Health Certificate Preparation

This form must be completely filled out.

Please fill out a separate form for each pet.

1. Travel date:		
2. Current physical address:		
3. Destination physical add	dress:	
4. Owner(s) name (As list	ed on passport):	
5. Destination phone num	ber:	
6. Pet name:	7. Breed:	
8. Species:	9. Color:	
10. Date of birth (can be e	estimated):	
11. Microchip number:		
13. Rabies vaccinations:		
1- Date:	Clinic:	
2- Date:	Clinic:	
3- Date:	Clinic:	
14. Do you have the origin	nal rabies certificates on hand? (Circle one) Yes	No
If no, please call the clinic	that gave the Rabies vaccine to receive a new copy.	
15. Will your pet be travel No	ling on the same plane as the owner? (Circle one) Ye	:S
If no, please provide name passport):	e of anyone who may be accompanying pet (as on the	eir

16. Will your pet be traveling within 5 days of your travel? (Circle one) Yes No		
16. What airline will they be traveling with?		
17. Will they be traveling in cabin or cargo?		
20. Will you be boarding your pet before or after travel? (Circle one) Yes No		
21. If yes, has your pet received the Bordetella vaccine? (Circle one) Yes No		
If no, it is a requirement for most boarding facilities so we highly recommend getting the Bordetella vaccine.		
22. What medications is your pet currently on?		
23. What supplements is your pet currently on?		
24. Is your pet currently on heartworm and flea and tick medication? What brand and when was their last dose given?		
25. Would you like your pet to be prescribed anti-anxiety medication for travel? (Circle one) Yes No		
26. Have you called the airline and discussed their requirements and restrictions?		
(Circle one) Yes No		
If no, we highly recommend you call the airline so you will not run into any unforeseen problems.		