

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

Health Certificate (CVI) Request Form

OWNER INFORMATION:

Current Owner/Co-owners(s): _____

Address: _____ Phone: _____

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

Name: _____ Phone: _____

Address: _____

Party responsible for payment: _____

Address: _____

Phone: _____ CC#: _____ Exp: _____

SHIPPING INFORMATION:

Sender (person responsible for sending the horse):

Lessee Trainer Owner Co-Owner Representative

Name: _____ Phone: _____

Receiver (person responsible for the horse when it arrives at destination):

Lessee Trainer Owner Co-Owner Representative

Name: _____ Phone: _____

Carrier:

Private (self-hauling) Commercial (hired hauler) Date Departing: _____

Name: _____ Phone: _____

Destination:

Destination Name: _____ Destination Phone: _____

****Destination Address:** _____

State Permit Required: Yes No Permit # _____

Full Name of Show (if applicable): _____

HORSE INFORMATION:

Horse #1

Registered Name: _____

Barn Name: _____

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

Barn where stabled currently: _____

Current Coggins: No Yes: Accession #: _____ Pos Neg Exp: _____

Horse #2

Registered Name: _____

Barn Name: _____

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

Barn where stabled currently: _____

Current Coggins: No Yes: Accession #: _____ Pos Neg Exp: _____

Horse #3

Registered Name: _____

Barn Name: _____

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

Barn where stabled currently: _____

Current Coggins: No Yes: Accession #: _____ Pos Neg Exp: _____

Horse #4

Registered Name: _____

Barn Name: _____

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

Barn where stabled currently: _____

Current Coggins: No Yes: Accession #: _____ Pos Neg Exp: _____

*The person requesting the Certificate of Veterinary Inspection (Health Certificate) is responsible for requesting additional documentation according to individual show requirements: Coggins certificate, vaccine records, etc. Proof of Ownership is required for interstate travel. If shipping internationally **original** coggins certificate required.*

Preparer's Signature

Title/Role

Date