

Equine Health Certificate and Coggins (Equine Infectious Anemia) Testing

Current Owner (Personal):

Name: _____

Address: _____

City: _____ State: ____

County: _____ Zip: _____

Phone: _____

E-mail: _____

Horse Stabling (Physical):

Same as Owner:

Address: _____

City: _____ State: ____

County: _____ Zip: _____

Phone: _____

E-mail: _____

Change of ownership? Yes No

Horse Destination (Physical):

Same as Owner:

Name: _____

Address: _____

City: _____ State: ____

County: _____ Zip: _____

Phone: _____

New Owner (Personal):

Name: _____

Address: _____

City: _____ State: ____

County: _____ Zip: _____

Phone: _____

E-mail: _____

Horse Transporter:

Name: _____

Address: _____

City: _____ State: ____

County: _____ Zip: _____

Phone: _____

E-mail: _____

Reason for Movement:

Horse #1 Information:

Name (Match EIA/Brand Insp.): _____

Brand/Microchip: _____

Breed: _____ Age: ____ Sex: ____ Color: _____

Coggins Date: _____ On File at MPEH: Provided:

Temperature (Clinic Use): _____

Horse #2 Information:

Name (Match EIA/Brand Insp.): _____

Brand/Microchip: _____

Breed: _____ Age: ___ Sex: ___ Color: _____

Coggins Date: _____ On File at MPEH: Provided:

Temperature (Clinic Use): _____

Horse #3 Information:

Name (Match EIA/Brand Insp.): _____

Brand/Microchip: _____

Breed: _____ Age: ___ Sex: ___ Color: _____

Coggins Date: _____ On File at MPEH: Provided:

Temperature (Clinic Use): _____

Horse #4 Information:

Name (Match EIA/Brand Insp.): _____

Brand/Microchip: _____

Breed: _____ Age: ___ Sex: ___ Color: _____

Coggins Date: _____ On File at MPEH: Provided:

Temperature (Clinic Use): _____

Horse #5 Information:

Name (Match EIA/Brand Insp.): _____

Brand/Microchip: _____

Breed: _____ Age: ___ Sex: ___ Color: _____

Coggins Date: _____ On File at MPEH: Provided:

Temperature (Clinic Use): _____