PET HEALTH CERTIFICATE QUESTIONNAIRE FORM

Please complete this form and return it to info@louisburgvet.com.
Please note that preparing for travel to some countries can take several months.

Personal Information

Your Name: _____ Pet's Name: _____

Current Address: _____

Email: _____ Phone: _____

List the names, address(es), and phone number(s) in the destination country where your pet will stay during the visit.

Names	**Address**	**Phone**

List any person who will be responsible for your pet, if you are not traveling with them.

1. _____
2. _____
3. _____

Travel Information

List the destination country you are traveling to with your pet and the expected date of departure:

_____

Who is accompanying your pet while traveling?

☐ The owner ☐ A person authorized by the owner ☐ No one ☐ A pet transport company is transporting the pet

What is the plan for your pet if leaving the United States? ☐ Airplane ☐ Boat or Cruise Ship

Did your airline or cruise ship give you any additional travel requirements for your pet? ☐ Yes ☐ No

What type of pet will be traveling? ☐ Dog ☐ Cat ☐ Ferret ☐ Bird ☐ Rodent ☐ Other: _____

Does your destination country require an import permit? ☐ Yes ☐ No ☐ I don't know

Does your destination country require digital endorsement by the USDA or require a paper copy for travel? ☐ Yes ☐ No

Does your destination country require a Rabies titer? ☐ Yes ☐ No

Does your destination country require medication such as flea and tick prevention to be given by the veterinarian before travel? ☐ Yes ☐ No

Pet Information

Does your pet have a microchip? ☐ Yes, implanted on (location on pet's body): _____ ☐ No ☐ I don't know

When was your pet's last rabies vaccination?

Date: _____ and Location (clinic): _____

☐ I don't know

☐ My pet isn't vaccinated for rabies

When was your pet last given prevention (if applicable) and what is the name of the prevention?

_____