Puget Sound Veterinary Group Farm Visit Request

Doctor **Date**

Name: _____ Farm Name: _____ Address: _____
Phone # _____

Animal Name/ID	**Microchip**	**Ultrasounds***	**Health Certificate+**	**Procedures#**	**Notes**

PSVG: phone # 360-416-6944; fax # 866-572-0330; email psvg@comcast.net

* Please indicate last breeding date
+ Please provide **date <u>of transport, person transporting, name & address of destination, phone number for destination, age/sex/breed of animals being transported, and negative BVD test information (laboratory and date)</u>**
# Please list what you need done – i.e. castration, vaccines, nail trim, teeth trim, ARI blood draws, microchipping, health exams, etc.