

Health Certificate (CVI) Field Form

Date of examination _____

Temperature _____

Veterinarian _Boston / Vittoria / _____

Rabies Vacc. (date given) _____
(Administered by) _____

Coggins test date _____

Note: If Willow Creek Equine did not perform the coggins test, we will need a legible copy of the test results

Registered Name _____

Barn Name _____

Consignor (Present Owner)

Consignee (New Owner)

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

E-Mail Address _____
(required to access certificate on line)

Origin (current physical location of horse)

Destination (physical location where horse is going)

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Hauler (person/company who will be transporting horse)

Purpose of Movement

Name _____

Exhibition/Sale

Address _____

Change of Ownership

Moving

Phone _____

Other _____