CUNFER Veterinary SERVICES

Health Certificate Form

cunfervetservices@ptd.net
570.401.6106

Shipping Date:_____

Consignor Name _____ Phone Number: _____

Consignor Address _____ Email: _____

_____

Premise Address: _____ Destination Name _____

(If Different than _____ Destination Address _____

Consignor) _____ _____

Destination Phone: _____

Species: Date of Visit:

Name of Animal	DOB/ Approx age	Breed	Gender	Color	Type of ID or Tag	ID or Tag Number	Vaccinations	Testing/ Lab Work