

**INFORMATION REQUIRED FOR HEALTH CERTS/EXPORT LICENCE/FERRY CROSSINGS**

<u>Client Name</u> Email: Tel: Fax:	<u>Client Address</u>
<u>Name &amp; Address of Transporter</u> (if different to above)	<u>Countries of Transit</u>
<u>Address where horse is stabled prior to travel to uk</u>	<u>Address horse is returning to</u> (if different)

**HORSE DETAILS**

Reg. Name	Breed	Country of Birth	Passport No Issued by:	Sex	Colour	Age	Height in cms	Owner

**If you would like us to book your ferry crossings Calais/Dover/Calais, please advise the following information:**

Vehicle Make		Total Length of vehicle	
Vehicle Model		Passengers	Adult:                      Child:
Registration Number		Arrival date:	Departure date:

**Please return to: Mary Le Pla. Tel: 0044 1580 830710 / Fax: 0044 1580 830186 / Email: office@sterlingquarterhorses.com**