

PET HEALTH CERTIFICATE QUESTIONNAIRE FORM

Please note that preparing for travel to some countries can take several months.

Personal Information			
Your Name:	Pet's Name:		
Current Address:			
Email:	Phone:	Phone:	
List the names, address(es), the visit.	and phone number(s) in the destination country wh	nere your pet will stay during	
Names	Address	Phone	
2 3 Travel Information	ou are traveling to with your pet and the expected date o		
Who is accompanying your pe	t while traveling?		
\Box The owner \Box A person au	thorized by the owner $\ \square$ No one $\ \square$ A pet transport co	ompany is transporting the pet	
What is the plan for your pet i	f leaving the United States? \square Airplane \square Boat or Cruis	se Ship	
Did your airline or cruise ship	give you any additional travel requirements for your pet?	? □ Yes □ No	
What type of pet will be trave	ling? □ Dog □ Cat □ Ferret □ Bird □ Rodent □	Other:	
Does your destination country	require an import permit? 🗆 Yes 🗀 No 🗀 I don't kno	ow	
Does your destination country	require digital endorsement by the USDA or require a pa	aper copy for travel? \square Yes \square No	
Does your destination country	require a Rabies titer? ☐ Yes ☐ No		
Does your destination country travel? ☐ Yes ☐ No	require medication such as flea and tick prevention to be	e given by the veterinarian before	

Pet Information

Does your pet have a microchip? $\hfill\Box$	Yes, implanted on (location on pet's body):	🗆 No 🗆 I don't know
When was your pet's last rabies vacc	ination?	
Date:	and Location (clinic):	
☐ I don't know		
\square My pet isn't vaccinated fo	or rabies	
When was your pet last given prever	ntion (if applicable) and what is the name of the ${f p}$	prevention?