MISSISSIPPI BOARD OF ANIMAL HEALTH
CERTIFICATE FOR INTERSTATE MOVEMENT
FOR SMALL ANIMALS

No 184872

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

OWNER

Last Name: ARF-MS C/O Elizabeth Jackson | First | Middle initial | Phone No: 6017902740

Address (Street or RFD): 395 W Mayes St | City: Jackson | Zip Code: 39213 | County: HINDS

ANIMAL DESCRIPTION

Tag No: 221723 | Breed: LAB/Beagle | Color: Tri/Wh | Sex: FE(S) | Age Yrs. | Mos. 6 | Name: LANE

VACCINE USED

Manufacturer: ZOE | Serial No: 120626A | Live ☐ CEO ☐ TC | Killed ☒ TC ☐ Murine ☐ Caprine

Vaccination Date: 10-28-2016 By: SYLVIA Y STEWART D.V.M.: 630 (Miss. License Number)

This Rabies Vaccination Expires: 10-28-2017

CONSIGNEE

Last Name: SOSARL C/O EMMA DAWLEY | First | Middle initial | Phone No: 4016036703

Address (Street or RFD): 55 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: 10-28-16
Next Vaccination on: 10-28-17

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: Lane
SPECIES: Canine
SEX: Spayed Female
WEIGHT: 23.80 lbs
MICROCHIP: 981020015679683

TAG NO: 221723
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.
981020015679683 981 5

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 1 of 5
Species: Canine
Sex: Female/ Male
Age: 12 weeks

Kathy Vaughn DVM **License:** 1221

Signed Dr. Kathy Vaughn

~~Lanny~~ Lanny

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

DATE	ANIMAL NAME/ID Alice's Pups	EMPLOYEE SIGNATURE
	IF A SURRENDER- NAME OF VET AND OWNER	
	TYPE AND BREED OF ANIMAL	
	Female black & white & brown	
	Born on or about May 3, 2014	
	TEMPERMENT OF ANIMAL came into rescue May 23, 2014	
	CONDITION OF ANIMAL	
	Heartworm test:	
	Fecal:	
	Temp: 100	
	Weight:	
	Nails:	
	Coat:	
	VACCINE GIVEN	
	 Sept 8, 2014	
9-8-14	Iverheart, Nest guard	
10-8-14	Iverheart, Nest guard	
10-29-29-30	Panacure	
	travel meds on Monroe Street records	
11-3-14	Advantage Multi	
	COMMENTS	
	fostered by Inge	
	CONTINUE ON NEXT PAGE IF APPLICABLE	

Records @ Northside

Monroe Street Animal Clinic

Patient Chart

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

Printed: 11-01-16 at 2:42p

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	Lane	**Species**	Canine
Sex	Female, Spayed	**Breed**	Lab/Beagle
Birthday	05-01-16	**Age**	6m
ID	981020015679683	**Rabies**	221723
Color	Brown and White	**Weight**	23.80 lbs
Reminded	(none)	**Codes**	

Reminders for: **Lane**		Last done
10/17	Canine Rabies, ARF-MS	10-28-16

MEDICAL HISTORY

Date	By	Code	Description	Qty (Variance)	Photo
11-01-16	SYS	S218	Health Certificate, Interstate		
# 184872					
		GIARDIA	Giardia Antigen Test		
Negative					
		FEC01	Fecal Examination, Flotation		
Negative					
		SAHEX	Small Animal Health Examination		
BAR; NSF; Temp 102					

Date	By	Code	Description	Qty (Variance)	Photo
10-28-16	SYS	DT515	Deworm, Puppy/Kitten		
Strongid 3.0 cc po					
		FOUND	Found Animals Microchip		
981020015679683					
		ALBO500	Sulfadimethoxine 500 mg	7.50	
Give 1 & 1/2 tablet daily with food for 5 days					
		3230	Metronidazole 250 mg	15	
Give 3 tablets daily with food for 5 days					
		GIARDIA	Giardia Antigen Test		
Positive					
		FEC01	Fecal Examination, Flotation		
Hooks and Rounds					
		SAHEX	Small Animal Health Examination		
BAR; NSF; Temp 102.2					
		CV509	Canine Rabies, ARF-MS, #221723		
ID: 221723	**Serial:** 120626A		**Expires:** 04-25-17 **Type:** KV	**Mfg:** ZOE	**Admin:** Sq

Wellness Exam

Dog Name:	LANE	**Breed:** CAB	mixed breed
Description:	BK / WH		
Weight:	23.8	**Est DOB/Age:**	6M
Sex:	FE (S)		
Exam Performed By:	SYSTEWART DVM	**Temperature:**	102
		Date of Exam:	11/1/2016

26 weeks +-

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

Animal Vetting Summary Sheet

Dog's Name	Laney ~~[illegible]~~	Est DOB/Age	5-3-16
Weight	24.8	Breed	Hound mix
Sex	~~[illegible]~~ SF	Color	~~[illegible]~~ Black & white
Notes/Warnings			
Medications			

Basic Vetting

Vaccinations & Preventatives	Type & Date(s)	NEXT DUE DATE
DA2PPv	5-20-14 | 6-16-16 | 7-10-14	
Bordatella	5-11-16 | 6-1-14	
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 # 981020015679683 981 3

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 Sacks	Contact	Emma Dawley
Phone		Phone	401-206-0727
Email		Email	info@sosarl.org

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*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.