

MISSISSIPPI BOARD OF ANIMAL HEALTH
CERTIFICATE FOR INTERSTATE MOVEMENT

#184839
184839

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. *6017502740*
Address (Street or RFD) *395 W MAWES ST* City *JACKSON* Zip Code *39213* County *HINDS*

ANIMAL DESCRIPTION

Tag No. *221588* Breed *TERRIER X* Color _____ Sex *(MGN)* Age Yrs. _____ Mos. *4* Name *HARVEY*

VACCINE USED

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

Vaccination Date *4-16-2016* By *SYLVIA Y STEWART* D.V.M. *630* Miss. License Number

This Rabies Vaccination Expires *4-16-2017*

CONSIGNEE

Last Name *SOSARL* C/O *Emma* Dawley First Middle initial Phone No. *4016036702*
Address (Street or RFD) *33 Prospect Ave* City *Wakefield* State *RI* Zip Code

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 Y Stewart D.V.M. *5/31/16* *6019605074* *630*
Licensed Veterinarian Date Phone Miss. License Number

OWNER FOR TRANSPORTING ANIMAL

CERTIFICATE OF VACCINATION

Date of Vaccination: 04-19-16
Next Vaccination on: 04-19-17

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.

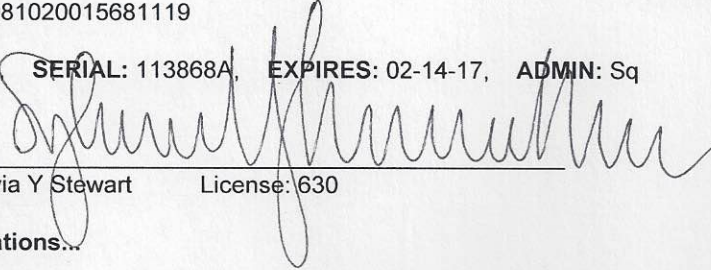
Patient information...

PATIENT: Harvey
SPECIES: Canine
SEX: Neutered Male
WEIGHT: 24.90 lbs
MICROCHIP: 981020015681119

TAG NO: 221588
BREED: Terrier Mix
AGE: 18 weeks
COLOR: Fawn and White

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

Signed:


Sylvia Y Stewart License: 630

Other Vaccinations...



Monroe Street Animal Clinic

Patient Chart

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

Printed: 06-01-16 at 8:37a

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	Harvey	Species	Canine
Sex	Male, Neutered	Breed	Terrier Mix
Birthdate	01-23-16	Age	18w
ID	981020015681119	Rabies	221588
Color	Fawn and White	Weight	24.90 lbs
Reminded	(none)	Codes	

Reminders for: Harvey	Last done
05/17 DA2PPL	05-14-16
05/17 Bordetella Intranasal	05-14-16
04/17 Canine Rabies, ARF-MS	04-19-16
06/16 Interceptor Plus Tablet 8.1 to	05-14-16

MEDICAL HISTORY

Date	By	Code	Description	Qty (Variance)	Photo
05-31-16		SYS	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				
		FOUND	Found Animals Microchip		
	981020015681119				
		S218	Health Certificate, Interstate		
	#184839				
		SAHEX	Small Animal Health Examination		

Date	By	Code	Description	Qty (Variance)	Photo
BAR; NSF; Temp 102.2; Fecal Negative					
05-14-16	SYS	4912 CVARFB CVARFD	Interceptor Plus Tablet 8.1 to 25 lbs Bordetella Bronchiseptica Intranasal DA2PPL		
04-19-16	SYS	4912 CV509	Interceptor Plus Tablet 8.1 to 25 lbs Canine Rabies, ARF-MS, #221588		
ID: 221588	Serial: 113868A		Expires: 02-14-17 Type: KV	Mfg: ZOE	Admin: Sq
04-18-16	SYS	SR285	Castration Canine-ARF		
04-16-16	SYS	CVARFD FEC01	DA2PPL Fecal Examination, Flotation		
Whipworms					




Animal Summary Sheet

Transport Co: _____ Arrival Date: 6-4-14

Dog Information

Dog's Name	<u>Harvey</u>	Est DOB/Age	<u>18 weeks</u>
Est DOB		Breed	<u>Terrier Mix</u>
Weight	<u>25</u>	Color	<u>Fawn & White</u>
Sex	<u>NM</u>		
Notes/Warnings:			
Medications:			

Vetting

Shots:	Date:		
DA2PPv	<u>4-16-14</u> <u>5-14-14</u>	Next DA2PPv	<u>6-1-17</u>
Bordatella	<u>5-14-14</u>	Next Bordatella	<u>6-1-17</u>
Rabies	<u>4-19-14</u>	Next Rabies	
**last vaccine no less than 7 days prior to transport; check each transport's requirements as some are MORE strict.			
Other:	Date:		
Heath Certificate*	<u>5-31-14</u>	*HC date must be 10 days or less of delivery to new home.	
Fecal*	<u>5-31-14</u> <u>Neg</u>	*Dogs positive for coccidia or giardia CANNOT travel.	
Spay/Neuter Date*	<u>4-18-14</u>	*Surgery must be at least 5 DAYS PRIOR to transport departure; check each transport's requirements as some are MORE strict.	
4Dx SNAP Test (Anaplasmosis, Lyme, Ehrlichia, Heartworm)	<u>5-31-14</u>		
4Dx Results	<u>5-31-14</u> <u>Neg</u>	If positive, tx completion date	
Microchip Brand	<u>Found Animal</u>	Microchip	 981020015681119 981 STERILITY EXP 2018-07 1
Last Heartworm Prev.	<u>5-14-14</u>	Next Heartworm	<u>6-14-14</u>
Last Flea/Tick Prev.	<u>5-14-14</u>	Next Flea/Tick	<u>6-14-14</u>
Other Vetting Needed Soon			

Sending Information

Receiving Information

Group Name	<u>ARF of Ms</u>	Group Name	<u>SOSARL</u>
Contact	<u>E Jackson</u>	Contact	
Cell Phone	<u>601-750-2740</u>	Cell Phone	
Email	<u>e.jackson11@</u>	Email	

com cast net



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