NDS Animal Hospital Interstate Health Certificate Questionnaire

Please complete this questionnaire in its entirety and return it to us along with all required veterinary records before your pet's appointment. Incomplete questionnaires or missing records may delay the issuance of your pet's Interstate Health Certificate.

Owner Information

Owner's Full Name: _____

Street Address: _____

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

Phone Number: _____

Email Address: _____

Destination Information

Name of Person Receiving Pet (if applicable): _____

Destination Street Address: _____

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

Phone Number: _____

Email Address: _____

Travel Information

Purpose of Travel:

Destination State(s):

Departure Date: _____

Expected Return Date (if applicable): _____

Mode of Transportation

☐ Personal Vehicle

☐ Commercial Airline

☐ Private Aircraft

☐ Other: _____

If Flying

Airline: _____

Departure Airport: _____

Arrival Airport: _____

Flight Number(s): _____

Pet Travel Accommodations

☐ Traveling in Cabin

☐ Traveling as Cargo

If traveling as cargo:

☐ Traveling on the same flight as the owner

☐ Traveling on a different flight than the owner

If different flight, please provide details:

Pet Information

Pet #1

Pet Name: _____

Species: _____

Breed: _____

Color/Markings: _____

Sex:
☐ Male
☐ Female

☐ Neutered
☐ Spayed
☐ Intact

Date of Birth (or Approximate Age): _____

Weight: _____

Microchip Number: _____

Rabies Vaccine

- Date Given: _____
- Expiration Date: _____

Other Current Vaccines:

Pet #2

Pet Name: _____

Species: _____

Breed: _____

Color/Markings: _____

Sex:
☐ Male
☐ Female

☐ Neutered
☐ Spayed
☐ Intact

Date of Birth (or Approximate Age): _____

Weight: _____

Microchip Number: _____

Rabies Vaccine

- Date Given: _____
- Expiration Date: _____

Other Current Vaccines:

Pet #3

Pet Name: _____

Species: _____

Breed: _____

Color/Markings: _____

Sex:
☐ Male
☐ Female

☐ Neutered
☐ Spayed
☐ Intact

Date of Birth (or Approximate Age): _____

Weight: _____

Microchip Number: _____

Rabies Vaccine

- Date Given: _____
- Expiration Date: _____

Other Current Vaccines:

Required Veterinary Records

Please provide ALL available veterinary records for each pet, including:

☐ Complete vaccine history

☐ Current Rabies Certificate

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

☐ Any additional medical records related to your pet's health that may be required for travel

Please note: Health certificates cannot be completed until all required veterinary records have been received and reviewed. Missing documentation may delay your appointment or prevent the certificate from being issued.

Client Acknowledgement

I certify that the information provided above is accurate and complete to the best of my knowledge. I understand that additional information or documentation may be required before my pet's Interstate Health Certificate can be issued.

Owner Signature: _____

Date: _____