



TRANSPORT WITHIN CANADA

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, Province: _____ Postal Code: _____

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

TRANSPORT DETAILS - DROP OFF

Farm Name: _____ Contact Name: _____

Address: _____ Phone #: _____

City, Province: _____ Postal Code: _____

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

HORSE INFORMATION

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

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

EQUIPMENT

***Equipment: _____

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

BILLING INFORMATION

Billing Name: _____ Phone #: _____

Address: _____

Email: _____