

THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



Department of Agricultural Resources

100 Cambridge St. 9th Floor, Boston, MA 02114
617-626-1795 fax: 617-626-1736 www.mass.gov/agr



REQUEST FOR CERTIFICATES OF VETERINARY INSPECTION

Veterinarian's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: (required) _____

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 the Division of Animal Health at the above address when you have completed them. Voided health certificates also should be returned.

FAX THIS FORM TO (617) 626-1736

This form can also be obtained at

<http://www.mass.gov/eea/docs/agr/animal-health/docs/request-certificate-vet-inspection.pdf>

If you have any questions, please call (617) 626-1795.