

Field Form for CVI (Health Certificate) – Small Ruminant

Veterinarian _____

Date of examination _____

Animal Temperature _____

Owner/Consignee (all information is required)

Name _____

Address _____

Telephone _____

E-Mail _____

Destination – physical location (all information is required)

Owner/Show/Sale Name _____

Complete Address _____

Telephone _____

Carrier Information Owner or Other (if other – all information is required)

Carrier, transporter Name _____

Complete Address _____

Phone _____

Mode of Transportation (select one) Truck Trailer Air Other _____

Species Type (select one) Caprine Ovine Camelid Other _____

Purpose of movement (select one) Exhibition/Show Sale Other _____

Animal ID (fill in all that apply)

Registered/Barn Name _____

Breed _____ DOB/Age _____ Sex _____

Ear Tag R _____ L _____ Scrapie Tag _____

Color _____ Other Identification _____

Test Information

| Test | Date | Result/Date | Result | Accession # |
|------|------|-------------|--------|-------------|
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| | | | | |

Vaccination Information

| Vaccination | Date | Lot # | Expiration Date | Manufacturer |
|-------------|------|-------|-----------------|--------------|
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