

Health Certificate Information Form

- **Please reach out as soon as you have orders.**
- A health certificate is required to travel and is only valid for 10 days.
- Clients are responsible for understanding and ensuring their pet/s meet the destination country's importation requirements. The requirements can be found at: <https://www.aphis.usda.gov/aphis/pet-travel>.
- Clients must contact their departing airline to find out if any additional requirements are necessary. Most commercial airlines will not accept pets if the temperature is above 85 or below 45 degrees.
- Make sure your pet is up to date on vaccinations. The US requires proof of rabies vaccination (either an original rabies vaccination certificate from the US or military facility, or an EU passport).
- Bloodwork might be needed if heading to Japan, Guam, Korea or Hawaii (done at least 6 months prior to PCS).
- **We must receive copies of your pet/s vaccine history, Rabies certificate/s, and FAVN (if applicable).** All information on this form must be filled in order for your Health Certificate Appointment to be completed. Your paperwork is completed by us ahead of your appointment and missing information will prevent us from properly completing it. **Without the required information your appointment will not be scheduled or will be cancelled.**

Client Information:

OCONUS Consignor/Owner/Shipper (Last, First): _____

Address Line 1: _____

Address Line 2: _____

Phone Number: _____

OCONUS Consignee/Owner/Recipient (Last, First): _____

(APO/FPO is acceptable; unit address may be used if no other address is available)

Address Line 1: _____

Address Line 2: _____

Phone Number: _____

Pet Information: (use another page for additional pets)

Dog / Cat

Pet Name: _____

Tattoo (if applicable): _____

Breed (as listed on rabies cert): _____

Sex (M/F/MN/FS): _____ Age: _____ Color: _____

Date of Birth (Needs to match DOB listed on prior veterinary forms): _____

Microchip #: _____

Microchip Brand: _____

Microchip Implantation Date: _____

- Provide Vaccine Records
- Provide Rabies Certificates
- Verify FAVN (if applicable)

Travel Information:

Country traveling to: _____

Flight Date: _____

Arrival Date: _____

Flying AMC/Rotator? Y / N

Layovers in any other Countries?: Y / N

If yes, what country?: _____

Will your pet be processing through customs in this country?: Y / N

Will pet be flying on same plane as owner? Y / N

If no, will pet be flying within 5 days before/after family? Y / N

How will pet be flying? Cargo / Cabin

Will someone other than family be traveling with pet? Please list name and relation (Last, First):

Utilizing Shipping Company? Y / N

If yes, name of Company: _____

Additional Items:

Date and Type of last flea/tick prevention: _____

Is your pet taking any medications? Please list if so:

Would you like to request a refill on this? Y / N

Please list medications requesting refill: _____

Do you have any health concerns for your pet that you would like addressed at your appointment?
(Itchy ears, anxiety for flight, etc.)
