

14234 JEFFERSON DAVIS HIGHWAY, WOODBRIDGE, VIRGINIA 22191

(703)491-1400 occoquanah.com

Health Certificate Client Information Form

Please provide the information below and ensure it is accurate. Client Name: **Current Address: Primary Phone #:** _____ 2nd #: _____ Departure Date: _____ **Destination Address: Destination Phone Number:** Method of travel (circle one): Car or Plane Please provide the information listed below so that we may confirm the information we have for your pet in our computer system is correct. Pet #1 Name: _____ Microchip #: _____ Breed: _____ DOB: _____ Color: _____ Spay/Neuter: Y // N Pet #2 (you may leave blank if only 1 pet is traveling) Name: _____ Microchip #: _____

Breed: DOB: Color: Spay/Neuter: Y // N



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We recommend you contact your airline and destination country's embassy (if applicable) for their specific requirements, as well as reviewing the requirements listed on the USDA APHIS website for pet travel. If vaccines or required tests were done elsewhere, you must provide these records to us before or no later than the time of your appointment.

For Domestic Health Certificates: Certificate is valid for 30 days if driving, only 10 days if flying. Certain destinations considered domestic (e.g Hawaii) may have requirements other than a domestic health certificate, please be sure to be aware of this and plan accordingly.

For International Health Certificates: Each country has specific guidelines and requirements for the import of personal pets. If these requirements are not met, it may delay or prevent your pet's acceptance into the country. We strongly recommend visiting the USDA Aphis website for pet travel and reviewing the requirements for the country you and/or your pet is traveling to. Occoquan Animal Hospital provides the health certificate service at client request based on the pet records at our disposal and provided to us by the pet owner. If any information provided to us is incorrect or not in compliance with the country's requirements, Occoquan Animal Hospital is not to be held responsible and will not reimburse any fees associated with the health certificate service.

My signature below states that I have read, agree with and understand this form and have provided / ensured the information on the opposite side of this form is correct.

Pet Owner or Authorized Agent Signature:	