ARKANSAS LIVESTOCK AND POULTRY COMMISSION

STATE VETERINARIAN
LITTLE ROCK, ARKANSAS

No. A461662

OFFICIAL INTERSTATE SMALL ANIMAL HEALTH CERTIFICATE

Consignor HSIC C/o Nanci Solis
Date 10/23-17
Address #5 Environmental Dr, Batesville, AR 72501
Consignee Emma Dawley - SOSARL
Shipped by Ground Transport - PETS
Address 33 Prospect Ave, Wakefield, RI 02879

Age	Sex	Description	Breed	Rabies Vaccine Administered Date	Type	Tag Number
1y	SF	Daisy 13.6# Blk & wt Tri Chiweenie MC# 981020021266862		4/6-17	Nobivac 1yr	9492

I hereby certify that I have examined the above described animal and find same to be free of any communicable disease, and to the best of my knowledge have not been exposed to Distemper, Rabies, other communicable disease, and did not originate within Rabies quarantined area.

Send Two Copies To:
State Veterinarian
One Copy Accompanies Animal

Nanci Solis DVM
Veterinarian
7020 White Dr, Charlotte, AR 72522
Address
(870) 793-3337

Animal Vetting Summary Sheet

Dog's Name	Daisy	Est DOB/Age	1y
Weight	13.6#	Breed	Chiweenie
Sex	SF	Color	Blk & wt tri
Food Type & Amounts:	Hill's Science Diet Adult Advanced Fitness		
Notes/Warnings			
Medications			

Basic Vetting

REMINDERS

Vaccinations & Preventatives	Type & Date(s)	NEXT DUE DATE
DA2PPv	4/3-17, 4/17	1y
Bordatella	4/3-17, 4/17, 10/18	6m
Rabies	4/6-17 9492	1y
Heartworm Preventative Adv. multi	5/5 Interceptor Plus 6/3, 7/3, 8/2, 9/4, 10/1, 10/25	11/25-17
Flea/Tick Preventative Vectra 3D	6/1, 7/2, 8/1, 9/1, 10/1, 10/25	1m
Dewormers (Type)	**Date(s)**	**NEXT DUE DATE**
Pyrantel	4/3, 4/17, 7/1, 8/1	
Panacur	4/3-4/10, 5/1, 10/20-10/25	

Other	Date(s)	Results/Notes:
Heath Certificate*	10/23-17	
Fecal* Circle type: ~~Smear~~ / Flotation / Other	10/23-17	NES
Giardia SNAP test*	10/23-17	NAD
~~Spay~~/Neuter Date*	4/17-17	
4Dx SNAP Test (Anaplasmosis, Lyme, Ehrlichia, Heartworm) 4/3 VetscanNAD MF+	5/4-17 NAD MF+	9/4 NMS
Michrochip Brand	Datamars	Microchip # 981020021266862 981 STERILITY EXP 2020-01 1

Other Vetting

Type (eg, tx type/regimen, test name)	Date(s)	Results/Comments:
Tx for HW+ using AHS protocol	5/5-17 to 9/4-17	NMS 9/4-17

Reminders for Upcoming Special Vetting

HW Antigen test - end of Jan 2018

Sending Rescue/Shelter		Receiving Rescue	
Group Name	THVS	Group Name	SOSARL
Contact	Nanci Solis	Contact	Emma Dawley
Phone	870-793-3337	Phone	401-206-0727
Email	nsolis@vetmail.lsu.edu	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

Dash 4

Date In: 4-3-17 **Date Out:** 10/26-17

Date Returned: _____ **Tag #:** _____

(Make sure to enter in Petfinder and Adopt-a-Pet)

DOB: 9-3-16

Adoption entered in:

ASM _____

Petfinder _____

Adopt-a-Pet _____

Scan for Microchip? None (Yes or No)

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10/25-17

Detailed Description:

White w/ Black spots
White line down nose
Brown Eye brows

Reason for entry:

Had too many dogs

HW/FIV/FLV tested:

9-3-17 (Date) MF + VetScan NAD (Results) 4/17-17 Bionote (A)

Weight: 151lbs (Amt) 4-3-17 (Date) Nails trimmed 4/3

Behavioral Issues or Medical Concerns:

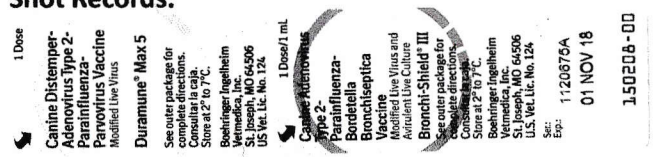
Ears/eyes checked: Eyes Clear; Ears Clear

Flea treatment/~~Panacur and/or Pyrantel~~: 4-3-17 (Date of 1st treatment)

Bath

Pyrantel Pamoate/Praziquantel
Triple Wormer

Shot Records:



4-3-17

4-17-17

10/18-17

Spay/Neuter Date: 4-17-17

Rabies Tag #: 9492 4/6-17

Wellness Exam

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Dog Name:	Daisy	**Breed:** Chiweenie	mixed breed
Description:	Blk & wht tri		
Weight:	13.16#	**Est DOB/Age:**	14
Sex:	SF		
Exam Performed By:	M. Solis DVM	**Temperature:**	102.3
		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:

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

RABIES VACCINATION CERTIFICATE

ADAPTED NASPHV FORM 51

Tag # 9492

Owner's Name Address

LastName	FirstName	Telephone
Humane Society	Independence County	(870) 793-0090

Number	Street	City	State	ZIP
#5	Environmental Dr	Batesville	AR	72501

Species:	Sex:	Altered:	Age:	Size:	Predominant Breed:	Colors:
Dog	Female	Yes	12 months or older	Under 20 lbs	Chiweenie X	Wht/Blk
					Name: Daisy	

Date Vaccinated:	Producer: NOB	Veterinarian's # 2888
4 /6 /2017	Lic_Vacc	License No.
	1 yr. Lic./Vacc.	Veterinarian's Signature Nanci Solis DVM
Vaccination Expires:		Nanci Solis, DVM
4 /6 /2018	129877 Vaccine Serial (Lot) No	Address 7020 White Drive Charlotte, AR 72522 (870) 793-3337