

Health Certificate Form

CLIENT INFORMATION

FULL NAME

EMAIL ADDRESS

PHONE NUMBER

ADDRESS

PET INFORMATION

PET NAME

SPECIES/BREED

AGE (DOB OR APPROX.)

LOCATION OF RECORDS

TRAVEL INFORMATION

DESTINATION

RETURNING TO US OR STAYING AT DESTINATION?

DATE OF TRAVEL (NOTE IF SET OR APPROX.)

CONTACT PREFERENCE? (CALL, TEXT, OR EMAIL)