

# REQUEST FOR HEALTH CERTIFICATE

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