

# Equine Health Certificate

**\*Coggins Required**

## **Client Information:**

<b>Name</b>	
<b>Address</b>	
<b>City/State/Zip</b>	
<b>County</b>	
<b>Phone Number</b>	

## **Horse Information:**

<b>Name</b>	
<b>Age</b>	
<b>Sex</b>	
<b>Breed</b>	
<b>Color</b>	

## **Destination:**

<b>Name/ Organization</b>	
<b>Address</b>	
<b>City/State/Zip</b>	
<b>County</b>	
<b>Phone Number</b>	

## **Hauler Information:**

<b>Name</b>	
<b>Address</b>	
<b>City/State/Zip</b>	
<b>County</b>	
<b>Phone Number</b>	

**Purpose of Movement:**

**Carrier Type:**