

Health Certificate Request

Please allow 10 business days for blood testing results to be returned.

Timbercrest Veterinary Service

2021 2400th St.

Atlanta, IL 61723

Ph: 217-648-5800 Fax: 217-648-5808

Date: _____

Name of Exhibitor: _____

Name of Show/Sale: _____

Address (of animal): _____

Address: _____

City, State, and Zip: _____

City, State, and Zip: _____

County of Origin: _____

Circle one: *Pick-up* or *Mail to*: _____

Phone #: _____

Reason for movement (circle): *Breeding* *Feeding* *Sale* *Show* *Slaughter* *Other*: _____

Date Inspected/Blood Tested: _____ Premise ID: _____ Permit #: _____

Date Papers Required: _____ Validation/Qualification #: _____ Last Test Date: _____

Species (circle): *Cattle* *Horses* *Sheep* *Swine* *Goat* *Other*: _____

#	Official ID: Cattle - tattoo Swine – notch or X-bred tag Sheep/Goats – Scrapie tag	Other ID	Age (months)	Sex	Breed	Calfhood Tattoo	Accession # (Equine)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Statement Required: _____
