



**OWNER INFORMATION**

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Name

Address

Phone

Email

**ORIGIN**

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Name of Barn or Farm Origin

Address

Phone

Date Leaving

**HAULER**

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Hauler

Address

Phone



# Mid-Rivers Equine Centre

404 Stable Lane Wentzville, MO 63385 Phone: 636.332.5373 Fax: 636.332.5376

## DESTINATION

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Name of  
Destination

Address

Purpose of  
the trip

Phone

## HORSE

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Please note that all horses must be listed separately on the Health Certificate with the exception of foals under the age of 6 months that have not yet been weaned; such foals can be listed as "foal by side" and consequently do not require their own coggins test.

Has this horse been seen by Mid-Rivers Equine Centre within the past 30 days?                      Yes      No\*  
(If not, the horse will need to be examined by a Mid-Rivers veterinarian before a health certificate can be issued. Please contact the office to schedule an appointment. 636.332.5373)

Horse's Barn/Registered Name

Age	Breed	Color	Sex
Coggins Location	Mid-Rivers Equine Centre	Other Veterinary Clinic ( A copy of a current negative Coggins will need to be emailed or faxed to Mid-Rivers before a Health Certificate can be issued.)	

## MEDICAL HISTORY

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Vaccination History

Prior Destinations in Past 30 Days

I understand this is a REQUEST FOR HEALTH CERTIFICATE ONLY.

Signature

Date