



Chièvres Air Base Veterinary Treatment Facility Health Certificate Information Sheet



Requirements are met

Date and Time of Appt

+32 (0)6532-5390 DSN: 314-566-5390

The Information and Documents required in this packet are to ensure that your pets get to their final destination. While we do our best to help, it is the OWNER'S RESPONSIBILITY to meet all import requirements. Failure to provide current, accurate, and legible information or to provide the documents listed below may incur additional appointment times and fees at the time of your health certificate appointment. If you do not have one of the below documents at the time of submitting this packet, please provide us the documents as soon as you get them. IF ANY OF THE BELOW INFORMATION CHANGES, you need to contact us as soon as possible. **Please scan QR code or visit www.aphis.usda.gov to ensure your pets meet all import requirements.** By signing below you acknowledge the above.

(Owner Signature)

The following documents help us ensure a smooth travel process for your pets; If you do not have the documents now, please provide them as soon as possible.

PCS Orders	Provided	Will Provide	NA
Pet Travel Tickets or Confirmation of Pets Travel with Dates and Destinations OR Estimated Travel Dates for Pets:	Provided	Will Provide	NA
Pets Current Rabies Certificates (Needs to include Pet's breed, sex, age/DOB, and microchip number. The Rabies manufacturer AND product AND type of vaccine, vaccination date and next vaccine due, Lot # and Expiration date. Signed by the administering Dr.)	Provided	Will Provide	NA
Pet's Vaccination Charts	Provided	Will Provide	NA
Pet's Rabies Titer/FAVN Test	Provided	Will Provide	NA

Pet's Sponsor Name: _____ Phone #: _____

Pet Name(s): _____ EU Pet Passport? Yes ___ No ___

Email Address: _____ Mode of Travel: _____
Military or civilian plane?

Pet's Final Destination: _____ Departure Location + Layovers: _____

Consigner Information (person or company traveling with pet or dropping pet off at airport)

Name(s): _____ Phone #: _____
Pet Shipper? Pet Shipper's Phone Number?

Current Address: _____
Pet Shippers Address? Street number City State/Country Zip Code

Consignee Information (person or company traveling with pet or picking pet up at airport)

Name(s): _____ Phone #: _____
Pet Shipper? Pet Shipper's Phone Number?

Destination Address: _____
Pet Shippers Address? Street number City State/Country Zip Code