



Health Certificate Request

*Please allow 7 business days for blood testing results to return

Date: _____
 Name of Exhibitor: _____
 Address (of animal): _____
 City, State, Zip Code: _____
 County: _____
 Phone Number: _____

Name of Show/Sale: _____
 Address: _____
 City, State, Zip Code: _____
 Circle one: pick up or email or mail to: _____

Reason for movement (please circle): Breeding Feeding Show Sale Slaughter other: _____
 Date inspected/blood tested: _____ Premise ID#: _____ Permit#: _____
 Drivers License #: _____ Date Papers Needed: _____
 Validation/Qualification Number **and** Last Test Date: _____

Animal: Cattle Pigs Goats Sheep Horses Other: _____

#	Official ID	Age	Breed	Sex	Calfhood Tattoo	Vaccinations given	Date of vaccinations
	Cattle: Reg. Tattoo/USDA Metal Tag Pigs: Ear Notch/USDA Ear Tag Goats/Sheep: Scrapie Tag						
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Help make the health certificate process easier by dropping off at time of appointment/inspection, mailing or emailing this request. Feel free to attach show/sale health requirements to ensure the correct statements required are on your health certificate.
Thanks and Good Luck!