Health Certificate Requirement

First Name:
Email:
Home
Address:

Last Name: Phone Number:

Travel Dates:_____

Destination Address:_____

Pet Information

Pets Name:	Species:
Date of Birth:	Breed:
Microchip Number:	<u>Sex:</u>
Date of Rabies Given:	Rabies Experation Date
Flea Preventative:	Heartworm Preventative:
<u>Flea Preventative</u> Date Given	Heartworm Preventative Date Given

Check with your airline for any required forms please print and/or email them to us in advance.

Go to APHIS Pet Travel to review and fill out the forms prior to scheduling your pet's appointment: https://www.aphis.usda.gov/aphis/pet-travel

Please provide proof of vaccine records from a veterinary clinic in addition to the *SIGNED* rabies certificate.