



INTERNATIONAL TRANSPORT

Owner Name: _____ Agent/Trainer Name: _____

Phone #: _____ Phone #: _____

*Requested Date for Shipment: _____

Please note that all trip dates are at the discretion of EHT unless a private charter is requested

TRANSPORT DETAILS - PICK UP

Farm Name: _____ Contact Name: _____

Address: _____ Phone #: _____

City, State/Province: _____ Zip/Postal Code: _____

Special Notes (i.e. Gate Code): _____

TRANSPORT DETAILS - DROP OFF

Farm Name: _____ Contact Name: _____

Address: _____ Phone #: _____

City, State/Province: _____ Zip/Postal Code: _____

Special Notes (i.e. Gate Code): _____

HORSE INFORMATION

Horse Name: _____ Breed: _____ Age: _____ Sex: _____ Stall Size: _____

Horse Name: _____ Breed: _____ Age: _____ Sex: _____ Stall Size: _____

Horse Name: _____ Breed: _____ Age: _____ Sex: _____ Stall Size: _____

Horse Name: _____ Breed: _____ Age: _____ Sex: _____ Stall Size: _____

Horse Name: _____ Breed: _____ Age: _____ Sex: _____ Stall Size: _____

List any additional horses on the following page.

PASSPORTS/REGISTRATION PAPERS SHOULD NOT TRAVEL WITH HORSE(S). COGGINS AND HEALTH PAPERS ONLY.

EQUIPMENT

***Equipment: _____

****Please note that all quotes include 1 Trunk or Stanley. For additional equipment, contact us for a quote.****

BILLING INFORMATION

Billing Name: _____ Phone #: _____

Address: _____

Email: _____

INTERNATIONAL REQUIREMENTS

Importer Name: _____

Address: _____

*Federal Tax ID #: _____

If an individual is acting as importer of record, please put Social Security Number/Social Insurance Number in the field above. If a business is acting as importer of record, please use EIN Number (USA) or CRA Import Number (Canada).

COPY OF ENDORSED HEALTH PAPERS MUST BE EMAILED TO DISPATCH@EHORSET.COM 2 BUSINESS DAYS PRIOR TO SHIPMENT. HARD COPIES OF HEALTH PAPERS MUST BE PROVIDED UPON PICK UP.

POWER OF ATTORNEY

I _____ authorize Ecclestone Horse Transport Inc. and/or its representatives to enter on my behalf at Canada Border Services Agency (CBSA) and/or USA Customs and Border Protection (CBP) the above goods described. The invoice covering the shipment as now produced is the true and complete invoice on all goods included in the shipment.

First & Last Name: _____ Value: _____

Company Name: _____ Title: _____

Signature: _____ Date (MM/DD/YY): _____

INTERNATIONAL CHECKLIST

ENTRIES to CANADA

- USDA Endorsed Health Papers
- Valid Coggins (within 6 months)
- **Original CAD Health Papers

Canadian horses returning from USA must also provide original Canadian Health Papers from time of export.

NEW IMPORTS to CANADA

- Bill of Sale
- Proof of Payment (i.e. copy of wire transfer)

ENTRIES to USA

- CFIA Endorsed Health Papers
- Valid Coggins (within 6 months)

ADDITIONAL NOTES

PLEASE NOTE WE CANNOT START SCHEDULING THE PICK UP OR DELIVERY OF YOUR HORSE UNTIL WE RECEIVE THE COMPLETED PAPERWORK WITH THE APPROPRIATE DOCUMENTS.