

THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



Department of Agricultural Resources

251 Causeway Street, Suite 500, Boston, MA 02114
617-626-1700 fax: 617-626-1850 www.mass.gov/agr



REQUEST FOR CERTIFICATES OF VETERINARY INSPECTION

Veterinarian's Name: _____	Telephone: _____
Address: _____	
City: _____	State: _____ Zip: _____

I hereby request the following:			
Large Animal Health Certificate:	(10) _____	(15) _____	(20) _____
Equine Animal Health Certificate:	(10) _____	(15) _____	(20) _____

By accepting these forms, I agree to keep the veterinarian's copy for a period of at least one year and agree to provide these records to the Department upon request.	
Veterinarian's Signature: _____	Date: _____
Massachusetts Veterinary License Number: _____	
Please file your copies of these records as required by the Practice Act AND return all pink and white copies of Certificates of Veterinary Inspection to Animal Health at the above address when you have completed them. Voided health certificates also should be returned.	

FAX THIS FORM TO (617) 626-1850 OR MAIL IT TO THE ABOVE ADDRESS

If you have any questions, please call (617) 626-1810