MISSISSIPPI BOARD OF ANIMAL HEALTH
CERTIFICATE FOR INTERSTATE MOVEMENT

Tp 184870

FOR SMALL ANIMALS

BOX 3889, Jackson, MS 39207– Ph. 601/359-1170

OWNER

Last Name: ARF-MS C/O | First: Elizabeth Jackson | Middle initial: | Phone No.: 6017502740

Address (Street or RFD): 395 W MAYES ST | City: JACKSON | Zip Code: 39213 | County: HINDS

ANIMAL DESCRIPTION

Tag No.: 221718 | Breed: CATAHOULA | Color: TRI COLOR | Sex: FE(S) | Age Yrs.: Mos.: 6 | Name: KILEY

VACCINE USED

Manufacturer: ZOE | Serial No.: 1206216A | Live ☐ CEO ☐ TC | Killed ☒ TC ☐ Murine ☐ Caprine

Vaccination Date: 10-21-2016 | By: SYLVIA Y STEWART | D.V.M.: 630 Miss. License Number

This Rabies Vaccination Expires 10-21-2017

CONSIGNEE

Last Name: SOSARL C/O Emma | First: DAWLEY | Middle initial: | Phone No.: 4016036702

Address (Street or RFD): 33 Prospect Ave | City: Wakefield | State: RI | Zip Code: 02879

This is to certify that this animal was examined by me and is sufficiently healthy for shipment on the date. To my knowledge, this animal has not been exposed to rabies and did not originate from a rabies quarantined area.

[signature] D.V.M. 11/1/2016 6019605074 630

Licensed Veterinarian | Date | Phone | Miss. License Number

OWNER FOR TRANSPORTING ANIMAL

CERTIFICATE OF VACCINATION

Date of Vaccination: 10-21-16
Next Vaccination on: 10-21-17

Certificate No. 0
Previous Vaccination:

VETERINARY CLINIC
Monroe Street Animal Clinic
607 Monroe Street

Jackson, MS 39202
601-960-5074

OWNER OF ANIMAL
Animal Rescue Fund of MS
Charles & Pippa Jackson
395 W Mayes Street
Jackson, MS 39213
(769) 216-3414

This is to certify...
THAT I HAVE VACCINATED THE ANIMAL DESCRIBED BELOW AGAINST RABIES.

Patient information...

PATIENT: Kiley
SPECIES: Canine
SEX: Spayed Female
WEIGHT: 20.50 lbs
MICROCHIP: 981020015670522

TAG NO: 221718
BREED: Catahoula Leopard Dog Mix
AGE: 6 months
COLOR: Black, Tan & White

MFG BY: ZOE, **SERIAL:** 120626A, **EXPIRES:** 04-25-17, **ADMIN:** Sq

Signed: _____
Sylvia Y Stewart License: 630

Other Vaccinations...

Found Animals REGISTRY℠
981020015670522 981 5

ANIMAL RESCUE FUND ANIMAL HISTORY
EMPLOYEES MUST INITIAL AND DATE BY NOTES WHEN ANY RECORD IS LOGGED

DATE	ANIMAL NAME/ID	EMPLOYEE SIGNATURE
	[illegible] Kylie	
	[illegible]	
	IF A SURRENDER- NAME OF VET AND OWNER	
	TYPE AND BREED OF ANIMAL	
	Catahoula lab female husky looking	
	TEMPERMENT OF ANIMAL	
	CONDITION OF ANIMAL	
	Heartworm test:	
	Fecal:	
	Temp: 102 8-21-16 9-19 - 100.9	
	Weight: 10.6	
	Nails:	
	Coat:	
	VACCINE GIVEN 9-19	
8-21-16	1 dose Rehydrate to 1 mL zoetis Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine Modified Live Virus U.S. Veterinary License No. 190 Zoetis Inc. Kalamazoo, MI 49007, USA VANGUARD® PLUS 5 SER 153027 EXP 10OCT17; 1 dose Rehydrate to 1 mL zoetis Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine Modified Live Virus U.S. Veterinary License No. 190 Zoetis Inc. Kalamazoo, MI 49007, USA VANGUARD® PLUS 5 SER 153027 EXP 10OCT17	Bordetella 9-19-16
10-6-16	1 dose Rehydrate to 1 mL zoetis Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine Modified Live Virus Leptospira Canicola-Grippotyphosa-Icterohaemorrhagiae-Pomona Bacterin U.S. Veterinary License No. 190 Zoetis Inc. Kalamazoo, MI 49007, USA VANGUARD® PLUS 5 L4 SER 142382 EXP 15AUG17	
11-3-16	Adoptyee Muller	
9-1-16	Iverheart, Nextguard	
10-1-16	Iverheart Nextguard	
	Safeguard 10·29, 10·30, 10·31 2016	
	Albon Flagyl 10·29 2016 - 11-2-2016	
	COMMENTS	
	8-14-16 strongid, 8-21-16 strongid	
10·28	giardia neg	
	Spay 10-11-16	
	CONTINUE ON NEXT PAGE IF APPLICABLE	

Monroe Street Animal Clinic

Patient Chart

607 Monroe Street
Jackson, MS 39202
601-960-5074

Printed: 11-02-16 at 8:17a

CLIENT INFORMATION

Name	Animal Rescue Fund of MS (396)		
Address	Charles & Pippa Jackson; 395 W Mayes Str Jackson, MS 39213	**Spouse**	601-750-2740
Phone	769 216-3414		
Cell	601-940-5156		

PATIENT INFORMATION

Name	Kiley	**Species**	Canine
Sex	Female, Spayed	**Breed**	Catahoula Leopard Dog Mix
Birthday	04-24-16	**Age**	6m
ID	981020015670522	**Rabies**	221718
Color	Black, Tan & White	**Weight**	20.50 lbs
Reminded	(none)	**Codes**	

Reminders for: **Kiley**		Last done
10/17	Canine Rabies, ARF-MS	10-21-16

MEDICAL HISTORY

Date	By	Code	Description	Qty (Variance)	Photo
11-01-16	SYS	S218	Health Certificate, Interstate		
# 184870					
		FEC01	Fecal Examination, Flotation		
Negative					
		SAHEX	Small Animal Health Examination		
BAR; NSF; Temp 101.4					
10-28-16	SYS	GIARDIA	Giardia Antigen Test		
Negative					
		BORRELIA	Vet Scan Borrelia Burgdorferi		
Negative					
		EHRLICHI	Vet Scan Canine Ehrlichia Antibody		
Negative					
		ANAPLAS	Vet Scan Anaplasma Antibody Test		
Negative					
		HWRAPID	Vet Scan Heartworm Antigen Test		
Negative					

Date	By	Code	Description	Qty (Variance)	Photo
10-21-16	SYS	DT515	Deworm, Puppy/Kitten		
	Strongid 2.5 cc po				
		FEC01	Fecal Examination, Flotation		
	Rounds				
		FOUND	Found Animals Microchip		
	981020015670522				
		CV509	Canine Rabies, ARF-MS, #221718		
ID: 221718	**Serial:** 120626A		**Expires:** 04-25-17 **Type:** KV	**Mfg:** ZOE	**Admin:** Sq

INVOICE

North State Animal and Bird Hospital

5208 North State Street
Jackson, MS 39206
601-982-8261

Serving Pets & People- "That is our Passion"

FOR: Animal Rescue Fund/Elizab
395 W. Mayes St.
Jackson, MS 39213

Printed: 10-11-16 at 5:17p
Date: 10-11-16
Account: 13353
Invoice: 216388

Date	For	Qty	Description	Net Price
10-11-16	Ella	1	Canine Spay up to 50#	195.00
10-11-16		-1	Canine Spay up to 50#	-195.00
10-11-16		1	Stitch/Staple Removal 10 Days	0.00
10-11-16	Kylie	1	Canine Spay up to 50#	195.00
10-11-16		-1	Canine Spay up to 50#	-195.00
10-11-16		1	Stitch/Staple Removal 10 Days	0.00
10-11-16	Riley	1	Canine Spay up to 50#	195.00
10-11-16		-1	Canine Spay up to 50#	-195.00
10-11-16		1	Stitch/Staple Removal 10 Days	0.00

Old balance	Charges	Payments	New balance
0.00	0.00	0.00	0.00

Thank you for letting us care for your pet. Don't forget about heartworm and flea preventative!!

Animal Vetting Summary Sheet

Dog's Name	Kiley		Est DOB/Age	5 mo
Weight	20.5		Breed	~~Lhasa~~ Catahoula
Sex	SF		Color	BTW
Notes/Warnings				
Medications				

Basic Vetting — REMINDERS

Vaccinations & Preventatives	Type & Date(s)	NEXT DUE DATE
DA2PPv	8-21 | 9-19 | 10-6 2016	
Bordatella	9-19-16	
Rabies	10-21-16	
Heartworm Preventative	11-3-16 Advantage Multi	
Flea/Tick Preventative	12	

Dewormers (Type)	Date(s)	NEXT DUE DATE
	Panacur 10-28-29-30	
	Advantage Multi 11-3	

Other	Date(s)	Results/Notes:
Heath Certificate*	11-1-16	
Fecal* Circle type: Smear / Flotation / Other	11-1-16	
Giardia SNAP test*	10-28-16	
Spay/Neuter Date*	10-11-16	
4Dx SNAP Test (Anaplasmosis, Lyme, Ehrlichia, Heartworm)	10-28-16	
Michrochip Brand	F A	Microchip # 981020015670522 981

Other Vetting

Type (eg, tx type/regimen, test name)	Date(s)	Results/Comments:

Reminders for Upcoming Special Vetting

Sending Rescue/Shelter		Receiving Rescue	
Group Name	ARF of MS	Group Name	SOSARL
Contact	E. Scar	Contact	Emma Dawley
Phone		Phone	401-206-0727
Email		Email	info@sosarl.org

Save One Soul ANIMAL RESCUE LEAGUE
www.sosarl.org
(p) 401.206.0727
(f) 954.208.2727
info@sosarl.org
PO Box 498, Wakefield, RI 02880

*Health certificate date must be 10 days or less of delivery to new home. Dogs positive for coccidia or giardia CANNOT travel. Last vaccine must be no less than 7 DAYS PRIOR to transport; check each transport's requirements as some are MORE strict. Surgery must be at least 5 DAYS PRIOR to transport departure; check each transport's requirements as some are MORE strict. If test other than the 4Dx SNAP is to be used, it must be approved by SOS.

Wellness Exam

Dog Name:	Riley	**Breed:**	mixed breed
Description:	catahoula Lab Husky		
Weight:	~~20F~~ 20.5	**Est DOB/Age:**	6M
Sex:	SF		
Exam Performed By:	SStewart DVM	**Temperature:**	101.4
		Date of Exam:	11/1/2016

Physical Examination:

Musculoskeletal System Notes:	Within Normal Limit	Abnormal
Gastrointestinal System Notes:	WNL	Abnormal
Weight Notes:	WNL	Abnormal
Haircoat Notes:	WNL	Abnormal
Skin Notes:	WNL	Abnormal
Ears / Eyes / Nose / Throat Notes:	WNL	Abnormal
Mouth/Teeth Notes:	WNL	Abnormal
Heart / Pulse Notes:	WNL	Abnormal
Lungs Notes:	WNL	Abnormal
Lymph nodes Notes:	WNL	Abnormal
Legs Notes:	WNL	Abnormal
Abdomen Notes:	WNL	Abnormal

Comments:

Save One Soul ANIMAL RESCUE LEAGUE
www.sosarl.org
(p) 401.206.0727
(f) 954.208.2727
info@sosarl.org
PO Box 498, Wakefield, RI 02880