International Health Certificate Form

VETERINARY WELLNESS CENTER of Brooklyn

Client Information

Owner's Name: (First): _____ (Last): _____

Co-owner's Name: (First): _____ (Last): _____

Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Home Phone: _____ Cell: _____

Email Address: _____

Are you a current client of Animal Health Group? Yes ☐ No ☐

Pet Information

Pet Name: _____ Species? Dog ☐ Cat ☐

Breed: _____ Color(s): _____

Date of birth (or estimate): _____ Sex: Male ☐ Female ☐

Neutered: Yes ☐ No ☐ Microchipped: Yes ☐ No ☐ Don't Know ☐

Travel Information

Desination country: _____ Port/airport of departure: _____

Date of departure: _____ Date of arrival: _____

Method of travel: _____ Carrier: _____

Flight number: _____

Name of person traveling with pet (usually the owner): _____

Address of departure: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Name of person receiving the pet: _____

Destination address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Phone: _____

Is the travel: Temporary (vacation, etc) ☐ Permanent (moving) ☐

International Health Certificate Form

VETERINARY
WELLNESS CENTER
of Brooklyn

Mailing Address for shipping label for return of certificate from USDA

Name: (First): _____ (Last): _____

Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Home Phone: _____ Cell: _____

Email Address: _____

Are you working with a pet relocation company? Yes ☐ No ☐