

MISSISSIPPI BOARD OF ANIMAL HEALTH
CERTIFICATE FOR INTERSTATE MOVEMENT

184812

FOR SMALL ANIMALS

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

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

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

ANIMAL DESCRIPTION
Tag No. 221600 Breed Shep mix Color Blk Blonde Sex FE(S) Age Yrs. 5 Name Elizabeth Reed

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

Vaccination Date 5-5-2016 By SYLVIA Y STEWART D.V.M. 630
Miss. License Number

This Rabies Vaccination Expires 5-5-2017

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

Address (Street or RFD) 33 Prospect Ave Wakefield 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.

Sylvia Y Stewart D.V.M. 5/10/2016 6019605076 630
Licensed Veterinarian Date Phone Miss. License Number

OWNER FOR TRANSPORTING ANIMAL

CERTIFICATE OF VACCINATION

Date of Vaccination: 05-05-16
Next Vaccination on: 05-05-17

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: Elizabeth Reed
SPECIES: Canine
SEX: Spayed Female
WEIGHT: 24.30 lbs
MICROCHIP: 981020015664762

TAG NO: 221600
BREED: Shepherd Mix
AGE: 5 months
COLOR: Black and Blonde

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: 05-10-16 at 8:41a

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 Elizabeth Reed **Species** Canine
Sex Female, Spayed **Breed** Shepherd Mix
Birthday 12-11-15 **Age** 5m
ID 981020015664762 **Rabies** 221600
Color Black and Blonde **Weight** 24.30 lbs
Reminded (none) **Codes**

Reminders for: Elizabeth Reed	Last done
05/17 Canine Rabies, ARF-MS	05-05-16

MEDICAL HISTORY

Date	By	Code	Description	Qty (Variance)	Photo
05-10-16		SYS	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		
	981020015664762				
		S218	Health Certificate, Interstate		
	# 184812				
		SAHEX	Small Animal Health Examination		
	BAR; NSF; Temp 102.1; Fecal Negative				
05-05-16		SYS	CV509 Canine Rabies, ARF-MS, #221600		
ID: 221600	Serial: 113868A		Expires: 02-14-17	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: *Elizabeth Reed* EMPLOYEE SIGNATURE:

IF A SURRENDER- NAME OF VET AND OWNER

TYPE AND BREED OF ANIMAL

TEMPERMENT OF ANIMAL

CONDITION OF ANIMAL

Heartworm test:

Fecal:

3-28-14

Temp: *101.8*

Weight: *24.3*

Nails:

Coat:

VACCINE GIVEN

3-28-16



MEDICINES AND NOTES ON ANIMAL

3-9-14 Revolution when picked up from Vet
4-9-14 Revolution
5-4-14 started albun, Flagyl safe guard in Paps
for trans port
5-4-14 Advantage Multi, ghirdie neg
5-5-14 Cestex given

COMMENTS

CONTINUE ON NEXT PAGE IF APPLICABLE



981020015664762 981 STERILITY EXP 2018-07 1

Found Animals **REGISTRY**



981020015664762 981

6



981020015664762 981 STERILITY EXP 2018-07 2

Patient 8-3

Melissa Blawieky Elizabeth Reed

Account # 8631

Owner ARF

Age 12-11-15

Sex F

Breed MIX

Color Blk/Blonde

Date _____ Weight _____



1-22-16	4.0	DA2PPC <input checked="" type="checkbox"/> Parvo 2#1 <input checked="" type="checkbox"/> Temp <u>101.6</u> Fec <u>HOOKS</u> Eyes <u>OK</u> , Ears <u>OK</u> , N&T <u>OK</u> LN <u>OK</u> , H&L <u>OK</u> , Abd <u>OK</u> Deworm <u>Strongid T</u> HW & Flea Prevent _____ DSP Albon 250mg 1/2 tab BID x 5 days Rx Albon 250mg 1/2 tab BID <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
1-23-16		Rx Albon 250mg 1/2 tab BID <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
1-24-16		Rx Albon 250mg 1/2 tab BID <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
1-25-16		Rx Albon 250mg 1/2 tab BID <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
1-26-16		Rx Albon 250mg 1/2 tab BID <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Stop Albon
1-27-16		Rx Lyme trial Vaccination <input checked="" type="checkbox"/> #1
2-9-16		DHLPPC <input checked="" type="checkbox"/> Parvo 2#2 <input checked="" type="checkbox"/> Bordetella <input checked="" type="checkbox"/> Temp <u>100.8</u> Fec <u>Neg</u> Eyes <u>OK</u> , Ears <u>OK</u> , N&T <u>OK</u> LN <u>OK</u> , H&L <u>OK</u> , Abd <u>OK</u> Deworm <u>Strongid T</u> HW & Flea Prevent _____
2-17-16		Rx Lyme trial Vaccination <input checked="" type="checkbox"/> #2
3-1-16		DHLPPC <input checked="" type="checkbox"/> Temp <u>101.1</u> Fec <u>Neg</u> Eyes <u>OK</u> , Ears <u>OK</u> , N&T <u>OK</u> LN <u>OK</u> , H&L <u>OK</u> , Abd <u>OK</u> Deworm <u>Strongid T</u> HW & Flea Prevent _____
3-3-16	11.5	SPAY
3-28-16		101.8 = Temp

Dr. Kathy Vaughn
 Northside Pet Clinic
 4066 Northview Drive
 Jackson, MS 39206
 Phone 601-366-1461 Fax 601-366-1462

Wellness Exam

Dog Name:	Elizabeth Reed	Breed:	mixed breed
Description:	Brown w/Black highlights to Shep mix		
Weight:	24	Est DOB/Age:	
Sex:	SP		
Exam Performed By:		Temperature:	
		Date of Exam:	
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:			

Animal Vetting Summary Sheet

Dog's Name	Elizabeth Reed		Est DOB/Age	5 months	
Weight	24		Breed	Shep mix	
Sex	SP		Color	Brown / a / Black	
Notes/Warnings					
Medications					
Basic Vetting			REMINDE RS		
Vaccinations & Preventatives	Type & Date(s)	NEXT DUE DATE			
DA2PPv	1-22-16 / 2-9-16 / 3-1-16 / 3-23-16	3-1-17			
Bordetella	2-9-16	2-1-17			
Rabies	5-5-16				
Heartworm Preventative	5-4-16 Advantage Multi	6-1-16			
Flea/Tick Preventative	5-4-16 Advantage Multi				
Dewormers (Type)	Date(s)	NEXT DUE DATE			
	Safeguard 5-4-16 - 5-9-16				
cestert	5-5-16				
Other	Date(s)	Results/Notes:			
Health Certificate*	5-10-16				
Fecal*					
Circle type: Smear / Flotation / Other	5-10-16	neg			
Giardia SNAP test*	5-5-16	neg			
Spay/Neuter Date*	3-3-16				
4Dx SNAP Test <small>(Anaplasmosis, Lyme, Ehrlichia, Heartworm)</small>	5-10-16				
Microchip Brand	Found Animal	Microchip #			
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	E Jackson		Contact	Emma Dawley	
Phone	601-750-2740		Phone	401-206-0727	
Email			Email	info@sosarl.org	
		www.sosarl.org (p) 401.206.0727 (f) 954.208.2727 info@sosarl.org ANIMAL RESCUE LEAGUE 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.

Elizabeth Kae ✓

2/17

