



Health Certificate Request & Information

Consignor/Seller/Exhibitor Name: _____

Address: _____

Phone number: _____

Animal Departing From: _____

Address: _____

Phone Number: _____

Consignee/Buyer/Exhibitor Name: _____

Address: _____

Phone Number: _____

Destination Name: _____

Address: _____

Phone number: _____

Transporter Name: _____

Address: _____

Phone Number: _____

Reason for Health Certificate (Circle One): Sale Show Moving Rodeo Breeding Feeding Other _____

Shipping date: _____ **Inspection Date:** _____

Inspecting Veterinarian _____

Animal Information

Species	Official ID/Name	Other IDs	Sex	Altered	Age	Breed	Color
EX: Beef Cattle	84SUV9856, eID	45A, Tattoos	M	Steer	21 M	Black Angus	Black

Health Certificate Delivery Method (Circle One): Email _____ Pick-up _____ USPS Mail _____
 Test Required _____