

CERTIFICATE OF ACCLIMATION

Date: _____

SHIPPER/OWNER	CONSIGNEE/OWNER
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Phone: _____	Phone: _____
Phone: _____	Phone: _____

Animal Data:

Animal Species: _____ Name: _____ Breed: _____ Color: _____
Age: _____ Wt: _____ Sex: _____ Current License # _____

Animal Species: _____ Name: _____ Breed: _____ Color: _____
Age: _____ Wt: _____ Sex: _____ Current License # _____

Animal Species: _____ Name: _____ Breed: _____ Color: _____
Age: _____ Wt: _____ Sex: _____ Current License # _____

Animal Species: _____ Name: _____ Breed: _____ Color: _____
Age: _____ Wt: _____ Sex: _____ Current License # _____

STATEMENT:

This is to certify that the animal (s) described in this shipment appear (s) healthy for transport, but need (s) to be maintained at a temperature within the animal (s) thermo neutral zone. The above described animal (s) is/are cleared for travel at temperatures ranging from _____ F/C to _____ F/C.

U.S.D.A Accredited Veterinarian _____ Date _____
Signature

Accreditation Number/State No.

Owner/Agent Signature _____ Date _____