MISSISSIPPI BOARD OF ANIMAL HEALTH
CERTIFICATE FOR INTERSTATE MOVEMENT

NP 184871

FOR SMALL ANIMALS

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

OWNER

Last Name: ARF-MS C/O Elizabeth | First: JACKSON | Middle initial: | Phone No.: 6017502140

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

ANIMAL DESCRIPTION

Tag No.: 221715 | Breed: LAB/Beagle | Color: BR/WH | Sex: FE(S) | Age Yrs.: Mos.: 6 | Name: LACEY

VACCINE USED

Manufacturer: ZOE | Serial No.: 120626A | 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.

Licensed Veterinarian | D.V.M. | Date: 11/1/2016 | Phone: 6019605074 | Miss. License Number: 630

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: Lacey 2
SPECIES: Canine
SEX: Spayed Female
WEIGHT: 21.80 lbs
MICROCHIP: 981020015848755

TAG NO: 221715
BREED: Lab/Beagle
AGE: 6 months
COLOR: Brown and White

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

Signed: _____
Sylvia Y Stewart License: 630

Other Vaccinations...

Found Animals REGISTRY℠
981020015848755 981 5

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

DATE	ANIMAL NAME/ID Alice's Pups Lacy underpants	EMPLOYEE SIGNATURE
	IF A SURRENDER- NAME OF VET AND OWNER	
	TYPE AND BREED OF ANIMAL Female small brown & white	
	TEMPERMENT OF ANIMAL	
	CONDITION OF ANIMAL	
	Heartworm test: Fecal: Temp: 101.3 Weight: Nails: Coat:	
	VACCINE GIVEN	
	 sept 8. 2014	
9-8-14	Iverheart, Nextgard	
10-8-14	Iverheart, Nextgard	
11-3-14	Adoantage Multi	
10-28-29-30	Panacure	
	COMMENTS	
	CONTINUE ON NEXT PAGE IF APPLICABLE	

10/2/14
temp
wet had
been outside
playing
all afternoon

Certificate of Vaccination

Veterinary Clinic
Northside Pet Clinic, PLLC
4066 Northview Dr.
Jackson, MS 39206
601-366-1461

Owner Of Animal
Animal Rescue Fund Of MS
395 West Mayes St.
Jackson, MS 39213
601-750-2740

This is to certify that I have vaccinated the animal described below with the following vaccine(s).

Date Vaccinated	Vaccine Given	Date Due
June 3, 2016	Duramune Max 5 CvK	
June 3, 2016	Duramune PV	
June 10, 2016	Parainfluenza, Bordetella Bronchiseptica	
June 14, 2016	Duramune Max 5 CvK	July 5, 2016
June 14, 2016	Duramune PV	June 14, 2017
July 1, 2016	Parainfluenza, Bordetella Bronchiseptica	

Patient Information...
Patient: Puppy 3 of 5
Species: Canine
Sex: Female/ Male
Age: 12 weeks

Kathy Vaughn DVM **License:** 1221

Signed _____

Monroe Street Animal Clinic

Patient Chart

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

Printed: 11-01-16 at 5:26p

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	Lacey 2	**Species**	Canine
Sex	Female, Spayed	**Breed**	Lab/Beagle
Birthday	04-24-16	**Age**	6m
ID	981020015848755	**Rabies**	221715
Color	Brown and White	**Weight**	21.80 lbs
Reminded	(none)	**Codes**	

Reminders for: **Lacey 2**

		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		
# 184871					
		FEC01	Fecal Examination, Flotation		
Negative					
		SAHEX	Small Animal Health Examination		
BAR; NSF; Temp 101.5					
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	FOUND	Found Animals Microchip		
	981020015848755				
		CV509	Canine Rabies, ARF-MS, #221715		
ID: 221715	**Serial:** 120626A		**Expires:** 04-25-17 **Type:** KV	**Mfg:** ZOE	**Admin:** Sq

Animal Vetting Summary Sheet

Dog's Name	Lacey	Est DOB/Age	5-3-16
Weight	21.3	Breed	Hound Mix
Sex	~~M~~ SF	Color	Brown ~~Black~~ & white
Notes/Warnings			
Medications			

Basic Vetting

Vaccinations & Preventatives	Type & Date(s)	NEXT DUE DATE
DA2PPv	5-20-16 | 6-16-16 | 7-10-16	
Bordatella	5-11-16 | 6-1-16	
Rabies	10-14-16	
Heartworm Preventative	Advantage Multi	12-2-16
Flea/Tick Preventative	"	
Dewormers (Type)	**Date(s)**	**NEXT DUE DATE**
	10-28-29-30 Panacur	

Other	Date(s)	Results/Notes:
Heath Certificate*	11-1-16	
Fecal* Circle type: Smear / Flotation / Other	neg	
Giardia SNAP test*	neg	
Spay/Neuter Date*	10-14-16	
4Dx SNAP Test (Anaplasmosis, Lyme, Ehrlichia, Heartworm)	10-28	
Michrochip Brand	Found Animal	Microchip # 981020015848755 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		Group Name	SOSARL
Contact		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:	LACEY	**Breed:** LAB	mixed breed
Description:	Br/Wh		
Weight:	21.8	**Est DOB/Age:**	6M
Sex:	FE (S)		
Exam Performed By:	SYStewart DVM	**Temperature:**	101.5
		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:

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