According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0036 and 0579-0333. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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

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)	Robin #981020023352693	Lab/Shepherd Mix	3m	F(S)	Blonde
(2)					
(3)					
(4)					
(5)					
(6)					

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION (☑ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS)		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
Vaccination Date	Product	Date	Product Type and/or Results
2/5/2018	ZOE KV SN 221618B	2/12/2018	Fecal Flotation Negative

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

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

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

LICENSE NUMBER AND STATE
License # 630 MS

Accredited ☐ Yes ☑ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER

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

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE
2/12/2018

APHIS Form 7001
(NOV 2010)

This certificate is valid for 30 days after issuance

CERTIFICATE OF VACCINATION

Date of Vaccination: 02-05-18
Next Vaccination on: 02-05-19

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: Robin
SPECIES: Canine
SEX: Spayed Female
WEIGHT: 13.60 lbs
MICROCHIP: 981020023352693

TAG NO: 3570
BREED: Lab/Shepherd
AGE: 13 weeks
COLOR: Blonde

MFG BY: ZOE, **SERIAL:** 221618B, **EXPIRES:** 10-23-18, **ADMIN:** Sq

Signed: _____
Sylvia Y Stewart License: 630

Other Vaccinations...

Vaccinated	By	Vaccination	Next due
01-08-18	SYS	Canine DA2PP	(none)

Found Animals.
Registry
981020023352693 981 6

Monroe Street Animal Clinic

Patient Chart

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

Printed: 02-13-18 at 10:19a

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	Robin	**Species**	Canine
Sex	Female, Spayed	**Breed**	Lab/Shepherd
Birthday	11-11-17	**Age**	13w
ID	981020023352693	**Rabies**	3570
Color	Blonde	**Weight**	13.60 lbs
Reminded	(none)	**Codes**	

Reminders for: **Robin**

		Last done
02/19	Canine Rabies, ARF-MS	02-05-18

MEDICAL HISTORY

Date	By	Code	Description	Qty (Variance)	Photo
02-12-18	SYS	S218	Health Certificate, Interstate		
		FOUND	Found Animals Microchip		
98102002335552693					
		FEC01	Fecal Examination, Flotation		
Negative					
		SAHEX	Small Animal Health Examination		
BAR; NSF; Temp 102; weight 13.6					
02-05-18	SYS	CV509	Canine Rabies, ARF-MS, #3570		
ID: 3570 **Serial:** 221618B			**Expires:** 10-23-18 **Type:** KV	**Mfg:** ZOE	**Admin:** Sq
01-09-18		(N/A)	Patient moved from client 1125		
01-09-18	SYS	PONAZ90	Ponazuril 90 mg/l Suspension	5	
01-08-18	SYS	DT515	Deworm, Puppy/Kitten		
Strongid po					
		FEC01	Fecal Examination, Flotation		
Round worms and Coccidia					
		CV406	Canine DA2PP		

DoB 11-11-17

DATE	ANIMAL NAME/ID	Robin. female Lab mix.
	IF A SURRENDER- NAME OF VET AND OWNER	
	TYPE AND BREED OF ANIMAL	
	TEMPERMENT OF ANIMAL	
	CONDITION OF ANIMAL	good
	Heartworm test:	
	Fecal:	
	Temp:	
	Weight:	
	Nails:	
	Coat:	
1-9-18	VACCINE GIVEN	1st vaccine given @ Monroe Street
1-29-18		
1-29-18	shitcapta, Nextguard	
2-12-18	Panazurel 1.3cc / 2-13-18 Panazurel	1.3cc
2-14-18	Panazurel	
2-12-18	Giardia Neg	
	COMMENTS	
	CONTINUE ON NEXT PAGE IF APPLICABLE	

Animal Vetting Summary Sheet

Dog's Name	ROBIN	Est DOB/Age	11-11-2017 13WKS
Weight	13.6	Breed	LAB/Shep mix
Sex	FE(S)	Color	Blonde
Notes/Warnings			
Medications			

Basic Vetting

Vaccinations & Preventatives	Type & Date(s)	REMINDERS NEXT DUE DATE
DA2PPv	1-9-18 / 1-29-18	
Bordatella	1-29-18	
Rabies	2-5-2018 KV	2-5-2019
Heartworm Preventative	Inteceptor 1-29-18	3-1-18
Flea/Tick Preventative	Nextguard 1-29-18	3-1-18
Dewormers (Type)	**Date(s)**	**NEXT DUE DATE**

Other	Date(s)	Results/Notes:
Heath Certificate*	2-12-2018	
Fecal* Circle type: Smear / Flotation / Other	2-12-2018	NEGATIVE
Giardia SNAP test*	2-12-18	
Spay/Neuter Date*	1-22-18	
4Dx SNAP Test (Anaplasmosis, Lyme, Ehrlichia, Heartworm)	Too Young	
Michrochip Brand	FOUND	Microchip # 981020023352693 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	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

www.sosarl.org
(p) 401.206.0727
(f) 954.208.2727
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:	ROBIN	**Breed:** LAB/Shep	mixed breed
Description:	BLONDE		
Weight:	FE(S) 13.6	**Est DOB/Age:**	11-11-2017 13WKS
Sex:	FE(S)		
Exam Performed By:	SYSTEWART DVM	**Temperature:**	102
		Date of Exam:	2-12-2018

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:

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