

Parade License Certificate

Hip Tag Number:

Date of tag issued:

Tag expires:

Issued by:

Current Home Premises of Equine	Name and Address of Owner	Name and Address of Veterinarian
County of Current Home Premises of Equine		Veterinarian National Accreditation Number

I certify I am a category II federally accredited veterinarian, authorized/in the state where the sample was obtained, by me, from the animal described below. I certify that this animal is healthy.

Signature of Federally Accredited Veterinarian

I certify that this is my animal and that I am receiving a hip tag.

Signature of owner/ representative

Horse

Tag/ Tattoo Brand Number	Registered Name	Color/ Coat or Hair Colors
Age or DOB	Gender	Microchip
Narrative Description:	Other Marks and Brands:	

Vaccinations

Type	Vaccination Date	Product	Administered by (Veterinarian name)
Eastern and Western Encephalitis			
Tetanus			
EHV 1 and EHV4 Herpes			
West Nile			
Influenza			
Strangles			
Rabies			

*Please attach current Coggins with photograph of animal with this form.