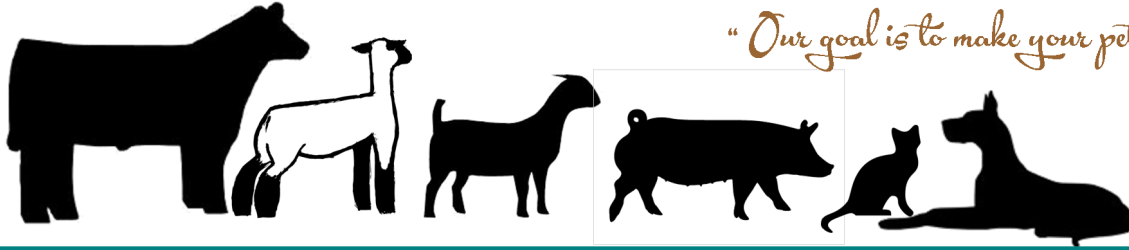


Cimarron Animal Clinic

"Our goal is to make your pet happy"



Health Paper Request

Cosigner Name Address Phone Number Email

Consignee Name Address Phone Number Email

Carrier Name Address Phone Number Email

Cosigner Name Address Phone Number Email

Purpose of Movement

USDA Tag #

Age or DOB

Species

Breed

You can fax this information to 405-372-5888 or email to dustycac@gmail.com