

Country Animal Hospital Farm Visit Request

Phone: 360-825-2061 Fax: 360-825-4692

www.countryanimal.com

Client _____

Appointment Date: _____

Address _____

Doctor _____

Home Phone () _____

Cell () _____

Animal Name and Any Previous Names	Animal's Owner (If different from farm)	Species Breed	<u>Animal Description</u>			Microchip/ARI# *	Ultrasound**	Health Certif. Destination***	Procedures/Lab
			B-Day	Sex	Color				
						Chip# ARI#			
						Chip# ARI#			
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						Chip# ARI#			

Comments: _____

* Please provide microchip number on ALL chipped animals. ARI needed only when requesting a health certificate.

**Please provide last breeding date (or how many days pregnant). If infertility exam, provide detailed breeding/treatment history.

***Health certificate requires consignee name, address, phone, signature, date of transport, doctor signature. Check with individual state for additional requirements (TB, permit, etc.)