

4w neg
Fecal neg
12-12-14

MISSISSIPPI BOARD OF ANIMAL HEALTH
CERTIFICATE FOR INTERSTATE MOVEMENT

77 184900
No 184900
545

FOR SMALL ANIMALS

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

| OWNER | | | |
|-------------------------|------------------------------|-------|----------------|
| Last Name | ARF-MS C/O ELIZABETH JACKSON | First | Middle initial |
| Address (Street or RFD) | 395 W MAHES ST JACKSON | City | Zip Code |
| | | | County |

| ANIMAL DESCRIPTION | | | | | |
|--------------------|-------|---------|--------|----------|-------|
| Tag No. | Breed | Color | Sex | Age Yrs. | Name |
| 010074 | Shpex | BIK/TAN | F(E/S) | Mos 10 | SALLY |

| VACCINE USED | | | |
|--------------|------------|--|--|
| Manufacturer | Serial No. | Live | Killed |
| ZOETIS | 120626C | <input type="checkbox"/> CEO <input type="checkbox"/> TC | <input checked="" type="checkbox"/> TC |
| | | <input type="checkbox"/> Murine | <input type="checkbox"/> Caprine |

Vaccination Date 10/25/2016 By DANA FORD D.V.M. 1309
Miss. License Number

This Rabies Vaccination Expires 10/25/2017

| CONSIGNEE | | | |
|-------------------------|------------------------|-----------|----------------|
| Last Name | SOSARL C/O EMMA DAWLEY | First | Middle initial |
| Address (Street or RFD) | 33 PROSPECT AVE | City | State |
| | | WAKEFIELD | RI |

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. 12/12/2016 609605074 630
Licensed Veterinarian Date Phone Miss. License Number

OWNER FOR TRANSPORTING ANIMAL

CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 10-25-16
Next Rabies Vaccination On: 10-25-17

Certificate No: 0
Previous Rabies Vaccination:

VETERINARY CLINIC

Canton Road Veterinary Hospital
4960 Old Canton Road
Jackson, MS 39211
(601) 956-6144

OWNER OF ANIMAL

ARF Rescue
395 West Mayes Street
Jackson, Ms 39206
County: Hinds

This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

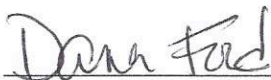
Patient information...

PATIENT: Sally
SPECIES: Canine
SEX: F

TAG NO: 10074
WEIGHT: 37.50
AGE: 10 months

Color and markings... Black And Brown

Signed



Dana Ford, DVM

License:

Vaccinations done...

| | | | |
|----------|----|------------------------|----------|
| 10-25-16 | DF | Fecal | 10-25-17 |
| 10-25-16 | DF | Heartworm Test (w/vac) | 10-25-17 |
| 10-25-16 | DF | Rabies 1 year, #10074 | |

Rabies Vaccine Information...

MFG BY: ZOETI
LOT EXP: 4/25/17

SER.NO: 120626C
ADM:



84157
Canton Rd. Vet. Hosp.
4960 Old Canton
Jackson, MS 39211
010074

Monroe Street Animal Clinic

Patient Chart

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

Printed: 12-13-16 at 9:38a

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

PATIENT INFORMATION

Name Sally **Species** Canine
Sex Female, Spayed **Breed** Shepherd Mix
Birthday 01-29-16 **Age** 10m
ID 981020019641401 **Rabies**
Color Black and Tan **Weight** 33.80 lbs
Reminded (none) **Codes**


(No reminders are due for this patient.)

MEDICAL HISTORY

| Date | By | Code | Description | Qty (Variance) | Photo |
|----------|-----|----------|------------------------------------|----------------|-------|
| 12-12-16 | SYS | S218 | Health Certificate, Interstate | | |
| | | | Certificate # 184900 | | |
| | | FOUND | Found Animals Microchip | | |
| | | | 981020019641401 | | |
| | | 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 | | |
| | | FEC01 | Fecal Examination, Flotation | | |
| | | | Negative | | |
| | | SAHEX | Small Animal Health Examination | | |
| | | | BAR; NSF; Temp 101.8 | | |

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

Sally

| DATE | ANIMAL NAME/ID | EMPLOYEE SIGNATURE |
|-----------------|--|--------------------|
| | IF A SURRENDER- NAME OF VET AND OWNER | |
| | TYPE AND BREED OF ANIMAL | |
| | TEMPERMENT OF ANIMAL | |
| | CONDITION OF ANIMAL | |
| | Heartworm test: | |
| | Fecal: | |
| | Temp: <i>100</i> | |
| | Weight: | |
| | Nails: | |
| | Coat: | |
| | VACCINE GIVEN | |
| <i>11-8-16</i> |  <p>1 dose Rehydrate to 1ml Canine Distemper-Adenovirus Type 2-Parainfluenza- Parvovirus Vaccine Modified Live Virus Leptospira Canicola-Grippi- typhosa-Actinobaculum Pleuropneumoniae Bacterin U.S. Veterinary License No. 109 Zoetis Inc. Kalamazoo, MI 49001, USA VANGUARD® PLUS</p> | |
| <i>11-25-16</i> | <i>Adv ent eye multi</i> | |
| <i>10-25-16</i> | <i>1st shot including Bordetella at Dr Ford</i> | |
| <i>12-10-16</i> | <i>Giardia neg started Albon Flagyl med 5 days</i> | |
| <i>12-14-16</i> | <i>Giardia test, upset tuming - Food was changed</i> | |
| | COMMENTS | |
| | <i>Rescued by Anne Mimi Cheshire Abby helped her get spayed & shots, Anne asked us to get her placed</i> | |
| | CONTINUE ON NEXT PAGE IF APPLICABLE | |

Canton Road Veterinary Hospital

Patient Chart

4960 Old Canton Road
Jackson, MS 39211
(601) 956-6144

Printed: 12-13-16 at 10:40a

CLIENT INFORMATION

Name Mr/Mrs. ARF Rescue (1401)
Address 395 West Mayes Street
Jackson, Ms 39206
Phone 769 216-3414

PATIENT INFORMATION

| | | | |
|-----------------|-----------------|----------------|-----------|
| Name | Sally | Species | Canine |
| Sex | Female | Breed | Mix |
| Birthday | 01-29-16 | Age | 10m |
| ID | | Rabies | 10074 |
| Color | Black And Brown | Weight | 37.50 lbs |
| Reminded | (none) | Codes | |

Sally's weight history (in lbs)

| | |
|----------|-------|
| 10-25-16 | 37.50 |
|----------|-------|

MEDICAL HISTORY

| Date | By | Code | Description | Qty (Variance) | Photo |
|----------|------|--------|---|----------------|-------|
| 12-13-16 | | (N/A) | Patient moved from client 204 | | |
| 11-01-16 | DF | BDM | Bd.Medium (26-50) | 7 | |
| 10-28-16 | DF | REEX | Dermaxx 100mg (sample) #8944 Recheck Exam /Clean | | |
| 10-27-16 | DF | REEX | Recheck Exam / Clean | | |
| 10-26-16 | DF | REEX | Recheck Exam / Clean | | |
| 10-25-16 | DF | CEP250 | Dermaxx 100mg (sample) #8944 Cephalexin 250 mg #8934 | 14 | |
| | | | Give 1 capsule by mouth every 12 hours until gone. | | |
| | | ADS55 | Advantage Multi 20.1-55 single | | |
| | | | Apply between shoulder blades once a month on same day for the treatment of fleas,heartworms,hookworms,roundworms & whipworms. | | |
| | | ANT25 | Antisedan31-80# | | |
| | | SEDATE | Sedation (Parenteral) | | |
| | | PD | Penrose drain | | |
| | | FECAL | Fecal | | |
| | neg- | | | | |
| | | HWANTV | HW test w/ vaccines | | |
| | neg- | | | | |
| | | DHPP | dhpp | | |
| | | OV17 | Office visit with vaccs. | | |

INVOICE

All Creatures Animal Care Center

262 New Mansdale Rd.
Madison, MS 39110
(601) 856-5333

"For care and compassion we have your prescription."

FOR: Cheshire Abbey
1819 Meadowbrook Rd
Jackson, MS 39211
(601) 624-2783

Printed: 11-03-16 at 5:10p
Date: 11-03-16
Account: 10687
Invoice: 377570

| Date | For | Qty | Description | Net Price |
|---|------------------------------------|-----|--|-----------|
| Services by Drop-offs 2 | | | | |
| 11-03-16 | Sally. | 1 | Processed by Faye Thanks!! | 0.00 |
| Services by Lyndsay Summers, VMD | | | | |
| 11-02-16 | | 1 | Cheshire Abbey Canine Spay There are no sutures to be remove; monitor incision for swelling, redness or discharge. Your pet needs to have restricted activity for 5-7 days as the incision heals. Monitor your pet to make sure there is not excessive licking at the incision. | 65.00 |
| 11-02-16 | | 1 | Pre-Surgery Physical | 0.00 |
| 11-02-16 | | 1 | Discharge Instructions | 0.00 |
| | Hello! | | | |
| <p>Thank you for bringing Sally in today. Everything appeared to go well with her spay surgery. Please monitor the incision site for increased swelling, discharge, redness, heat, and/or a foul odor. If any of these signs are noted, please call the clinic. All of the sutures are under the skin, so suture removal will not be necessary. Her activity level MUST be restricted; no running or jumping, with leash walks only, for the next 5-7 days in order to allow the incision time to heal. Please make certain that Sally does not lick or chew at the incision site. If she is trying to lick her incision please stop by and pick up and E-collar. If you have any questions or concerns, please feel free to give me a call. Again, thank you for entrusting Sally's care to our staff.</p> | | | | |
| | Thank you, Lyndsay Summers, VMD | | | |
| 11-02-16 | | 1 | Post-op Phone call | 0.00 |
| Services by OTC Products | | | | |
| 11-02-16 | | 1 | Blue Recovery Collar med/lg 8 in. | 22.00 |
| Services by | | | | |
| 11-03-16 | | | Visa payment | -87.00 |



XXXXXXXXXXXX2217 Approval code: 01108B Card Balance: N/A X _____

Patient Chart for Sally
Date: 12-13-16, Time: 10:40a

Client: Mr/Mrs. ARF Rescue
Page: 2

| Date | By | Code | Description | Qty (Variance) | Photo |
|----------|---------|---------------|-----------------------------|----------------|-------|
| 10-25-16 | DF | VTB | Bordetella Vac | | |
| | | PSR12 | puppy series 3 | | |
| | | LEPTO | lepto 1 year vaccine | | |
| | | RV1 | Rabies 1 year, #10074 | | |
| | | W | Weight | | |
| | Age: 9m | Weight: 37.50 | | | |
| | | COMPN | Complimentary nail trim | | |
| | | EPA | EPA Disposal fee of needles | | |
| | | PUP3 | Puppy Series 3 | | |

Animal Vetting Summary Sheet

| | | | | | |
|---|-------|--------------------|--|--|--|
| Dog's Name | SALLY | | Est DOB/Age | 1/29/16 10M | |
| Weight | 33.8 | | Breed | Shep mix | |
| Sex | F (S) | | Color | BLACK/TAN | |
| Notes/Warnings | | | | | |
| Medications | | | | | |
| Basic Vetting | | | | | |
| Vaccinations & Preventatives | | Type & Date(s) | | NEXT DUE DATE | |
| DA2PPv | | 10/25/16 & 11/8/16 | | 10/25/17 | |
| Bordetella | | 10/25/16 | | 10/25/17 | |
| Rabies | | 10/25/16 | | 10/25/17 | |
| Heartworm Preventative | | 10/25/16 | | | |
| Flea/Tick Preventative | | 10/25/16 | | | |
| Dewormers (Type) | | Date(s) | | NEXT DUE DATE | |
| Advantage Multi | | 10/25/16 | | | |
| | | | | | |
| | | | | | |
| Other | | Date(s) | | Results/Notes: | |
| Health Certificate* | | 12/12/2016 | | # 184900 | |
| Fecal* | | 12/12/2016 | | Float - UNNEGATIVE | |
| Circle type: Smear / Flotation / Other | | | | | |
| Giardia SNAP test* | | 12/12/16 | | UNEG | |
| Spay/Neuter Date* | | 11/2/16 | | | |
| 4Dx SNAP Test <small>(Anaplasmosis, Lyme, Ehrlichia, Heartworm)</small> | | 12/12/16 | | HW - UNEG EMW - UNEG ANA - UNEG LYME - UNEG | |
| Microchip Brand | | FOUND | | Microchip # | |
| | | | |  981020019641401 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 the Soul ANIMAL RESCUE LEAGUE | | | www.sosarl.org (p) 401.206.0727 (f) 954.206.2727 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: | SALLY | Breed: SHED | mixed breed |
| Description: | BAR - small shepherd mix | | |
| Weight: | 33.8 | Est DOB/Age: | 10M |
| Sex: | FE(S) | Temperature: | 101.8 |
| Exam Performed By: | SY STEWART DVM | Date of Exam: | 12/12/16 |
| Physical Examination: | | | |
| 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: | | | |
| Comments: | | | |
| | | | |