



## HEALTH CERTIFICATE INFORMATION

*Please make sure you have a current Coggins or to request one at your appointment.*

Name: \_\_\_\_\_

Dates you will be traveling: \_\_\_\_\_

Horses you will be hauling: \_\_\_\_\_

### **Origin of horses:**

Name: \_\_\_\_\_

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

### **Destination:**

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

### **Hauler:**

If Different than owner, please list;

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

How would you like your Health Certificate delivered?

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

Mail: YES / NO

Pick up at office: YES / NO