

## Health Certificate Form

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Name of Show/ Purchaser: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Animal's address (if different from owners): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Species:     Horse         Bovine             Goat             Other: \_\_\_\_\_

Breed: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_

Animal I.D.(all forms - e.g.: RFID/ Silver tag/Tattoo/Registered name): \_\_\_\_\_

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### Vaccine information (on Rabies Certificate):

1. Rabies: Manufacture: \_\_\_\_\_ Lot #: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Date given: \_\_\_\_\_

2. Other vaccines given:

Name of vaccine: \_\_\_\_\_ Date given: \_\_\_\_\_

Name of vaccine: \_\_\_\_\_ Date given: \_\_\_\_\_

Name of vaccine: \_\_\_\_\_ Date given: \_\_\_\_\_

3. Show Requirements (animal owner is responsible for show requirement information):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Coggins: Date: \_\_\_\_\_

Done by Mountain View Veterinary Services

Done by another veterinary clinic. \*Must provide a copy to MVVS.\*

