

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) _____