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

No 184870

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

OWNER

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

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

ANIMAL DESCRIPTION

Tag No.	Breed	Color	Sex	Age Yrs.	Age Mos.	Name
021722	LAB/H X	TAN/BLK	FECS		8	NATALIE

VACCINE USED

Manufacturer	Serial No.	Live ☐ CEO ☐ TC	Killed ☒ TC	☐ Murine	☐ Caprine
ZOE	120626A		X		

Vaccination Date: 10-26-2016 By: Sylvia Y Stewart D.V.M.: 630 (Miss. License Number)

This Rabies Vaccination Expires: 10-26-2017

CONSIGNEE

Last Name: SOSARL c/o | First: Emma 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. (Licensed Veterinarian) | 11/1/2016 (Date) | 6019605074 (Phone) | 630 (Miss. License Number)

OWNER FOR TRANSPORTING ANIMAL

CERTIFICATE OF VACCINATION

Date of Vaccination: 10-26-16
Next Vaccination on: 10-26-17

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: Natalie
SPECIES: Canine
SEX: Spayed Female
WEIGHT: 32.00 lbs
MICROCHIP: 981020015661499

TAG NO: 221722
BREED: Lab/Hound
AGE: 8 months
COLOR: Tan and Black

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

Signed: _____
Sylvia Y Stewart License: 630

Other Vaccinations...

Found Animals REGISTRY℠

981020015661499 981 5

Natalie Maines

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).

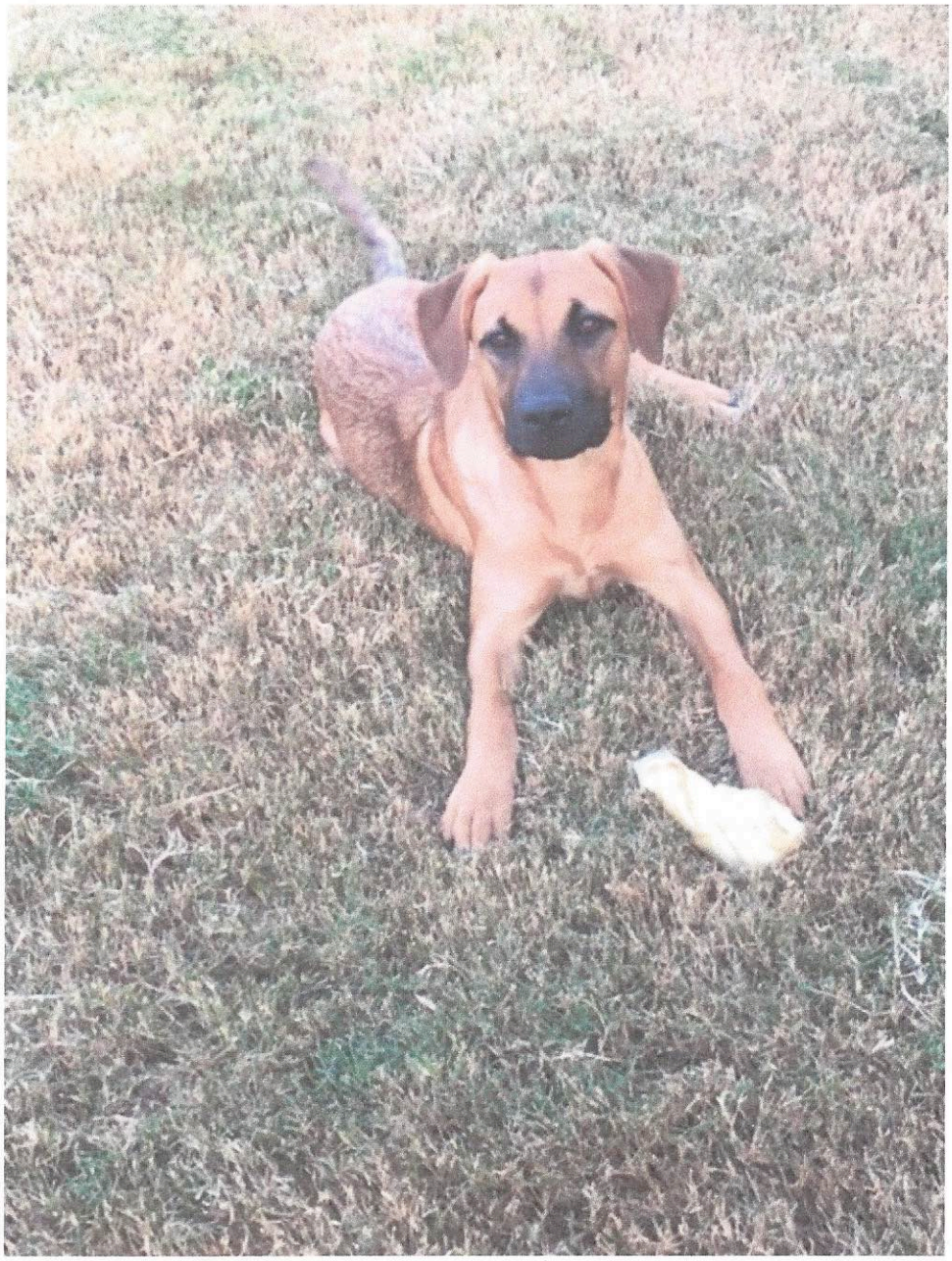
Date Vaccinated	Vaccine Given	Date Due
May 11, 2016	Parainfluenza, Bordetella Bronchiseptica	
May 20, 2016	Duramune Max 5 CvK	
May 20, 2016	Duramune PV	
June 1, 2016	Parainfluenza, Bordetella Bronchiseptica	
June 16, 2016	Duramune Max 5 CvK	July 7, 2016
June 16, 2016	Duramune PV	June 16, 2017

July 7, 2016

Patient Information...
Patient: Goldie Puppy 1
Species: Canine
Sex: Female
Age: 12 weeks

Kathy Vaughn DVM **License:** 1221

Signed Dr. Kathy Vaughn



Monroe Street Animal Clinic

Patient Chart

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

Printed: 11-01-16 at 4:20p

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	Natalie	**Species**	Canine
Sex	Female, Spayed	**Breed**	Lab/Hound
Birthday	02-29-16	**Age**	8m
ID	981020015661499	**Rabies**	221722
Color	Tan and Black	**Weight**	32.00 lbs
Reminded	(none)	**Codes**	

Reminders for: **Natalie**		Last done
10/17	Canine Rabies, ARF-MS	10-26-16

MEDICAL HISTORY

Date	By	Code	Description	Qty (Variance)	Photo
11-01-16	SYS	S218	Health Certificate, Interstate		
# Negative					
		FEC01	Fecal Examination, Flotation		
Negative					
		SAHEX	Small Animal Health Examination		
BAR; NSF; Temp 101.6					
10-26-16	SYS	FOUND	Found Animals Microchip		
981020015661499					
		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					
		CV509	Canine Rabies, ARF-MS, #221722		

Date	By	Code	Description	Qty (Variance)	Photo
ID: 221722	**Serial:** 120626A		**Expires:** 04-25-17 **Type:** KV	**Mfg:** ZOE	**Admin:** Sq
10-26-16	SYS	ALBO250	Sulfamethoxine (Albon) 250 mg	15	
Starting Wednesday October 26, 2016 Give 3 tablets daily with food for 5 days					
		3230	Metronidazole 250 mg	15	
Starting Wednesday October 26, 2016 Give 3 tablets daily with food for 5 days					
		S37A	Office Visit/Exam-ARF		
Natalie tested positive for Giardia at ARF-MS					
		FEC01	Fecal Examination, Flotation		
Hooks and Tapes					

Animal Vetting Summary Sheet

Dog's Name	Natalie	Est DOB/Age	28 weeks
Weight	32	Breed	Hound mix
Sex	SF	Color	Brown, Black snout
Notes/Warnings			
Medications			

Basic Vetting — REMINDERS

Vaccinations & Preventatives	Type & Date(s)	NEXT DUE DATE
DA2PPv	5-20, 2016 | 6-16; 2016 | 7-7-2016	
Bordatella	5-11, 2016, 6-1, 2016	
Rabies	10-26-16	
Heartworm Preventative	11-3-16 AM	
Flea/Tick Preventative	"	

Dewormers (Type)	Date(s)	NEXT DUE DATE
Panacure	10-29-29-30	
AM	11-3-16	

Other	Date(s)	Results/Notes:
Heath Certificate*	11-1-16	
Fecal* Circle type: Smear / Flotation / Other	11-1-16	
Giardia SNAP test*	10-26-16	
Spay/Neuter Date*	10-23-16	
4Dx SNAP Test (Anaplasmosis, Lyme, Ehrlichia, Heartworm)	10-26-16	
Michrochip Brand	FA	Microchip # 981020015661499 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	Estacks	Contact	Emma Dawley
Phone		Phone	401-206-0727
Email		Email	info@sosari.org

Save One Soul ANIMAL RESCUE LEAGUE
www.sosari.org
(p) 401.206.0727
(f) 954.208.2727
info@sosari.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:	NATALIE	**Breed:** LAB	mixed breed
Description:	TAN/BLK		
Weight:	32	**Est DOB/Age:**	8M
Sex:	F(S)		
Exam Performed By:	SYSTEWART DVM	**Temperature:**	101.6
		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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