

Willamette Valley Equine Veterinary Services
9130 SW Pioneer Ct, Ste. E,
Wilsonville, OR 97070
503-682-4426
Fax 503-678-4265

Coggins Request Form

OWNER INFORMATION:

Current Owner/Co-owners(s): _____

Address: _____ City: _____ State: _____

Zip Code: _____ County: _____ Phone: _____

If Applicable: Lessee Trainer Co-owner New Owner Other: _____

Name: _____ Phone: _____

Address: _____

Party responsible for payment: _____

Address: _____

Phone: _____ CC#: _____ Exp: _____

HORSE INFORMATION:

Registered Name: _____

Barn Name: _____

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

Markings/Tattoos/Brands/Scars: _____

Past Coggins: No Yes

Name of barn where stabled: _____

Address: _____ City: _____ State: _____

Zip Code: _____ County: _____ Phone: _____

Reason for testing: Change of Ownership Show Market Export First Test Retest

Test Type: Regular (3-5 days) Stat (1-2 days)

The person requesting the Coggins is responsible for requesting additional documentation according to individual show requirements: health certificate, vaccine records, etc. Proof of Ownership required for interstate travel.

Preparer's Signature

Title/Role

Date