

Health Certificate Information

Consignor/Shipper: _____

Address _____

Phone Number _____ Email _____

Carrier Type: _____

Purpose of Movement: _____

Shipping date: _____

Consignee/Receiver _____

Address: _____

Phone Number: _____ Email _____

Carrier if other than Cosignor/Cosignee _____

Address: _____

Phone Number: _____ Email: _____

Destination if other than Cosignor/Consignee: _____

Address: _____

Phone Number: _____ Email: _____