

**Volusia Veterinary Services, LLC:**  
**Health Certificate Information Form**

**Name & Address of Cosigner:**

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**Species: (Circle One)**

Cattle          Horses          Sheep          Poultry          Swine          Other

**Vaccination Status:**

Vaccinated For: \_\_\_\_\_ Date: \_\_\_\_\_ Product: \_\_\_\_\_

Ear Tag #, Tattoo, Perm ID #	Line #	Registry # or Description	Age	Sex	Breed	Vaccination Date	Other Tests or Info (DOB)
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						

Please have completed by time of appointment.