

Information Required for Equine Health Certificate

ESTIMATED DEPARTURE & ARRIVAL DATE	
CONSIGNOR'S NAME (CURRENT OWNER)	
Address	
Phone Number	
E-Mail Address	
CONSIGNEE'S NAME (NEW OWNER – IF NOT CURRENT OWNER)	
Address	
Phone Number	
E-Mail Address	
ORIGIN NAME (CURRENT LOCATION/STABLE)	
Address	
Phone	
E-Mail Address	
HAULER'S NAME	
Address	
Phone Number	
DESTINATION NAME	
Address	
Phone Number	
PURPOSE OF MOVEMENT (CIRCLE ONE)	Change of Ownership Exhibition/Show Moving Breeding Other _____
HORSE'S REGISTERED NAME (#1)	
Horse's Barn Name	
Breed	
Age (or DOB)	
Sex	
Color	
Brands/Tattoo	
Microchip #	
Coggins	<input type="checkbox"/> at EVA <input type="checkbox"/> Other: _____

Add additional horses on a separate page