent reintroduction into a potential reproductive situation.

2) Any live young born or hatched and surviving to one month of age, either during the term of this agreement or within a period after termination of this agreement measured by the normal gestation or incubation period of the specimen(s), will be divided between the participating institutions as follows:

    Loaning institution will have the 1st, 3rd, 5th, etc... choice of young born or hatched.

    Receiving institution will have the 2nd, 4th, 6th, etc... choice of young born or hatched.

3) In the event of the specimen(s) being subjected to high-risk medical or husbandry procedures, permission must first be obtained by phone from the loaning institution before the performance of such procedures. This provision is waived in the event of an emergency. Details of such procedures shall be provided in writing to the loaning institution within 10 days.

For any research project in which the specimen(s) may be subjected to manipulation, stress or high-risk procedures, permission must be obtained in writing from the loaning institution.

4) The specimen(s) described in this document will not be transferred to another location outside the receiving institution's contiguous property without obtaining permission from the loaning institution.

5) The loaning institution will be notified within 15 days of mortality of the specimen(s). Births, hatchings, serious illness or the escape of the specimen(s) shall be reported within 15 days.

6) In the event of the death of the specimen(s), a detailed necropsy will be performed by the receiving institution and the findings sent to the loaning institution.

7) The carcass and its parts remain the property of the loaning institution. The final disposition of the carcass and parts will be the decision and responsibility of the loaning institution.

8) The receiving institution will provide all information necessary to maintain appropriate studbooks and record-keeping systems, including ISIS data, and provide such information to the loaning institution, along with a yearly status report of the specimen(s).

9) A copy of all pertinent records will be sent to the loaning institution of this agreement.

10) The loaning institution will be free of any responsibility for any personal injury or property damage due to any accident, escape or mishap resulting from this breeding loan.

### C. OBLIGATIONS OF BOTH INSTITUTIONS

1) All transportation expenses incurred in shipping the specimen(s) to the receiving institution will be borne by the receiving institution; transportation expenses for returning the specimen(s) to the loaning institution will be borne by the loaning institution.

2) This agreement will remain in effect for the lifetime of specimen(s). The loaning institution and the receiving institution have the option of terminating this agreement at any time, in writing, giving the other 30 days prior notice.

3) Prior to the shipping of the specimen(s), the receiving institution must be notified at least 14 days in advance; and specific shipping information provided at least 24 hours in advance of actual shipment.

4) The welfare of the specimen(s) shall be the sole goal of arbitration of any conflict that may arise from the implementation of this agreement. In the event of a conflict, the directors of the loaning and receiving institutions shall each nominate five professional fellows of the AZA. The professional fellows must agree in writing to serve as arbitrators. The lending institution would then delete a name from the receiving institution's list and so on until three names remain. The remaining professional fellows shall arbitrate the dispute, and all involved institutions shall agree to abide by their decisions.

Executed this 21 day of APRIL, 1997.

Signature: Donald E. Ryan

Title: ASST. CURATOR

Loaning Institution: WILDLIFE SAFARI

*9.1.  
Shank*

Signature: Stewart Taylor

Title: DIRECTOR

Receiving Institution: CLEVELAND METROPOLITAN ZOO

This record is maintained by law (7 USC 212156). 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.

See reverse side for additional information.

FORM APPROVED  
OMB NO. 0579-0036

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

1. INVOICE NO.

2. PAGE

1 OF 01

RECORD OF ACQUISITION, DISPOSITION OR TRANSPORT  
OF ANIMALS (Other Than Dogs and Cats)

SALE  EXCHANGE OR TRANSFER  DONATION

LOAN

3. DATE OF DISPOSITION

5-30-97

4. DEALER'S LICENSE NO.

INSTRUCTIONS: Complete applicable items 1 through 13. Original and one copy to accompany animals. When delivery is made - items 14 through 20 must be completed. Original retained by Buyer (Receiver) and copy one returned to Dealer (Seller or Donor). Copy two to be retained by Dealer (Seller or Donor). Attach Continuation Sheet (APHIS FORM 7020A) as needed.

4. SELLER OR DONOR (Name and address, include Zip Code)

Wildlife Safari  
P.O. Box 1600  
Winston, Oregon 97496

5. BUYER OR RECEIVER (Name and address, include Zip Code)

Cleveland Metroparks Zoo  
3900 Brookside Park Drive  
Cleveland, Ohio 44109

7. USDA LICENSE NO. (if any)

31-C-0003

E. IDENTIFICATION OF ANIMALS BEING DELIVERED

A. CON- TAINER TAG NO., CRATE OR PEN NO.	B. NO. ANI- MALS	C. PREVIOUS INVOICE NO. (if any)	D. INDIVIDUAL IDENT., TATTOOS, TAG NOS. (if applicable)	E. SPECIES	F. AGE - SEX		H. EST. WEIGHT (lbs.)	I. REMARKS (Condition, etc.)	RECEIVER'S USE	
					G. NO. YOUNG	NO. ADULT			J.	K.
-	1	-	"Jo"	African Elephant	M	M	3400#	Good Condition	970601	CMZ
-	1	-	"Moshi"	African Elephant	M	M	6900#	Good Condition	970602	
					M	M				
					M	M				
					M	M				
					M	M				
					M	M				
					M	M				
					M	M				
					M	M				
					M	M				
					M	M				

DELIVERY BY COMMERCIAL CARRIER

9. DELIVERY BY (X) ( ) ( )

Buyer's Truck

Dealer's Truck  
(Seller or Donor)

10. TRUCK LICENSE NO.

11. BILL OF LADING NO.

12. NAME AND ADDRESS OF COMPANY OR FIRM

Wildlife Safari  
P.O. Box 1600  
Winston, Oregon 97496

13. NAME AND ADDRESS OF TRUCK DRIVER

Ed Novack  
Novack Animal Sales

DELIVERY RECEIPT - TO BE COMPLETED BY BUYER OR RECEIVER

14. ANIMALS DELIVERED WERE (X) ( ) ( )

IN APPARENT GOOD CONDITION

POOR CONDITION

REJECTED (Attach explanation for rejection)

15. TOTAL NUMBER RECEIVED

2

16. NUMBER DEAD

0

17. NUMBER ALIVE

2

18. BY (Signature)

ALAN A. SIMONEN

19. TITLE  
Caretaker-mammals

20. DATE

6.2.1997

CERTIFICATE OF VETERINARY INSPECTION

No. **92-86941**

Name and Address of Consignor  
 Wildlife Safari  
 P.O. Box 1600  
 Clatsop, Oregon 97106

Name and Mailing Address of Consignee  
 Cleveland Meerkats Zoo  
 3900 Brookside Park Drive  
 Cleveland Ohio 44109

Reassigned to  
 Destination  
 Must be countersigned if used

SPECIES  
 CATTLE  SHEEP  SWINE  
 HORSES  POULTRY  OTHER

ORIGIN OF SHIPMENT  
 A. COUNTY: Douglas

3. MARKET: \_\_\_\_\_

AREA STATUS  
 MODIFIED ACCREDITED (I.B.)  
 TUBERCULOSIS FREE  
 FREE BRUCELLOSIS  
 CLASS "A" BRUCELLOSIS  
 CLASS "B" BRUCELLOSIS  
 OTHER \_\_\_\_\_

HERD OR FLOCK STATUS  
 A.  ACCREDITED HERD NO. \_\_\_\_\_  
 B.  CERTIFIED-HERD NO. \_\_\_\_\_  
 C.  VALIDATED HERD NO. \_\_\_\_\_  
 D.  \_\_\_\_\_ NO. \_\_\_\_\_  
 E.  QUALIFIED NEGATIVE HERD  
 QUALIFYING TEST DATE(S) A. \_\_\_\_\_ B. \_\_\_\_\_

CARRIER: TRUCK  OTHER \_\_\_\_\_  
 NAME AND ADDRESS: \_\_\_\_\_  
 VACCINATION OR TREATMENT FOR (Except Brucellosis) \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 PRODUCT: \_\_\_\_\_

INDIVIDUAL ANIMAL IDENTIFICATION AND TESTS		TUBERCULIN TEST		DATE OF TEST				BRUCELLOSIS			OTHER TEST		
L I N E N O	EAR TAG NO. TATTOO OR OTHER PERMANENT IDENTIFICATION	A G E	S E X	B R E E D	INTRADERMAL		LABORATORY		VACCINATION OR TATTOO SYMBOL	DATE	TEST INTERP.	MO. DAY YR.	TESTED FOR
					DATE: HOUR:	DATE: HOUR:	BAPA	RST					
1	Moshi Elephant												
2	Moshi Elephant												
3													
4													
5													
6	GAZ ID#s												
7													
8													
9	Jo 970601												
10													
11	Moshi 970602												
12													
13													
14													
15													
16													

Veterinary Certification:  
 "I certify, as an accredited veterinarian, that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious, and/or communicable disease, (except where noted). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and Federal interstate requirements. No further warranty is made or implied."  
 Date: 5/30/97 Moshi Meerkats Zoo  
 Address: Same as consignor  
 Clinic: \_\_\_\_\_  
 State Certification: \_\_\_\_\_  
 Owner/Agent Statement: (where applicable)  
 "The animals in this shipment are those certified to and listed on this certificate."  
 Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Signature: \_\_\_\_\_

to DVM 02 June 97 - ok