

DOMESTIC HEALTH CERTIFICATE WORKSHEET

Client Name: _____

Pet Name(s) _____ / _____ / _____

Current Address: _____

Primary Phone Number: _____ 2nd Contact Number: _____

Departure Date: _____

Destination Address: _____

Destination Phone Number: _____

**** Departure Date and Destination Address are required before an appointment can be made.**

An accurate address and phone number are mandatory!

Please provide the information listed below so that we may confirm the information we have for your pet in our computer system is correct.

Pet #1	Pet #2	Pet #3
Name: _____	-	-
Species: _____	-	-
DOB: _____	-	-
Color: _____	-	-
Spay/Neuter: _____	-	-

Method of travel: Car or Plane: _____

Certificate is valid for 30 days if driving. Only 10 days if flying.

- We recommend you contact your airline for their specific requirements.
- An appointment for the certificate must be scheduled the 10th day before the departure date.
- If vaccines or required tests were done elsewhere, you must provide these results prior to your appointment
- Rabies certificates must be signed by the DVM who administered the vaccine.

If this was done at another Veterinary Clinic, you must provide the signed Rabies Certificate.