

Office of Veterinary Services
 Oliver Hill Building – First Floor
 102 Governor Street
 Richmond, VA 23219
 Telephone (804) 786-2483
 Fax (804) 371-2380
cvi@vdacs.virginia.gov



CERTIFICATE NUMBER

DATE EXAMINED	PERMIT NUMBER (When Required)
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EQUINE CERTIFICATE OF VETERINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate Validity
 For Foreign Shipments Use Federal Form

Valid for 30 days following Inspection

<http://www.vdacs.virginia.gov/animals-horses.shtml>

NAME AND PHYSICAL ADDRESS OF LOCATION HORSE(S) ARE BEING SHIPPED FROM TELEPHONE	OWNER NAME AND ADDRESS (IF DIFFERENT FROM SHIPING ADDRESS) TELEPHONE	NAME AND PHYSICAL ADDRESS OF LOCATION HORSE(S) ARE BEING SHIPPED TO TELEPHONE	For Office Use Only Distribution: State Veterinarian Shipper Accredited Veterinarian
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NAME	MICROCHIP #, TATTOO OR COLOR AND MARKINGS	BREED	SEX	AGE	TEMP	NEGATIVE EIA TEST INFO			REMARKS/VACCINATIONS
						DATE	LAB	ACCESSION #	

"I certify that I am actively accredited and licensed in the Commonwealth of Virginia and that the ____ (number) horses described above were examined by me on the date indicated and found to be free of signs of infectious or communicable disease and had no known exposure to infectious disease."

Printed Name of Veterinarian		National Accreditation #		Veterinarian's Business Address	
Veterinarian's Signature		Date	Email		