

## 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: \_\_\_\_\_

