

Valley Veterinary Hospital

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



Cascade East Animal Clinic

902 East 1st 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!!!