

Required Health Certificate Information

- 1) Date & location of appointment _____
- 2) When is the horse shipping? _____
- 3) Who owns the horse?
 - i) Name _____
 - ii) Address _____
 - iii) State, City, Zip _____
 - iv) Phone _____
 - v) Horse Name _____
 - vi) Age, Breed, Sex, Color _____
- 4) Do you have a current coggins? _____ (If not from us, please give a copy to the doctor or take a pic of the entire form and email to: office@keswickequineclinic.com)
- 5) Who is receiving the horse and destination address:
 - i) Name _____
 - ii) Address _____
 - iii) State, City, Zip _____
 - iv) Phone _____
- 6) Who (or what company) is shipping the horse:
 - i) Name _____
 - ii) Address _____
 - iii) State, City, Zip _____
 - iv) Phone _____
- 7) What is the purpose for travel? (i.e. Show, Sale, Moving) _____
- 8) (Doctor to fill out) Horse's temperature _____ F

Please fill out the form in its entirety and email back to:
office@keswickequineclinic.com OR give to doctor at appointment.

Thank you.