MISSISSIPPI BOARD OF ANIMAL HEALTH

# CERTIFICATE FOR INTERSTATE MOVEMENT

## FOR SMALL ANIMALS

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

**OWNER**

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

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

**ANIMAL DESCRIPTION**

| Tag No. | Breed | Color | Sex | Age Yrs. | Mos. | Name |
|---|---|---|---|---|---|---|
| 221646 | Shep Mix | Blk/Wh | M(N) | | 6 | KANGA |

**VACCINE USED**

| Manufacturer | Serial No. | Live ☐ CEO ☐ TC | Killed ☒ TC | ☐ Murine | ☐ Caprine |
|---|---|---|---|---|---|
| ZOE | 113868A | | X | | |

Vaccination Date 6/27/16 By Sylvia V Stewart D.V.M. 630 (Miss. License Number)

**This Rabies Vaccination Expires** 6/27/16

**CONSIGNEE**

| Last Name | First | Middle initial | Phone No. |
|---|---|---|---|
| SOSARL C/O Emma | Dawley | | 4016036702 |

| Address (Street or RFD) | City | State | Zip Code |
|---|---|---|---|
| 33 Prospect Ave | Wakefield | RI | 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 | Phone | Miss. License Number |
|---|---|---|---|---|
| | | 8/16/16 | 6019605074 | 630 |

**OWNER FOR TRANSPORTING ANIMAL**

# CERTIFICATE OF VACCINATION

**Date of Vaccination:** 06-27-16
**Next Vaccination on:** 06-27-17

**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:** Kanga
**SPECIES:** Canine
**SEX:** Neutered Male
**WEIGHT:** 27.60 lbs
**MICROCHIP:** 981020015667032

**TAG NO:** 221646
**BREED:** Shepherd Mix
**AGE:** 6 months
**COLOR:** Black and White

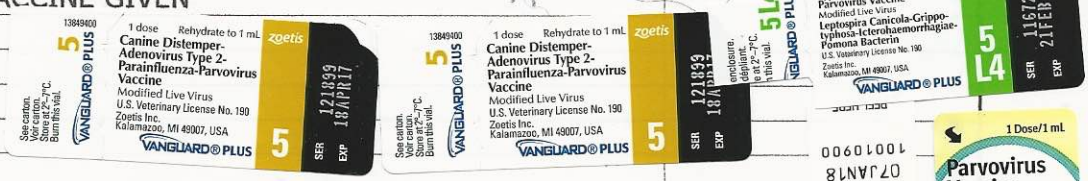
**MFG BY:** ZOE, **SERIAL:** 113868A, **EXPIRES:** 02-14-17, **ADMIN:** Sq

**Signed:** _____
Sylvia Y Stewart License: 630

**Other Vaccinations...**

Found Animals REGISTRY℠
981020015667032 981 6

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

| DATE | ANIMAL NAME/ID Kanga | EMPLOYEE SIGNATURE |
|---|---|---|
| | | |
| | IF A SURRENDER- NAME OF VET AND OWNER | |
| | | |
| | TYPE AND BREED OF ANIMAL | |
| | Largest B/W Male | |
| | TEMPERMENT OF ANIMAL | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | CONDITION OF ANIMAL | |
| | Heartworm test: | |
| | Fecal: | |
| | Temp: 101.7, 101.4 | 101.5 |
| 3-31-14 | Weight: 11, [redacted] | 27.55 |
| | Nails: | 5-15-14 |
| | Coat: | |
| | VACCINE GIVEN 4-23-14 | |
| 3-31-14 |  | |
| | MEDICINES AND NOTES ON ANIMAL | |
| 3-31-14 | full of worms - gave strongid | |
| 4-23-14 | Heartguard | |
| 5-20-14 | Heartguard | |
| 6-20-16 | Advantage Multi | |
| 7-19-14 | Advantage Multi | |
| 8-13-14 | started prep meds 5 days albon, Safeguard, Flagyl | |
| 8-10-16 | Giardia negative | |
| 8-1-14 | Heartguard, Advantage II | |
| | COMMENTS | |
| 4-2-14 | Broke w/ parvo, very ill isolated treated with fluids, cerenia & antibiotics got better 4-8-14 | |
| | | |
| | | |
| | | |
| | | |
| | CONTINUE ON NEXT PAGE IF APPLICABLE | |

## *Monroe Street Animal Clinic*

Patient Chart

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

**Printed:** 08-16-16 at 4:48p

CLIENT INFORMATION

| | | | |
|---|---|---|---|
| **Name** | Animal Rescue Fund of MS (396) | | |
| **Address** | Charles & Pippa Jackson; 395 W Mayes Str<br>Jackson, MS 39213 | **Spouse** | 601-750-2740 |
| **Phone** | 769 216-3414 | | |
| **Cell** | 601-940-5156 | | |
| **Email** | arfms@comcast.net | | |

PATIENT INFORMATION

| | | | |
|---|---|---|---|
| **Name** | Kanga | **Species** | Canine |
| **Sex** | Male, Neutered | **Breed** | Shepherd Mix |
| **Birthday** | 01-28-16 | **Age** | 6m |
| **ID** | 981020015667032 | **Rabies** | 221646 |
| **Color** | Black and White | **Weight** | 27.60 lbs |
| **Reminded** | (none) | **Codes** | |

| Reminders for: **Kanga** | | Last done |
|---|---|---|
| 06/17 | Canine Rabies, ARF-MS | 06-27-16 |

MEDICAL HISTORY

| Date | By | Code | Description | Qty (Variance) | Photo |
|---|---|---|---|---|---|
| 08-16-16 | SYS | S218 | Health Certificate, Interstate | | |
| Certificate # 184848 | | | | | |
| | | 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 | | | | | |
| 08-15-16 | SYS | FEC01 | Fecal Examination, Flotation | | |
| Negative | | | | | |
| | | SAHEX | Small Animal Health Examination | | |
| BAR; NSF; Temp 102 | | | | | |
| | | FOUND | Found Animals Microchip | | |
| 981020015667032 | | | | | |

| Date | By | Code | Description | Qty (Variance) | Photo |
|---|---|---|---|---|---|
| 06-27-16 | SYS | CV509 | Canine Rabies, ARF-MS, #221646 | | |
| **ID:** 221646 **Serial:** 113868A | | | **Expires:** 02-14-17 **Type:** KV | **Mfg:** ZOE | **Admin:** Sq |
| | | SR285 | Castration Canine-ARF | | |

# Animal Summary Sheet

Transport Co: 8-17-14 Arrival Date:

## Dog Information

| | | | |
|---|---|---|---|
| Dog's Name | Kanga | Est DOB/Age | 6 mo |
| Est DOB | 2-4-14 | Breed | Sheep Mix |
| Weight | 28 | Color | Black + White |
| Sex | N M | | |
| Notes/Warnings: | | | |
| Medications: | | | |

## Vetting

**last vaccine no less than 7 days prior to transport; check each transport's requirements as some are MORE strict.

| Shots: | Date: | | |
|---|---|---|---|
| DA2PPv | 3-31-14 5-15-14 4-23-14 | Next DA2PPv | 5-1-17 |
| Bordatella | 4-23-14 | Next Bordatella | |
| Rabies | 6-27-14 | Next Rabies | |

| Other: | Date: | | |
|---|---|---|---|
| Heath Certificate* | 8-16-14 | | |
| Fecal* | neg 8-15-14 | | |
| Spay/Neuter Date* | 6-27-14 | | |
| 4Dx SNAP Test (Anaplasmosis, Lyme, Ehrlichia, Heartworm) | 8-16-14 | | |
| 4Dx Results | neg | If positive, tx completion dat* | |
| Michrochip Brand | Found Animal | Microchip | 981020015667032 981 |
| Last Heartworm Prev. | 8-1-16 | Next Heartworm | 9-1-14 |
| Last Flea/Tick Prev. | 8-1-16 | Next Flea/Tick | 9-1-14 |
| Other Vetting Needed Soon | | | |

*HC date must be 10 days or less of delivery to new home.

*Dogs positive for coccidia or giardia CANNOT travel.

*Surgery must be at least 5 DAYS PRIOR to transport departure; check each transport's requirements as some are MORE strict.

| Sending Information | | Receiving Information | |
|---|---|---|---|
| Group Name | ARF of MS | Group Name | SOSARL |
| Contact | E Jackson | Contact | |
| Cell Phone | 601-750-2740 | Cell Phone | |
| Email | ejacksonll@comcast.net | Email | |

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

# Wellness Exam

| | | | |
|---|---|---|---|
| **Dog Name:** | Kanga | **Breed:** | mixed breed |
| **Description:** | B+W Shep mix | | |
| **Weight:** | 28 | **Est DOB/Age:** | 6 mo |
| **Sex:** | N M | | |
| **Exam Performed By:** | E Jackson | **Temperature:** | 101.7 |
| | | **Date of Exam:** | 8-15-14 |

**Physical Examination:**

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

**Comments:**

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