

# 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: \_\_\_\_\_ 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) 626-1850**

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) 626-1810.