

Report Start Date  
01/01/1900

# Specimen Report for TACOMA / 97M024

Report End Date  
26/01/2005



Taxonomic name: *Elephas maximus indicus*

Family: Elephantidae

Common name: Indian elephant

Order: Proboscidea

## Current information

Sex:	Female	Sire ID:	SB39 at Oregon Zoo
Birth type:	Captive Born	Dam ID:	SB43 at Oregon Zoo
Birth Location:	Oregon Zoo	Rearing:	Hand
Birthdate-Age:	24 Sep 1963 - 41Y,4M,13D	Hybrid:	Not a hybrid

Time since last Acq: 7Y,1M,19D as of report end date

<u>Date in</u>	<u>Acquisition - Vendor/local Id</u>	<u>Holder</u>	<u>Disposition - Recipient/local Id</u>	<u>Date out</u>
9 Dec 1997	Donation from PORTLAND / 0024	TACOMA / 97M024		

<u>Date</u>	<u>Identifier type</u>	<u>Identifier</u>	<u>Location</u>	<u>Comments</u>
24 Sep 1963	House Name	HANAKO		
24 Sep 1963	Regional Studbook #	#51	AZA	#51 "International Studbook Number" from ARKS 2 records
24 Sep 1963	Studbook Name	HANAKO		

<u>Date</u>	<u>Sex</u>	<u>Comments</u>
9 Dec 1997	Female	

<u>Date</u>	<u>Rearing</u>	<u>Comments</u>
9 Dec 1997	Hand	

<u>Date</u>	<u>Parent(s)</u>	<u>local Id</u>	<u>Location</u>	<u>Comments</u>
21 Mar 2000	Dam	SB43	PORTLAND	
21 Mar 2000	Sire	SB39	PORTLAND	



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

FORM APPROVED: OMB NO. 0579-0037

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

1. INVOICE NO. 2. PAGE  
1 OF 1

SALE  EXCHANGE OR TRANSFER  DONATION

3. DATE OF DISPOSITION  
9 DEC 97

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 returned to Dealer (Seller or Donor). Attach Continuation Sheet (VS Form 18-20A) as needed.

4. DEALER'S LICENSE NO.  
Zoo 92-C-0001

5. SELLER OR DONOR (Name and Address, include Zip Code)  
Metro Washington Park Zoo  
4001 SW Canyon Road  
Portland, OR 97221

6. BUYER OR RECEIVER (Name and Address, include Zip Code)  
Pt. Defiance Zoo and Aquarium  
5400 North Pearl Street  
Tacoma, WA 98407

7. USDA LICENSE NO. (If any)  
91-C-003

8. IDENTIFICATION OF ANIMALS BEING DELIVERED

A. CONTAINER TAG NO., CRATE OR PEN NO.	B. NO. ANIMALS	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	
					F. NO. YOUNG	G. NO. ADULT			J.	K.
1	1		ISIS specimen #0024, "Hanako" tattoo #0024 captive born Sept. 1963, Portland	Indian elephant Elephas maximus indicus	M	M	10,000 lbs.	In good condition.		
					M	M				
					M	M				
					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" one)  
 Buyer's Truck  Dealer's Truck (Seller or Donor)

10. TRUCK LICENSE NO. *WA 93-T-019*

11. BILL OF LADING NO.

12. NAME AND ADDRESS OF COMPANY OR FIRM  
Fritz Large Exotics Transport  
17827 Bandy Canyon Road  
Escondido, CA 92025

13. NAME AND ADDRESS OF TRUCK DRIVER  
Steve Fritz  
Fritz Large Exotics Transport  
USDA license 93-T-019

DELIVERY RECEIPT - TO BE COMPLETED BY BUYER OR RECEIVER

14. ANIMALS DELIVERED WERE ("X" one)  
 IN APPARENT GOOD CONDITION  POOR CONDITION  REJECTED (Attach explanation for rejection)

15. TOTAL NUMBER RECEIVED 1 16. NUMBER DEAD 0 17. NUMBER ALIVE 1

18. BY (Signature) *Maria A. Williams* 19. TITLE 20. DATE



**ANIMAL TRANSACTION AGREEMENT  
 METRO WASHINGTON PARK ZOO**

**Recipient or Vendor:**

**Contact person and telephone:**

Pt. Defiance Zoo and Aquarium  
 5400 North Pearl Street  
 Tacoma, WA 98407-3218

John Houck, Deputy Director  
 253-404-3632

**Terms concerning the following animals:**

Sex/#	Species	ISIS #	Birth Date	Cost Ea.	Total
0.1.0	Asian elephant, "Hanako"	0024	24Sept1963	gratis	gratis
	Elephas maximus indicus		@ MWPZ		

This transaction agreement, signed by a duly authorized representative, must be received by Metro Washington Park Zoo before final approval of any sale, donation, trade, or other type of transfer as indicated involving wildlife. This is not an invoice.

1. Endangered species: The offer for sale or trade of endangered species is contingent upon the receipt of appropriate permits issued by the U.S. Fish and Wildlife Service.
2. Each recipient will be responsible for freight charges on animal(s) it receives unless other arrangements are made.
3. Advance notice, based on a time agreed upon by both parties, is required on all incoming animals in order to schedule quarantine space.
4. Crate(s) to be returned prepaid to vendor unless other arrangements are made.
5. Conditional health exams/tests required by Metro Washington Park Zoo: For non-human primates only, Oregon Department of Agriculture requires a health certificate indicating: skin test for tuberculosis, negative tests for Arizona, Salmonella and Shigella and examination for internal and external parasites, within 30 days prior to entry. Other: \_\_\_\_\_

6. Please indicate health exams/tests you wish conducted prior to shipment:  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Copies of permits/records needed to complete this transaction: (For shipment to MWPZ, please write MWPZ Oregon import permit ZBP-03-97 on the face of health certificates, waybills, and other transportation documents.)  
 MWPZ USFW Captive-Bred Wildlife PRT-677662; PDZA PRT-789828

**ALL METRO WASHINGTON PARK ZOO ANIMAL TRANSACTIONS ARE SUBJECT TO THE FOLLOWING CONDITIONS:**

1. Species will not be sold, traded or donated to the pet trade or any facility for the purpose of providing game for sport or subsistence hunting.
2. Species will not be sold, traded or donated to any organization for disposal or any animal auction, or knowingly be transferred to any party incapable of providing adequate care.
3. Species will not be sold, traded or donated for use in any invasive, stressful or terminal biomedical research.
4. Specimens will be provided with appropriate housing, food and veterinary care to ensure their well being, and will receive humane treatment.
5. These conditions will hold true when/if the animal(s) are transferred to others.
6. The recipient will provide documentation of these conditions as requested.

**Additional terms of Sale/~~Trade/Donation~~/Other Transfer:**

The Point Defiance Zoo and Aquarium and Metro Washington Park Zoo are both participants in the AZA Elephant SSP, which has recommended this elephant move.

The donation is contingent on a trial basis of 9 months at PDZA, during which time Hanako's compatibility with the elephants and staff at Pt. Defiance will be evaluated.

MWPZ agrees to provide shipping both ways (if necessary) and to pay for needed facility modifications as determined by Pt. Defiance and to be completed prior to the elephant Hanako's arrival at PDZA.

Shipping contracted to Fritz Large Exotics Transport by MWPZ.

Cash/exchange due Vendor/Metro Washington Park Zoo: \$ gratis  
Cash due Vendor/MWPZ for crate(s): \$

The undersigned Recipient accepts the above named specimen(s) from the Vendor with the understanding that this transaction is contingent upon the above stipulations.

Michael Keele  
Michael Keele, General Curator  
Metro Washington Park Zoo

17 Dec 97  
Date

John Houck  
John Houck, Deputy Director  
Pt. Defiance Zoo and Aquarium

12-23-97  
Date

PLEASE SIGN AND RETURN ONE COPY TO: Animal Registrar  
Metro Washington Park Zoo  
4001 SW Canyon Road  
Portland, OR 97221-2799



CERTIFICATE OF VETERINARY INSPECTION

Oregon

92-05654

No.

Date of Shipment 4/15/57

Permit No

Name and Address of Consignor

METRO BASTININGTON PARK ZOO  
4001 SW Canyon Rd  
Portland, OR 97221

Name and Mailing Address of Consignee

P. DeFiance Zoo and Agriculture  
3400 N. Pearl St  
Tacoma, WA 98407

INDIVIDUAL IDENTIFICATION: Instead of writing individual identification on this health certificate, the veterinarian may provide legible copies of official test charts with individual identification shown. A copy must be attached to each copy of the health certificate. Animals which were tested but which are not included in this shipment must be lined out.

Origin Address (if different from above)

Destination Address (if different from above)

SPECIES

CATTLE  POULTRY   
HORSES  SWINE   
SHEEP  Sheep

NUMBER OF ANIMALS

1

PURPOSE

BREEDING   
EXHIBITION   
FEEDING   
RECREATION   
SLAUGHTER   
WILL RETURN TO OREGON

STATE OR AREA STATUS

BOVINE TB   
FREE   
BOVINE BRUCELLOSIS   
FREE   
OTHER   
SWINE BRUCELLOSIS   
FREE   
OTHER   
SWINE PSEUDORABIES   
FREE   
OTHER

HEAD OR FLOCK STATUS

Provide qualifying test dates.  
ACCREDITED HEAD # \_\_\_\_\_  
CERTIFIED HEAD # \_\_\_\_\_  
VALIDATED HEAD # \_\_\_\_\_  
QUALIFIED NEGATIVE HEAD # \_\_\_\_\_  
NPIP FLOCK # \_\_\_\_\_

CARRIER TRUCK  OTHER

NAME AND ADDRESS

VACCINATION OR TREATMENT FOR

DATE

INDIVIDUAL ANIMAL IDENTIFICATION AND TESTS

EARS TAG NO. TATTOO OR OTHER PERMANENT IDENTIFICATION	REGISTRY NAME AND NO. OR DESCRIPTION (ALL ANIMALS PRESENTED FOR TEST MUST BE LISTED)	A G E	S E X	B R E E D	TUBERCULIN TEST		BRUCELLOSIS		VACCINATION		OTHER TEST	
					INTRADERMAL	DATE OF TEST	LABORATORY	DATE	TATTOO	SYMBOL	TESTED FOR	DATE
1	ASIAN Shephard "HAROLD" #1515-0024											
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

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 indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state and federal interstate requirements. No further warranty is made or implied.

OWNER/AGENT STATEMENT: (where applicable)

"The animals in this shipment are those certified to and listed on this certificate."

The veterinarian issuing this health certificate is accredited and has been authorized to inspect animals and issue certificates.

Type or Print Name: Mitchell F. ...  
Clinic Name: Metro Bastinington Park Zoo  
Mailing Address: 4001 SW Canyon, Portland, OR 97221

Owner Agent: \_\_\_\_\_  
30 DAYS FROM ISSUE DATE

LIVESTOCK HEALTH & IDENTIFICATION DIVISION