

Field Form for a CVI/Health Certificate

Owner Information:

Name: _____
 Address: _____
 Telephone: _____
 Premises ID: _____
 Email: _____

Consignee Information:

Name: _____
 Address: _____
 Telephone: _____
 Premises ID: _____
 Email: _____

Animal Origin Information:

Name: _____
 Address: _____
 Telephone: _____
 Premises ID: _____

Destination Information:

Name: _____
 Address: _____
 Telephone: _____
 Premises ID: _____

Carrier Information: Same as Owner Same as Consignee Other: _____

Species: Avian Bovine Canine Caprine Cervid
 Equine Feline Ovine Poultry Swine

***Equine Only: Temperature**

Animal Ids: _____

ID Type: Name Tag Tattoo Reg # Registered Name
 USDA Tag Electronic ID Barn Name Ear Notch
 Other: _____

Test Information:

Test	Date	Result Date	Result	Accession #

Additional Notes:

Vaccination Information:

Vaccination	Date	Lot #	Expiration Date	Manufacturer

Purpose of Movement:

Change of Ownership Exhibition Moving Sale
 Other: _____

