

**Valley Veterinary Hospital**

2090 Vantage Hwy  
Ellensburg, WA 98926  
509-925-6146 Fax: 509-925-6148



**Cascade East Animal Clinic**

902 East 1<sup>st</sup> Ave  
Cle Elum, WA 98922  
509-674-4367 Fax: 509-674-2359

**EQUINE TRAVEL CERTIFICATION INFORMATION FORM**

**Please fill out completely. Travel Paperwork will not be completed if missing information.**

DVM: \_\_\_\_\_

Coggins:

Tech: \_\_\_\_\_

Health Certificate: 30 day or 6 month

Date Paperwork started: \_\_\_\_\_

Canadian Health

Date Paperwork completed: \_\_\_\_\_

**Owner to fill out Below**

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

Horse CURRENT location: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Departure Date: \_\_\_\_\_

Number of animals in Shipment: \_\_\_\_\_

Route/Port: \_\_\_\_\_

**Physical Address horse is traveling to:** \_\_\_\_\_

Consignee Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

(to whom the horse is going, fairgrounds, event center etc...Often they are traveling with their owners)

Shipper: \_\_\_\_\_

(name and telephone of who will be transporting the horse(s) if not the owner or consignee)

Horse name (register/barn): \_\_\_\_\_

Breed: \_\_\_\_\_

Age/DOB: \_\_\_\_\_

Sex: \_\_\_\_\_

Color: \_\_\_\_\_

Major markings: \_\_\_\_\_

Brands/Tattoos: \_\_\_\_\_

Lifetime brand cert number: \_\_\_\_\_

**Please use the back of this sheet for additional horse information in the shipment.**  
If going to Canada will need to fill out USDA credit card authorization form separately!!!