

REQUEST FOR HEALTH CERTIFICATE

Dave Schwingamer, DVM
 J.C. Thieke, DVM
 Katie Doran, DVM
 Kat Jorgensen, DVM

Margo Cangemi, DVM
 Claire McCauley, DVM
 Jessica Roback, DVM

Date of Appt: _____
 Doctor: _____

Owner: _____

Owner Address: _____

City: _____ State _____ Zip _____ County of Origin _____

Location/Address of Horse: _____

City: _____ State _____ Zip _____

Contact Person at Destination: _____

Address of Destination: _____

City: _____ State _____ Zip _____

Purpose of Movement: Show Sale Trail Ride Breeding Sold Moving Training

of Horses in Shipment: _____

Hauler Name & Contact Info: _____

Need By: _____ Same Day E-Mail Pick Up

Horse(s) Name	Temp	(Circle One)		
		EIA Current A.E.	Stat	Pending
		Other		
		EIA Current A.E.	Stat	Pending
		Other		
		EIA Current A.E.	Stat	Pending
		Other		
		EIA Current A.E.	Stat	Pending
		Other		

If EIA was **not completed** at Anoka Equine, please attach a copy of their current EIA information.