NORTHERN LAKES
EQUINE PRACTICE

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Health Certificate Request Form

Name of Requestor: _____

Departure Date: _____

Pick Up Location (Name & Address):

_____

_____

Hauler (Name & Phone Number):

_____

_____

Destination (Name & Address):

_____

_____

Horse(s) for inspection:

_____

_____

_____

_____

_____

_____

_____

_____

[ ] I will need a Coggins pulled.

[ ] I will need a flu/rhino report for competition.

*Please note:

- A valid Coggins test is required to obtain a health certificate.
- It is the owner's responsibility to provide accurate information and to provide a copy of the health certificate to the hauler.
- Health Certificates are valid for 30 days from the date of inspection.

Signature: _____

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