NDS Animal Hospital International Health Certificate Questionnaire

Please complete this questionnaire in its entirety and return it to our hospital along with all required documentation before your pet's health certificate appointment. Incomplete questionnaires or missing records may delay scheduling or the issuance of your pet's international health certificate.

Required Documentation

Please submit the following for **each pet** traveling:

☐ Complete veterinary medical records

☐ Current vaccination records

☐ Rabies certificate(s)

☐ Microchip implantation documentation (medical record or invoice showing implantation)

☐ Any destination-specific import paperwork (if applicable)

Owner Information

Owner/Traveler Name: _____

Street Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Country: United States

Phone Number: _____

Email Address: _____

Destination Information

Destination Country: _____

Final Destination Address:_____

City: _____

State/Province: _____

Postal Code: _____

Country: _____

Destination Phone Number: _____

Destination Email Address: _____

Travel Information

Date of Departure: _____

Expected Date of Arrival: _____

Mode of Transportation

☐ Air

☐ Vehicle

☐ Other: _____

If Traveling by Air

Airline: _____

Flight Number(s):

Departure Airport: _____

Departure Time: _____

Layover Airport(s):

Final Arrival Airport: _____

Pet Travel Status

☐ Traveling in cabin with owner

☐ Traveling as cargo on the same flight as owner

☐ Traveling as cargo on a different flight than the owner

☐ Traveling with another individual

If traveling with another individual, please provide their name and information:

Pet Information

Pet 1

Pet Name: _____

Species: _____

Breed: _____

Color: _____

Sex: _____

Spayed: ***YES/NO_*** **Neutered:** ***YES/NO_***

Age/Date of Birth: _____

Weight: _____

Identification

Microchip Number: _____

Microchip Implantation Date (if known): _____

Rabies Information

Rabies Vaccine Date: _____

Rabies Expiration Date: _____

Rabies Manufacturer/Product: _____

Additional Vaccines

_____

_____

_____

_____

Pet 2

Pet Name: _____

Species: _____

Breed: _____

Color: _____

Sex: _____

Spayed: ***YES/NO_*** **Neutered:** ***YES/NO_***

Age/Date of Birth: _____

Weight: _____

Identification

Microchip Number: _____

Microchip Implantation Date (if known): _____

Rabies Information

Rabies Vaccine Date: _____

Rabies Expiration Date: _____

Rabies Manufacturer/Product: _____

Additional Vaccines

_____

_____

_____

_____

Pet 3

Pet Name: _____

Species: _____

Breed: _____

Color: _____

Sex: _____

Spayed: ***YES/NO_*** **Neutered:** ***YES/NO_***

Age/Date of Birth: _____

Weight: _____

Identification

Microchip Number: _____

Microchip Implantation Date (if known): _____

Rabies Information

Rabies Vaccine Date: _____

Rabies Expiration Date: _____

Rabies Manufacturer/Product: _____

Additional Vaccines

Owner Acknowledgement

I understand that:

- I am responsible for providing complete and accurate travel information.
- I have submitted all available veterinary records, including vaccination records, rabies certificate(s), and documentation of microchip implantation (medical records or invoice).
- Additional testing, treatments, or documentation may be required depending on my destination country's import regulations.
- Incomplete information or missing records may delay completion of my pet's international health certificate or require rescheduling.

Owner Signature: _____

Date: _____