

CEM QUARANTINE REQUEST FORM

Veterinary Equine Research Center (EHC-SP)

Southern Pines, North Carolina

Phone: (910)692-8773

Fax: (910)692-1860

DATE COMPLETED: _____

OWNER NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX NUMBER: _____

AGENT NAME (if Applicable): _____

TELEPHONE NUMBER: _____

COUNTRY OF EXPORT: _____

PORT OF ENTRY: New York Other:

ESTIMATED DATE OF ARRIVAL IN THE U.S.: _____

ESTIMATED DATE OF ARRIVAL AT EHC-SP: _____

HORSE NAME: _____

HORSE DESCRIPTION:

AGE: _____ BREED: _____

COLOR: _____ GENDER: _____

HAS THE HORSE BEEN BRED BEFORE? _____

IS THIS HORSE PREGNANT: _____ IF YES, BRED DATE _____

U.S. IMPORT COMPANY NAME: _____

CONTACT PHONE NUMBER: _____

FAX NUMBER: _____

DETAILS (IF ANY): _____
