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| EQUINE ONLY – CALIFORNIA ENTRY DOCUMENT | | | | Date | |
| Origin State | | Vehicle License Plate | | Trailer License Plate | |
| Owner/Receiver Name | | | | | |
| Physical Destination Address | | | | | |
| Owner Phone Number | | Health Certificate Date and Number # | | Coggins Date | |
| Head Count | | Type of Equine | <input type="checkbox"/> Horse <input type="checkbox"/> Mule <input type="checkbox"/> Burros <input type="checkbox"/> Donkey <input type="checkbox"/> Zebra | | |
| | | Purpose | <input type="checkbox"/> Exhibition/ Show/Race <input type="checkbox"/> Breeding <input type="checkbox"/> Companion <input type="checkbox"/> Other- Specify_____ | | |
| NOTICE: Bolded fields above will be verified by Border Protection Station inspector. You must provide Health Certificate and Coggins to inspector for verification. (Electronic or paper copy of the forms are acceptable.) If this form is incomplete, you will be required to provide the information to the inspector. | | | | | |
| Official Business Use Only | Reviewed and Verified <input type="checkbox"/> : Trailer License Plate <input type="checkbox"/> Health Certificate <input type="checkbox"/> Coggins Test <input type="checkbox"/> Hot Sheet Needed Situation Code _____ Verified by _____ Entered into Database By _____ | | | | |