

Susquehanna Valley Veterinary, Health Certificate Required Information

Owner Name: _____

Name And Address Where Animal Is Located

Fair/Event: _____

Owner Address: _____

Name: _____

Address: _____

Address: _____

Phone Number: _____

Dates of Event: _____

*Email: _____

ONE SPECIES PER FORM

	Official Ear Tag # (Silver, Scrapie, Tattoo)	Reg. Name Or Herd Tag # OR Fair Tag #	Date of Birth	Sex	Breed	Species	Breeding Or Market Animal
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							