Interstate and International Health Certificate Questionnaire:

Destination: _____

Date of travel: _____

Name of Consignor (person responsible to pet in USA):

_____

Current full address (street, city, state, country, zip) in USA:

_____

_____

Phone number in USA: _____

Name of Consignee (person responsible for pet in destination country:

_____

Full address (street, city, state, country, zip) in destination country:

_____

_____

Phone number: _____

Airline: _____

Flight number(s) and times of flight: _____

____ Cargo __ Cabin ___ shipping company

Weight of carried pet will be in: _____

Any layovers between flights: yes/no

If yes – please provide complete address of Airport

_____

_____

_____

Number of Pets: _____

Pet's Information

Pet name: _____

Canine/feline Female/Female Spayed Male/Male neutered

D.O.B _____ Breed_____

Microchip number and date of Microchip implantation: _____

Vaccines and expiration date:

1. _____
2. _____
3. _____
4. _____
5. _____

Please provide records of vaccine history, rabies certificate and microchip invoice

Pet's Information

Pet name: _____

Canine/feline Female/Female Spayed Male/Male neutered

D.O.B _____ Breed_____

Microchip number and date of Microchip implantation: _____

Vaccines and expiration date:

1. _____
2. _____
3. _____
4. _____
5. _____

Please provide records of vaccine history, rabies certificate and microchip invoice

Pet's Information

Pet name: _____

Canine/feline Female/Female Spayed Male/Male neutered

D.O.B _____ Breed_____

Microchip number and date of Microchip implantation: _____

Vaccines and expiration date:

1. _____
2. _____
3. _____
4. _____
5. _____

Please provide records of vaccine history, rabies certificate and microchip invoice

Do you need any documents filled for airlines: yes/no

If yes, please provide documents with pet information.