



Alejandro Grau, DVM

Owner

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Certified Veterinary Inspection

Questionnaire

Animal(s):

- Name
- Official ID #
- Species
- Breed
- Date of Birth
- Sex (M/F/Intact/Castrated)

Owner's (origin) – where the animal is at and will leave from (your farm)

- Full name
- Phone number
- Address
- e-mail

Destination (first fair)

- Full name of the fair (business name)
- Address
- Phone number (coordinator)
- e-mail
- Official website with medical/testing requirements for specific show/fair

Additional stops – shows/fairs

- Dates of the fair when you will attend
- Full name of the fair (business name)
- Address
- Phone number (coordinator)
- e-mail
- Official website with medical/testing requirements for each specific show/fair

Transport services (if used)

- Business name
- Driver name
- Phone number
- Address
- E-mail

With this information we can notify you of any testing requirements which will incur additional costs.