Veterinary Health Certificate Order Form

Arizona Department of Agriculture
Animal Services Division
Office of the State Veterinarian

New Mailing Address:
1802 W Jackson St, #78
Phoenix, AZ 85007

New Physical Address:
1110 W Washington St,
Suite 450
Phoenix, AZ 85007
(602) 542-4293

Please complete the information below and email form to cvi@azda.gov or fax to (602) 542-4290.

Date: ___________________________ Phone Number: ___________________________

Clinic Name: ________________________________________________________________

Mailing Address:_________________________________________ City:________ State:____ Zip:________

1. Veterinarian: _______________________________________________________________

National Accreditation Number:____________________________ AZ License Number:________________

One book per order:
Animal Book: [ ] Large [ ] Small

2. Veterinarian: _______________________________________________________________

National Accreditation Number:____________________________ AZ License Number:________________

One book per order:
Animal Book: [ ] Large [ ] Small

3. Veterinarian: _______________________________________________________________

National Accreditation Number:____________________________ AZ License Number:________________

One book per order:
Animal Book: [ ] Large [ ] Small

4. Veterinarian: _______________________________________________________________

National Accreditation Number:____________________________ AZ License Number:________________

One book per order:
Animal Book: [ ] Large [ ] Small

5. Veterinarian: _______________________________________________________________

National Accreditation Number:____________________________ AZ License Number:________________

One book per order:
Animal Book: [ ] Large [ ] Small