

## Health Certificate Questionnaire

- Your name: \_\_\_\_\_
- Phone number: \_\_\_\_\_
- Name of person traveling with pet (if different): \_\_\_\_\_
- Phone number of person traveling with pet (if different): \_\_\_\_\_
- Address (New Client's only): \_\_\_\_\_
- \_\_\_\_\_
- Pet's name: \_\_\_\_\_
- Please fill out the following information about your pet if new client or pet (this information should match the information on the Rabies Certificate):
  - Date of birth: \_\_\_\_\_
  - Sex: \_\_\_\_\_
  - Spayed or Neutered: \_\_\_\_\_
  - Microchip #: \_\_\_\_\_
  - Breed: \_\_\_\_\_

## Travel Information

- Country traveling to: \_\_\_\_\_
- Any layover for more than 24 hours OR if needing to exit through customs: \_\_\_\_\_
  - If yes, what country: \_\_\_\_\_
- Departure Airport (if known): \_\_\_\_\_
- Date of Departure: \_\_\_\_\_
  - Please indicate if exact date or approximate: \_\_\_\_\_
- Date of Arrival to Ultimate Destination: \_\_\_\_\_
- Temporary Travel or Permanent Move: \_\_\_\_\_
- Full address you will stay at Destination Country: \_\_\_\_\_

Disclosure: We follow USDA and CDC requirements that have been established with each country. If there are any additional requirements you would like for us to help your pet meet, please let us know.

**\*\*Are there any airline requirements we need to help you meet for travel?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please email the following documents to [dmhvh@yahoo.com](mailto:dmhvh@yahoo.com)

- Current medical records and vaccine records
- Original Rabies Certificate
  - We recommend this be signed in blue ink by the Veterinarian that administered the vaccine