



**BEARD NAVASOTA  
VETERINARY HOSPITAL**

**Please fill out the information and return to us so that we can process your health certificate in a timely manner.**

**Consignor/Owner:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Consignee/Destination:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Purpose of Movement (Show, Sale):** \_\_\_\_\_

**Animal Information:**

Species: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Name or ID: \_\_\_\_\_  
Age (Birthday or age in Month or Year): \_\_\_\_\_  
Gender: \_\_\_\_\_ Color \_\_\_\_\_  
Official ID (Ear Tag, Brand, Ear Tattoo): \_\_\_\_\_

**Brucellosis Ear Tattoo (females)** \_\_\_\_\_



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**Multiple Animals:**

Name or ID \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_  
Species \_\_\_\_\_ Official ID \_\_\_\_\_  
Gender \_\_\_\_\_  
Brucellosis Ear Tattoo \_\_\_\_\_ Color \_\_\_\_\_

Name or ID \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_  
Species \_\_\_\_\_ Official ID \_\_\_\_\_  
Gender \_\_\_\_\_  
Brucellosis Ear Tattoo \_\_\_\_\_ Color \_\_\_\_\_

Name or ID \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_  
Species \_\_\_\_\_ Official ID \_\_\_\_\_  
Gender \_\_\_\_\_  
Brucellosis Ear Tattoo \_\_\_\_\_ Color \_\_\_\_\_

Name or ID \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_  
Species \_\_\_\_\_ Official ID \_\_\_\_\_  
Gender \_\_\_\_\_  
Brucellosis Ear Tattoo \_\_\_\_\_ Color \_\_\_\_\_

Name or ID \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_  
Species \_\_\_\_\_ Official ID \_\_\_\_\_  
Gender \_\_\_\_\_  
Brucellosis Ear Tattoo \_\_\_\_\_ Color \_\_\_\_\_

Name or ID \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_  
Species \_\_\_\_\_ Official ID \_\_\_\_\_  
Gender \_\_\_\_\_  
Brucellosis Ear Tattoo \_\_\_\_\_ Color \_\_\_\_\_