No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 21.43.9; CFR, Subchapter A, Part 2).

OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

UNITED STATES INTERSTATE AND INTERNATIONAL CERTIFICATE OF HEALTH EXAMINATION FOR SMALL ANIMALS

WARNING: Anyone who makes a false, fictitious, or fraudulent statement on this document, or uses such document knowing it to be false, fictitious, or fraudulent may be subject to a fine of not more than $10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 1001).

1. TYPE OF ANIMAL SHIPPED (select one only)
☑ Dog ☐ Cat ☐ Other____
☐ Nonhuman Primate ☐ Ferret ☐ Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS 1

4. PAGE 1 of 1

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (*CONSIGNOR*)

Animal Rescue Fund of MS
C/O Elizabeth Jackson
395 W Mayes St
Jackson MS 39213
601-750-2740

USDA License/or Registration Number (*if applicable*)

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (*CONSIGNEE*)

SOSARL
C/O Emma Dawley
33 Propect Ave
Wakefield RI 02879
401-603-6702

HSSSC
31 Ventura Drive
North Dartmouth, MA 02747
508-995-6681

7. ANIMAL IDENTIFICATION

	NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED – COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1)	Oliver # 981020023358023	Lab/Shepherd Mix	10w	M(n)	Blonde
(2)					
(3)					
(4)					
(5)					
(6)					

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION: ☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS

	Vaccination Date	Product	Date	Product Type and/or Results
(1)			12/13/17	Fecal Flotation Negative
(2)				
(3)				
(4)				
(5)				
(6)				

(Other vaccinations, treatment, and/or tests and results: Date, Product Type and/or Results)

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (*WHEN REQUIRED*)

VETERINARY CERTIFICATION: I certify that the animals described in box 7 have been examined by me this date, that the information provided in box 8 is true and accurate to the best of my knowledge, and that the following findings have been made ("**X**" applicable statements).

☑ I have verified the presence of the microchip, if a microchip is listed in box 7.

☑ I certify that the animal(s) described above and on continuation sheet(s), if applicable, have been inspected by me on this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animal or other animals or would endanger public health.

☑ To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and has/have not been exposed to rabies.

ENDORSEMENT FOR INTERNATIONAL EXPORT (*IF NEEDED*)
PRINTED NAME OF USDA VETERINARIAN

SIGNATURE OF USDA VETERINARIAN — ***Apply USDA Seal or Stamp here*** — **DATE**

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

Sylvia y Stewart DVM
Monroe Street Animal Clinic
607 Monroe St
Jackson MS 39202
601-960-5074

LICENSE NUMBER AND STATE
License # 630 MS

Accredited ☐ Yes ☑ No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER

NOTE: International shipments may require certification by an accredited veterinarian.

SIGNATURE OF ISSUING VETERINARIAN [signature]

DATE 12/13/2017

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

Monroe Street Animal Clinic

Patient Chart

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

Printed: 12-13-17 at 12:46p

CLIENT INFORMATION

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

PATIENT INFORMATION

Name	Oliver Karma Pup	**Species**	Canine
Sex	Male, Neutered	**Breed**	Retriever, Labrador
Birthday	10-01-17	**Age**	10w
ID	981020023358023	**Rabies**	
Color	Blonde	**Weight**	11.10 lbs
Reminded	(none)	**Codes**	

(No reminders are due for this patient.)

MEDICAL HISTORY

Date		By	Code	Description	Qty (Variance)	Photo
12-13-17		SYS	FEC01	Fecal Examination, Flotation		
	Negative					
12-11-17		SYS	PONAZ90	Ponazuril 90 mg/l Suspension	3.50	
	Give 1.10 cc by mouth once a day for 3 days					
			FOUND	Found Animals Microchip		
	981020023358023					
			GIARDIA	Giardia Antigen Test		
	Negative					
			FEC01	Fecal Examination, Flotation		
	Coccidia					
			SAHEX	Small Animal Health Examination		
	BAR; NSF; Temp 101.3; weight 11.1					

Luckney Animal Hospital

Patient Chart

280 Belle Meade Point
Flowood, MS 39232
601-992-3299

Printed: 12-13-17 at 11:57a

CLIENT INFORMATION

Name	ARF (341)
Address	395 W Mayes Street Jackson, MS 39213
Phone	601 750-2740

PATIENT INFORMATION

aka oliver

Name	Mr. Fluff	**Species**	Canine
Sex	Male, Neutered	**Breed**	Retriever, Labrador Mix
Birthday	10-01-17	**Age**	10w
ID		**Rabies**	
Color	Blonde	**Weight**	0.00 lbs
Reminded	(none)	**Codes**	

Reminders for: **Mr. Fluff**		Last done
06-01-18	Fecal Examination, Flotation	12-01-17
12-22-17	Canine DA2PPL 12 Weeks	

MEDICAL HISTORY

Date	By	Code	Description	Qty (Variance)	Photo
12-01-17	BZ	703	Fecal Examination, Flotation		
		100	Examination- Physical		
		201	Canine2 DA2PPL 9 Weeks		
		MISC	Rescue Neuter		

Olliver Blonde

DATE	
	ANIMAL NAME/ID Karma Pup 6 Oliver
	IF A SURRENDER- NAME OF VET AND OWNER
	TYPE AND BREED OF ANIMAL
	Lab mix ~~[illegible]~~ Male, fuzzy
	TEMPERMENT OF ANIMAL
	CONDITION OF ANIMAL
	Heartworm test:
11-4-17	Fecal: Strongyld
11-4-17	Temp: 100.3
	Weight:
	Nails:
	Coat:
	VACCINE GIVEN
11-4-17	13849400 VANGUARD® PLUS 5 — 1 dose Rehydrate to 1 mL zoetis. Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine. Modified Live Virus. U.S. Veterinary License No. 190. Zoetis Inc. Kalamazoo, MI 49007, USA. VANGUARD® PLUS 5. See carton. Voir carton. Store at 2°-7°C. Burn this vial. SER 240841B EXP 15JAN19
12-1-17	2nd shot @ Luckny
12-1-17	neuter @ Luckny
12-11-17	fecal coccidiz · 3 days ponazuril
12-13-17	fecal neg
	COMMENTS
11-16-17	Nextguard, Intecepta
	CONTINUE ON NEXT PAGE IF APPLICABLE

Kim Tyler

Wellness Exam

Dog Name:	OLIVER	**Breed:** LAB/SH	mixed breed
Description:	LAB/Shep X Blonde		
Weight:	11.1	**Est DOB/Age:**	10-1-2017 10 WKS
Sex:	M(N)		
Exam Performed By:	SYSTEWART DVM	**Temperature:**	101.3
		Date of Exam:	12-11-2017

Physical Examination:

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

Comments:

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

Animal Vetting Summary Sheet

Dog's Name	Oliver	Est DOB/Age	10-1-17 10WKS
Weight	11.1	Breed	GHB/SHEP X
Sex	M(N)	Color	Blonde
Notes/Warnings			
Medications			

Basic Vetting

Vaccinations & Preventatives	Type & Date(s)	REMINDERS NEXT DUE DATE
DA2PPv	11-4-17 / 12-1-17	
Bordatella	too young	
Rabies	too young	
Heartworm Preventative	Inteceptor 11-16-17	12-16-17
Flea/Tick Preventative	Nextguard 11-16-17	12-16-17

Dewormers (Type)	Date(s)	NEXT DUE DATE
Ponazuril	12-11-17 to 12-13-17	

Other	Date(s)	Results/Notes:
Heath Certificate*	12-13-17	
Fecal* Circle type: Smear / Flotation / Other	12-13-17	NEGATIVE
Giardia SNAP test*	12-11-17	NEGATIVE
Spay/Neuter Date*	12-1-17	
4Dx SNAP Test (Anaplasmosis, Lyme, Ehrlichia, Heartworm)	too young	
Michrochip Brand	FOUND	Microchip # 981020023358023 981 4

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 MS	Group Name	SOSARL
Contact	E Jackson	Contact	Emma Dawley
Phone	601 7502740	Phone	401-206-0727
Email	ARFMS@comcast.net	Email	info@sosarl.org

Save One Soul ANIMAL RESCUE LEAGUE
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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.