



International Health Certificate Questionnaire

Pet Name: _____ Owner Name: _____

Destination Country: _____ Departure Airport: _____ Flight Date: _____

Destination Address: _____ E-mail: _____

Destination Phone #: _____ (If different from cell)

Do you have all of your pet(s) vaccine records? Y/N

Do you have original Rabies Certificate(s)? Y/N

If no, which hospital may we contact for them? _____

Microchip #: _____ (We will scan your pet for its Microchip number.)

How is your pet(s) traveling? Cargo, Onboard, Transport service, Other: _____

Who is transporting your pet? Yourself, Transport company, Friend, Other: _____

How would you like to receive your health certificate? (If it's a hard copy)

Delivered to your house or Pick- up in Los Angeles

Delivery Address: _____

When was the last flea/tick treatment given? _____ Type Given: _____

When was the last intestinal dewormer given? _____ Type Given: _____