

MISSISSIPPI BOARD OF ANIMAL HEALTH  
CERTIFICATE FOR INTERSTATE MOVEMENT

184850

FOR SMALL ANIMALS

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

**OWNER**  
Last Name ARF MS C/O Elizabeth Jackson First Middle initial Phone No. 601 750 2740

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

**ANIMAL DESCRIPTION**  
Tag No. 221648 Breed Shep mix Color Blk TN WH Sex MCN Age Yrs. 6 Mos. 6 Name RALLY

**VACCINE USED**  
Manufacturer ZOE Serial No. 113868A Live  CEO  TC  Killed  Murine  Caprine

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

This Rabies Vaccination Expires 6/27/17

**CONSIGNEE**  
Last Name SOSARL C/O Emma Dawley First Middle initial Phone No. 401 603 6702

Address (Street or RFD) 33 Prospect Ave Wakefield City 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.  
Sylvia Stewart D.V.M. 8/16/16 601 960 5074 630  
Licensed Veterinarian Date Phone Miss. License Number

**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: Rally  
SPECIES: Canine  
SEX: Neutered Male  
WEIGHT: 18.70 lbs  
MICROCHIP: 981020015689628

TAG NO: 221648  
BREED: Shepherd Mix  
AGE: 6 months  
COLOR: Black, Tan & White

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

Signed:

  
Sylvia Y Stewart License: 630

Other Vaccinations...

Found Animals REGISTRY<sup>SM</sup>



981020015689628 981

6



# Monroe Street Animal Clinic

# Patient Chart

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

Printed: 08-16-16 at 6:13p

## CLIENT INFORMATION

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

## PATIENT INFORMATION

**Name** Rally  
**Sex** Male, Neutered  
**Species** Canine  
**Birthday** 01-28-16  
**Breed** Shepherd Mix  
**ID** 981020015689628  
**Age** 6m  
**Color** Black, Tan & White  
**Rabies** 221648  
**Reminded** (none)  
**Weight** 18.70 lbs  
**Codes**

Reminders for:	Rally	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 # 184850		
			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		
		FEC01	Fecal Examination, Flotation		
			Negative		
		SAHEX	Small Animal Health Examination		
			BAR; NSF; Temp 101.8		
08-15-16	SYS	FOUND	Found Animals Microchip		
			981020015689628		

Patient Chart for Rally  
Date: 08-16-16, Time: 6:13p

Client: Animal Rescue Fund of MS  
Page: 2

Date	By	Code	Description	Qty (Variance)	Photo
06-27-16 ID: 221648	SYS Serial: 113868A	CV509 SR285	Canine Rabies, ARF-MS, #221648 Expires: 02-14-17 Castration Canine-ARF	Type: KV Mfg: ZOE	Admin: Sq

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

DATE	ANIMAL NAME/ID	EMPLOYEE SIGNATURE
	Bally	
IF A SURRENDER- NAME OF VET AND OWNER		
TYPE AND BREED OF ANIMAL		
Black & Tan Shepherd		
TEMPERMENT OF ANIMAL		
Such a sweet dog! Has a love for all dogs & cats he meets!! calm		
CONDITION OF ANIMAL		
Heartworm test:		
Fecal:		
Temp: 101.6		
Weight:		
Nails:		
Coat:		
VACCINE GIVEN		
MEDICINES AND NOTES ON ANIMAL		
3-30-16		
4-1-16	Strongid 3days	
5-1-16	Advantage Multi	
6-1-16	Heartguard, Advantage II	
7-1-16	Heartguard, Advantage II	
8-1-16	Heartguard, Advantage II	
8-13-16	Started prepwork for travel	
8-10-16	Safeguard, albion, Flayyl G Panda meagrus	
COMMENTS		
Paroo survival, came in 3/29/16 Broke w/ Paroo.		
4-3-16 + Rallied 4-12-16		
rest of litter died		
Foster w/ Anne Parker		
CONTINUE ON NEXT PAGE IF APPLICABLE		

5-15-14

4-19-16 temp 101

134741C  
07JAN18  
10010001

1 Dose/1 mL  
**Parvovirus Vaccine**  
 Modified Live Virus  
**Duramune® Max Pv**  
 See outer package for complete directions. Consultar la caja. Store at 2-8°C (36-76°F).  
 Boehringer Ingelheim Vetmedica, Inc.  
 St. Joseph, MO 64506  
 US Vet. Lic. No. 124  
 Ser.: 4580132A  
 Exp.: 22 APR 17

1 Dose Rehydrate to 1 mL  
**Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine**  
 Modified Live Virus  
**Vanguard® Plus**  
 514  
 SER: 124809  
 EXP: 25APR17

## Animal Summary Sheet

Transport Co: \_\_\_\_\_

Arrival Date: \_\_\_\_\_


### Dog Information

Dog's Name	Bolly	Est DOB/Age	
Est DOB	2-15-14	Breed	Border collie Shep M 4
Weight	20	Color	Tri Color
Sex	N M		
Notes/Warnings:			
Medications:			

### Vetting

Shots:	Date:	
DA2PPv	3-30-14 4-19-14	5-15-14
Bordatella	5-15-14	
Rabies	6-27-14	
Other:	Date:	
Heath Certificate*	8-16-14	**HC date must be 10 days or less of delivery to new home.
Fecal*	8-16-14	*Dogs positive for coccidia or giardia CANNOT travel.
Spay/Neuter Date*	6-27-14	*Surgery must be at least 5 DAYS PRIOR to transport departure; check each transport's requirements as some are MORE strict.
4Dx SNAP Test <small>(Anaplasmosis, Lyme, Ehrlichia, Heartworm)</small>	8-16-14	
4Dx Results	neg	
Microchip Brand	Found Animal	
Last Heartworm Prev.	8-1-14	
Last Flea/Tick Prev.	8-1-14	
Other Vetting Needed Soon		

If positive, tx completion date	
Microchip #	 981020015689628 981 STERILITY EXP 2018-07 2
Next DA2PPv	5-1-17
Next Bordatella	
Next Rabies	
Next Heartworm	9-1-14
Next Flea/Tick	9-1-14

### Sending Information

### Receiving Information

Group Name	ARF of Ms	Group Name	SOSARL
Contact	E Jackson	Contact	
Cell Phone	601-750-2740	Cell Phone	
Email	e.jackson11@comcast.net	Email	



www.sosarl.org  
 (p) 401.206.0727  
 (f) 954.208.2727  
 info@sosarl.org  
 PO Box 498, Wakefield, RI 02880

## Wellness Exam

Dog Name:	Rella	Breed:	mixed breed
Description:	Tricolor Border Collie Sheep mix		
Weight:	20	Est DOB/Age:	
Sex:	NM		emo
Exam Performed By:	EJ	Temperature:	101.9
		Date of Exam:	8-16-16
<b>Physical Examination:</b>			
Musculoskeletal System	Within Normal Limit	Abnormal	
Notes:			
Gastrointestinal System	WNL	Abnormal	
Notes:			
Weight	WNL	Abnormal	
Notes:			
Haircoat	WNL	Abnormal	
Notes:			
Skin	WNL	Abnormal	
Notes:			
Ears / Eyes / Nose / Throat	WNL	Abnormal	
Notes:			
Mouth/Teeth	WNL	Abnormal	
Notes:			
Heart / Pulse	WNL	Abnormal	
Notes:			
Lungs	WNL	Abnormal	
Notes:			
Lymph nodes	WNL	Abnormal	
Notes:			
Legs	WNL	Abnormal	
Notes:			
Abdomen	WNL	Abnormal	
Notes:			
<b>Comments:</b>			