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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; CFR, Subchapter A, Part 2).

OMB APPROVED
0579-0036
0579-0033

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).

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

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

SOSARI
C/O Emma Dawley
33 Prospect Ave
Wakefield RI 02879
401-603-6702

USDA License/Registration Number (if applicable)

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) Zippy #981020023351833	Dachshund Mix	11 m	M(n)	Brown/Tan
(2)				
(3)				
(4)				
(5)				
(6)				

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION			OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
<input checked="" type="checkbox"/> 1 YEAR	<input type="checkbox"/> 2 YEARS	<input type="checkbox"/> 3 YEARS		
Vaccination Date	Product	Date	Product	Type and/or Results
9-21-2017	Merial KV SN 12634	10/30/2017	Fecal Flotation	Negative

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

VETERINARY CERTIFICATION: I certify that the animal(s) 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

LICENSE NUMBER AND STATE
License # 630 MS

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.

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

CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 09-21-17
Next Rabies Vaccination On: 09-21-18

Certificate No: 0
Previous Rabies Vaccination:

VETERINARY CLINIC
Luckney Animal Hospital
280 Belle Meade Point
Flowood, MS 39232
601-992-3299

OWNER OF ANIMAL
ARF
395 W Mayes Street
Jackson, MS 39213
County:

This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

Patient information...

PATIENT: Zippy
SPECIES: Canine
SEX: N

TAG NO: 170761/17
WEIGHT: 20.00
AGE: 11 months

Color and markings... Brown and Tan

Signed Dr. Ben Zieren

Ben Zieren, DVM

License: 1756

Vaccinations done...

09-21-17 BZ Rabies 1 Year, #170761/17 09-21-18

Rabies Vaccine Information...

MFG BY: MER
LOT EXP: 11/16/18

SER.NO: 12634
ADM: Sq



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

DATE	ANIMAL NAME/ID	EMPLOYEE SIGNATURE
	<i>Zupar</i>	

IF A SURRENDER- NAME OF VET AND OWNER

TYPE AND BREED OF ANIMAL

Male

TEMPERMENT OF ANIMAL

CONDITION OF ANIMAL

8-1-17 Heartworm test: *Neg, Anaplas - neg, Ehrlich - neg, Lyme neg*

Fecal:

Temp: *101.4*

Weight:

Nails:

Coat:

VACCINE GIVEN

5-8-17

10-10-17

7-1-17

1 Dose
Rehydrate to 1 mL
CANINE DISTEMPER-ADENOVIRUS TYPE 2-PARAINFLUENZA-PARVOVIRUS VACCINE Modified Live Virus
For animal use only. Intervet Inc. Store at 2° to 7°C. Burn Omaha, NE 68103 USA this vial. See carton for U.S. Vet Lic. No. 105A complete directions.

1 Dose
Rehydrate to 1 mL
CANINE DISTEMPER-ADENOVIRUS TYPE 2-PARAINFLUENZA-PARVOVIRUS VACCINE Modified Live Virus
For animal use only. Intervet Inc. Store at 2° to 7°C. Burn Omaha, NE 68103 USA this vial. See carton for U.S. Vet Lic. No. 105A complete directions.

1 Dose/1 mL
LEPTOSPIRA CANICOLA-GRIPPOTYPHOXA-ICTERIOHAEMORRHAGIAE-POMONA BACTERIN
For animal use only. Intervet Inc. Store at 2° to 7°C. Do not freeze. See carton for complete directions. Omaha, NE 68103 USA U.S. Vet Lic. No. 105A

1 Dose
Rehydrate
CANINE DISTEMPER-ADENOVIRUS TYPE 2-PARAINFLUENZA-PARVOVIRUS VACCINE Modified Live Virus
For animal use only. Intervet Inc. Store at 2° to 7°C. Do not freeze. See carton for complete directions. Omaha, NE 68103 USA U.S. Vet Lic. No. 105A

1 Dose/1 mL
LEPTOSPIRA CANICOLA-GRIPPOTYPHOXA-ICTERIOHAEMORRHAGIAE-POMONA BACTERIN
For animal use only. Intervet Inc. Store at 2° to 7°C. Do not freeze. See carton for complete directions. Omaha, NE 68103 USA U.S. Vet Lic. No. 105A

1 dose
TRANASAL Bordetella Bronchiseptica Vaccine
A virulent Live Culture
See carton label for directions. Vial carton.
U.S. Vet. License No. 100
ZooMed Inc.
Kalamazoo, MI 49001, USA
2149338B
10MAY19
13833700
PEEL HERE

5-8-17 Advantage Multi

10-10-17 Advantage Multi

7-10-17 Advantage Multi

8-10-17 Advantage Multi

9-10-17 Intecceptor

10-10-17 Intecceptor

COMMENTS

9-21-17 Neutered & Dew Claw removal *Lucky*

10-25-17 Giardia *neg*

CONTINUE ON NEXT PAGE IF APPLICABLE

Luckney Animal Hospital

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

Patient Chart

Printed: 09-22-17 at 11:12a

CLIENT INFORMATION

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

PATIENT INFORMATION

Name	Zippy	Species	Canine
Sex	Male, Neutered	Breed	Dachshund Mix
Birthday	11-25-16	Age	10m
ID		Rabies	170761/17
Color	Brown and Tan	Weight	0.00 lbs
Reminded	(none)	Codes	

Reminders for: Zippy		Last done
09-21-18	Rabies 1 Year	09-21-17

MEDICAL HISTORY

Date	By	Code	Description	Qty (Variance)	Photo
09-21-17	BZ	AB 1005	Cephalexin 250mg	20	
			Give one capsule by mouth twice a day for 10 days.		
		NS 100	Rimadyl 25mg	20	
			Give one tablet by mouth every 12 hours as needed for pain and inflammation.		
		619	Dewclaw Amputation, Adult		
		206	Rabies 1 Year, #170761/17		
	Items used:	7406	Rabies Vaccine	1.00	
		MISC	Rescue Neuter		

Monroe Street Animal Clinic

Patient Chart

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

Printed: 10-31-17 at 7:53a

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	Zippy	Species	Canine
Sex	Male, Neutered	Breed	Dachshund Mix
Birthday	11-25-16	Age	11m
ID	981020023351833	Rabies	
Color	Brown and Tan	Weight	20.90 lbs
Reminded	(none)	Codes	

(No reminders are due for this patient.)

MEDICAL HISTORY

Date	By	Code	Description	Qty (Variance)	Photo
10-30-17	SYS	S218	Health Certificate, Interstate		
		FOUND	Found Animals Microchip		
			981020023351833		
		FEC01	Fecal Examination, Flotation		
			Negative		
		SAHEX	Small Animal Health Examination		
			BAR; NSF; Temp 102.2; weight 20.9		

Wellness Exam

Dog Name:	ZIPPY	Breed:	Dach X mixed breed
Description:	Dachshund X		
Weight:	20.9	Est DOB/Age:	11-25-2016
Sex:	MCN		11M
Exam Performed By:	SYSTEMART DVM	Temperature:	102.2
		Date of Exam:	10-30-2017

Physical Examination:

Musculoskeletal System	Within Normal Limit	Abnormal
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Notes:

Gastrointestinal System	WNL	Abnormal
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Notes:

Weight	WNL	Abnormal
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Notes:

Haircoat	WNL	Abnormal
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Notes:

Skin	WNL	Abnormal
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Notes:

Ears / Eyes / Nose / Throat	WNL	Abnormal
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Notes:

Mouth/Teeth	WNL	Abnormal
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Notes:

Heart / Pulse	WNL	Abnormal
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Notes:

Lungs	WNL	Abnormal
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Notes:

Lymph nodes	WNL	Abnormal
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Notes:

Legs	WNL	Abnormal
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Notes:

Abdomen	WNL	Abnormal
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Notes:

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	ZIPPY		Est DOB/Age	11-25-16 11M	
Weight	20.9		Breed	DACHSHUND X	
Sex	M(N)		Color	Brown/Tan	
Notes/Warnings					
Medications					
Basic Vetting			REMINDERS		
Vaccinations & Preventatives	Type & Date(s)	NEXT DUE DATE			
DA2PPv	5-8-17 / 6-10-17 / 7-1-17				
Bordetella	7-1-17				
Rabies	9-21-2017 KV	9-21-2018			
Heartworm Preventative	Inteceptor 10-31-17	12-1-17			
Flea/Tick Preventative	Nextguard 10-31-17	12-1-17			
Dewormers (Type)	Date(s)	NEXT DUE DATE			
Other	Date(s)	Results/Notes:			
Heath Certificate*	10-30-2017				
Fecal*					
Circle type: Smear / (Flotation) Other	10-30-2017	NEGATIVE			
Giardia SNAP test*	10-25-17				
Spay/Neuter Date*	9-21-17				
4Dx SNAP Test (Anaplasmosis, Lyme, Ehrlichia, Heartworm)	8-1-17	Negative			
Microchip Brand	FOUND	Microchip #	 981020023351833 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	ARFMS		Group Name	SOSARL	
Contact	E. JACKSON		Contact	Emma Dawley	
Phone	601 750 2740		Phone	401-206-0727	
Email	ARFMS@comcast.net		Email	info@sosarl.org	
			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.

Your pet's microchip...

- Provides permanent identification
- Never needs replacement
- Helps your pet get home safely

A microchip is not a GPS - it is a permanent ID number that links to your contact information in the registry. Visible ID tags are your pet's first line of defense if lost or stolen, but the microchip provides permanent protection. Just keep your contact information up-to-date in the registry, and the microchip will always be there to help your pet get home. **Save this card in your pet's medical file for future use.**



How To Register:

- Step 1** Visit www.found.org/start
- Step 2** Provide as much contact information as possible
- Step 3** Add a photo and notes in your pet's profile, then register your other pets for free



Every lost pet
deserves to be found.

customerservice@found.org
PO Box 66370 Los Angeles, CA 90066



Found Animals.
Registry



5

Found Animals.
Registry



6



981020023351833 981 STERILITY EXP 2020-01 2