Equine Health Certificate Information Form

LODI VETERINARY HOSPITAL
705 North Main Street ▪ Lodi, WI 53555
(608)592-7755 ▪ Fax: (608)592-5701
www.lodivet.com ▪ staff@madisonequine.com

MADISON EQUINE CLINIC
2224 Pleasant View Road ▪ Middleton, WI 53562
(608)831-4326 ▪ Fax: (608)831-4536
www.madisonequine.com ▪ staff@madisonequine.com

Owner Information

Name _____ Phone # _____
Address _____
City _____ State _____ Zip _____

Animal & Shipping Information

Animal Name _____ Date of Exam _____
Temperature _____

Stable Name _____ Carrier _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____
Phone Number _____ Phone Number _____

Destination (Full name) _____
Address (no P.O. Boxes) _____ Date of Shipment _____
City _____ State _____ Zip _____ Reason for Shipment _____

Health Certificate Delivery Options
- ☐ Pick Up
- ☐ Mail
- ☐ Fax - number to send to _____
- ☐ Email - address to send to _____

Coggins Information

Done at Lodi Veterinary Hospital or Madison Equine ☐ Yes ☐ No

If no, please submit legible copy of coggins or the following information:

Breed _____ Gender ○ Mare ○ Stallion ○ Gelding
Age _____ Markings _____
Acession Number _____ Date Submitted _____
Test Type ○ AGID ○ ELISA Result Date _____
Serial Number _____ Date Blood Drawn _____

Lab Information

Name _____
Address _____
City _____ State _____ Zip _____

Doctor Information

Name _____
Address _____
City _____ State _____ Zip _____