



**\*\*\*PLEASE FILL OUT THIS FORM IN ITS ENTIRETY. WE CANNOT PROCESS YOUR COGGINS OR COMPLETE YOUR HEALTH CERTIFICATE UNTIL WE HAVE ALL OF THIS INFORMATION. YOUR HELP IN GATHERING THIS INFORMATION IS IMPERATIVE TO DELIVERING YOUR COGGINS/HEALTH CERTIFICATES IN A TIMELY MANNER. THANK YOU!!!\*\*\***

**COGGINS /HEALTH CERTIFICATE INFORMATION**

Owner Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Stable Name/Animal Origin: ( same as owner) \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Address (No P.O. Boxes): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Animal Barn Name: \_\_\_\_\_ Registered Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Mare Spayed Stallion Gelding

Color: \_\_\_\_\_ Markings: \_\_\_\_\_

Brands/Tattoos: \_\_\_\_\_

**ADDITIONAL INFO NEEDED FOR A HEALTH CERTIFICATE (CVI)**

Recipient Name: ( same as owner) \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Destination Name: ( same as recipient) \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Address (no P.O. Boxes): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Hauler Name: ( same as owner) \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DELIVERY METHOD:  Email (easiest) \_\_\_\_\_  Hard copy (to be picked up at the clinic)

Fax to: \_\_\_\_\_ @ this number (\_\_\_\_\_)

