



# Health Certificate Request Form

VetweRx Equine North - 303-569-4828  
 VetweRx Equine South - 720-439-7789

<b>DEPARTURE DATE:</b>			
<b>CONSIGNOR</b> (Current owner)		<b>CONSIGNEE</b> (New owner if different from Consignor)	
Name:		Name:	
Address:		Address:	
Phone:		Phone:	
Email:		Email:	
<b>ORIGIN</b> (Current physical location of horse)		<b>DESTINATION</b> (Physical location of where horse is going)	
Name:		Name:	
Address:		Address:	
Phone:		Phone:	
Email:		Email:	
<b>HAULER INFORMATION</b> (Person/company that will transporting horse)			
Name:			
Address:		Phone:	
<b>PURPOSE OF MOVEMENT</b> (Check only one)			
Competition	Medical	Change of Ownership	Breeding
Training	Leisure	Owner Relocation	Other _____
<b>HORSE INFORMATION</b> (If you have more horses than these spaces allow, please list additional horses on the back)			
Name:		Coggins Test Date:	
Name:		Coggins Test Date:	
Name:		Coggins Test Date:	
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Name:		Coggins Test Date:	
*If VetweRx did not perform the coggins test, we will need a legible copy of the test results for each horse.*			
<p><b>Horses are required to have a current coggins when crossing state lines. If your horse does not have a current coggins, please notify us at least 1 week in advance to ensure the coggins is completed in time.</b></p>			