

Health Certificate for Travel/CVI Pre-Visit Questionnaire

Complete and return this questionnaire to help your pet's medical team better prepare for their visit – fax to 860-445-2284, drop it by our office, or email to reception@tlc4pets.com. Use a separate form for each pet. We refer to the USDA APHIS database for travel requirements, however, it is possible for a destination to change their requirements without notice, therefore we strongly recommend you contact the destination embassy (international) or department of agriculture (domestic) to confirm you have met all of the minimum requirements and have all the necessary documents to make your trip as smooth and low-stress as possible. Failing to meet requirements could lead to travel delays, costly fines, quarantine of your pet, or even refusal to allow entrance. Please allow 1 business day turnaround for all documents to be researched, compiled, and completed following your visit. Each visit, service, and/or document are billed individually; there is an urgent document processing fee of \$200 for same-day forms.

Name of pet: _____ Species: canine / feline. Breed: _____

Description (color, pattern): _____

Pet ID (tattoo or microchip number): _____ check here if none: or unknown number:

Date of microchip implantation: _____ Registered to: _____

Owner/consignor name(s): _____ Phone: _____

Origin address: _____

Owner/consignor email address: _____

Recipient/consignee name(s): _____ Phone: _____

Destination country: _____ Destination address: _____

Departure date: _____ via auto / train / air cabin / air cargo hold. Return date: _____

Airline: _____. Please provide a copy of the airline requirements for pet travel with this form.

Pet health:

Medical conditions: _____ Medications: _____

Has your pet ever been diagnosed or treated for communicable diseases? Y / N Details: _____

Has this pet bitten a human/other animal or been bitten by another animal in the past 180 days? Y / N

We may need to obtain previous veterinary records to review. Please provide contact information for all previous veterinarians your pet has seen in the past 6 years: _____

Please request your previous veterinarian(s) send directly to you *ink-signed original* rabies vaccination certificates for the past 2 consecutive rabies vaccines and fax or email copies of these certificates to our office, if applicable. These certificates *must* include the manufacturer of the vaccine, lot number, vaccine expiration date, date of vaccination, and vaccination interval (ie 1- or 3-year)/next due date.

I attest that the above is true and accurate to the best of my knowledge as the owner/consignor or authorized agent of such.

Name: _____ Signature: _____ Date: _____