

HEALTH CERTIFICATE CLIENT INFORMATION FORM

Owner's Name \_\_\_\_\_

Physical address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ CellPhone \_\_\_\_\_

ANIMAL INFORMATION

Does your pet have a Microchip? Yes \_\_\_\_ or No \_\_\_\_

Pet's Name \_\_\_\_\_ Age \_\_\_\_\_

Canine \_\_\_\_\_ Feline \_\_\_\_\_ Other (specify) \_\_\_\_\_

Sex: Male \_\_\_\_\_ Neutered \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

DESTINATION INFORMATION

Destination Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Destination Phone \_\_\_\_\_

Are You Traveling by Air? \_\_\_\_\_ Or Auto? \_\_\_\_\_

Is Animal Traveling With You? \_\_\_\_\_ Is Animal Being Picked Up By Someone Else? \_\_\_\_\_

Name Of Person Picking Pet Up \_\_\_\_\_

REASON FOR MOVEMENT

Permanent move \_\_\_\_\_ Vacation \_\_\_\_\_ Other- Please Explain: \_\_\_\_\_

Estimated Departure \_\_\_\_\_

Return Date \_\_\_\_\_

**CASH or CREDIT CARDS** are the only acceptable forms of payment for health certificates, **NO CHECKS!**

**\*\*Please note: All airlines require a health certificate issued within 10 days of travel.\*\***