

Health Certificate Field Form

Veterinarian _____

Date _____

Registered Name _____ Barn Name _____

Owner _____

Address _____

Phone _____

Email Address _____

(required for Global VetLink - online access of certificate)

Origin (current physical location of horse)

Name (ie stable, farm) _____

Address _____

Phone _____

Destination (physical location where horse will be going)

Name (ie show, stable, sale) _____

Address _____

Phone _____

Hauler (person/company who will be transporting horse)

Name _____

Address _____

Phone _____