

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

6 Month Passport 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:

Please check the boxes below based upon which states it is possible for you to visit:

California Idaho Montana Nevada Washington

(You may choose not to visit a selected state, but you may not visit a state you have not selected.)

HORSE INFORMATION:

Registered Name: _____

Barn Name: _____

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

Markings/Tattoos/Brands/Scars: _____

Barn name & address where stabled: _____

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

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

Preparer's Signature

Title/Role

Date