



MISSION  
EQUINE  
ASSOCIATES

Mission Equine Associates  
P.O. Box 6466 | Santa Barbara, CA 93160  
Phone: 805.696.6784 | Fax: 805.845.7486  
Email: [admin@missionequine.com](mailto:admin@missionequine.com)  
[www.missionequine.com](http://www.missionequine.com)

## Health Certificate & Coggins Requirements

Please provide the following information for the Health Certificate &/or Coggins for each horse and return to [admin@missionequine.com](mailto:admin@missionequine.com). Note: the certificates cannot be issued if any information below is left blank.

### 1. Horse Information:

Name:

Gender:

Breed:

Color:

Date of Birth or Age:

Markings (Must indicate one marking minimum; leave blank if none in the areas indicated):

Head:

Left Forelimb:

Left Hindlimb:

Right Forelimb:

Right Hindlimb:

Neck and Body:

Other Markings:

### 2. Consignor, Present Owner of Shipment:

Name:

Address:

City, State, Zip:

County (not Country):

Phone:

### 3. Origin of Shipment/Horse Location:

Name:

Address:

City, State, Zip:

County (not Country):

Phone:



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## Health Certificate & Coggins Requirements (Continued)

4. Destination of Shipment:

Name:

Address:

City, State, Zip:

County (not Country):

Phone:

5. Consignee, New Owner/Recipient of Shipment:

Name:

Address:

City, State, Zip:

County (not Country):

Phone:

6. Carrier, Transporter:

Name:

Address:

City, State, Zip:

County (not Country):

Phone:

7. Method of Transport:

8. Shipping, Departure Date:

9. Purpose of Movement: