

Equine-Health Certificate information

CLIENT INFORMATION REQUIRED

Today's Date ___/___/___

Ranch/Client Name _____ Phone # _____

Destination (State) _____ Appt Date: _____ Date Leaving _____

Doctor on CVI: _____ Staff Initials: _____

Name/Description of horse(s) in shipment:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

Current Coggins? Y / N **MUST PROVIDE COPY IF NOT DONE WITH SVH!**

Reason for Travel: _____

Returning to Originating address? Y / N

****Complete ORIGINATING Physical address**

Owner/Ranch Name _____

Address _____

City/State/Zip _____

Phone # _____

****Complete DESTINATION physical Address**

Owner/Ranch Name _____

Address _____

City/State/Zip _____

Phone # _____