

OFFICE USE ONLY

Date: _____

Time: _____

Taken By: _____

Revised 05-27-09



OFFICE USE ONLY

Receipt #: _____

Date: _____

Amount: _____

Filled By: _____

Low No: _____

High No: _____

OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD & FORESTRY

ANIMAL INDUSTRY SERVICES
2800 N. Lincoln Blvd.
Oklahoma City, Oklahoma 73105
405-522-6131
FAX: 405-522-0756

HEALTH CERTIFICATE ORDER FORM

Ship to:

Veterinarian's Name: _____

Address: (No PO Boxes Allowed) _____ Business
 Residence

City, State, Zip: _____

Phone Number: _____

ITEM	COST	ORDERED	TOTAL
Health Certificates (25 per Pad)	\$7.00/Pad		

Payment Options: Check, Cash, Money Order, Credit Card

PLEASE ALLOW TEN (10) BUSINESS DAYS FOR DELIVERY.

- Visa MasterCard Discover (+3)

Name as printed on card: _____

Card Number: _____

Expiration Date: _____