

PET TRAVEL INFORMATION FORM

Consignor (person traveling with pet): _____

Consignor Phone Number: _____

Address of origin (Must be a physical address) : _____

Consignee (person pet will be received by). **If same as consignor leave blank :**

Consignee Phone Number (if same as above leave blank): _____

Destination address (Where pet will be staying) : _____

Country Of Origin: United States of America

Country Of Destination: _____

Zone of Destination (shipping region) : _____

Port of Embarkation: _____

Border Crossing (if any): _____

Date Of Shipment (Travel date) : _____

Means Of Transportation: _____ If air travel will the

pet be in **CARGO** or **CABIN**. (please circle one) Name of Airline: _____

IF TRAVELING VIA AIR PLEASE BRING THE AIRLINES SPECIFIC PET TRAVEL

FORMS AT THE TIME OF APPOINTMENT.

Description Of Commodity (Circle one): DOG(S) / CAT(S)

Total Quantity: _____ DOG(S) _____ CAT(S)

Total Number Of Packages/Containers: _____

Commodities Intended Use: _____

Type Of Admission: _____

Pet information 1

Identification Of Commodities (Pet name): _____

ISO-Compliant Microchip Number # _____

Species Breed: _____

Age _____

Sex: _____ Please notate yes or no - Spayed _____ Neutered _____

Color: _____

Distinctive Markings: _____

Pet information 2

Identification Of Commodities (Pet name): _____

ISO-Compliant Microchip Number # _____

Species Breed: _____

Age _____

Sex: _____ Please notate yes or no - Spayed _____ Neutered _____

Color: _____

Distinctive Markings: _____

IF VACCINES WERE NOT DONE WITH OUR CLINIC PLEASE BRING VACCINE

HISTORY AND A RABIES CERTIFICATE SIGNED BY THE DOCTOR ON CERTIFICATE.

Additional Information:

**IF ANY OF THE DOCUMENTS OR INFORMATION ASKED FOR IN THE ABOVE
FORM ARE MISSING OR NOT PRESENTED AT THE TIME OF THE APPOINTMENT
THIS WILL DELAY THE HEALTH CERTIFICATE PROCESS AFFECTING TRAVEL PLANS.**

For additional information or assistance please go to the USDA pet travel website.

<https://www.aphis.usda.gov/aphis/pet-travel>