

## HEALTH PAPER FORM

**Helpful Hint: Please get health paper information back to us at least 2 weeks in advance of movement.**

Name of Owner, Physical Address (where animals reside), Phone Number & Email Address:

\_\_\_\_\_

Name of Person Showing, Address, Phone Number & Email Address: (IF DIFFERENT THAN OWNER)

\_\_\_\_\_

Name of Driver of Transport: \_\_\_\_\_, Driver Address: \_\_\_\_\_,  
 Driver Ph.# \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_ County \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ (if they have one)

Name of Buyer, Show & Facilities, or Sale & Facilities & Complete **Physical Address**, Phone Number: \_\_\_\_\_

\_\_\_\_\_

Species \_\_\_\_\_ Date of Doctors Inspection \_\_\_\_\_

Purpose of Movement (Breeding, Sale, Show, Feeding, Other) **\*\*Circle One**

Date of Movement \_\_\_\_\_ **Date Health Paper Needed** \_\_\_\_\_

840 Tag #	Silver USDA Tag or Scrapie Tag	Registration Name & Number of Animal	Date of Birth	Sex	Color	Breed	Bruc. Vacc. Tattoo

**Fax Back To: 815-225-7537 or E-mail to: [records@milledgevilvet.com](mailto:records@milledgevilvet.com)**

- **Thank you for your cooperation we don't make the rules; we just follow the rules.**

Initials /Date put in GVL \_\_\_\_\_ Recheck Initials/ Date \_\_\_\_\_ Doctors Initials \_\_\_\_\_