

# Minnesota Certificate of Veterinary Inspection: Client Information

Shipment Date \_\_\_\_\_

## Consignor (contact person at origin)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Business Name \_\_\_\_\_

Physical address of animal(s) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_

Phone Number \_\_\_\_\_

Consignor's address (if different) \_\_\_\_\_

## Consignee (contact person at destination)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Business Name \_\_\_\_\_

Physical address of animal(s) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_

Phone Number \_\_\_\_\_

Consignee's address (if different) \_\_\_\_\_

## Carrier (Transporter)

Business Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Transport Method (Air, Car, Truck, Rail) \_\_\_\_\_

Purpose of Movement (Pet, Medical Treatment, Show/Exhibition, Sale) \_\_\_\_\_