



## Health Certificate Request & Information

**Consignor/Seller/Exhibitor Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Animal Departing Name:** \_\_\_\_\_

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 \_\_\_\_\_