

# ANIMAL HEALTH DECLARATION FORM

Owner or Guardian of the pet animal.

Name: \_\_\_\_\_


Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone number / facsimile: \_\_\_\_\_

Date of Travel: \_\_\_\_\_  Airline/Flight Nbr.: \_\_\_\_\_

## Pet animal information

Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of birth: \_\_\_\_\_ 

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Microchip-No./Tattoo:(if available) \_\_\_\_\_

**Certification that the animal is healthy enough to travel.**

**Certification of absence of Fleas – Ticks – Parasites:**

**Certificate of absence of evidence of diseases communicable to humans:**



## Rabies vaccination status of the animal

Date of last vaccination against rabies: \_\_\_\_\_  :

Rabies Vaccination will expire on: \_\_\_\_\_,

Rabies vaccination must have taken place at least 21 days prior to travel and not more than 365 days prior to travel unless the three year vaccine was administered.

## Licensed Veterinarian Signature

Date \_\_\_\_\_  Signature: \_\_\_\_\_  Signature

Place \_\_\_\_\_

The signature above must be of a veterinarian licensed by the State/Province in which the pet animal currently resides.

NOTICE: During the winter months an acclimation certificate may be required by the airline.

Veterinarian Stamp or Name and Address

\_\_\_\_\_