



Companion Animal Hospital

801 Poquonnock Road Groton CT 06340
860-449-9800
www.tlc4pets.com



Dedicated to
Veterinary
Excellence

Member Since 1984

International Health Certificate Questionnaire

International travel requirements can be quite complicated depending on the location. Please complete the following questionnaire and return it to us **as soon as possible**. Further, we strongly recommend you research the destination country to make sure you have planed enough time to complete all the necessary steps prior to your departure. Promptly returning this document will allow our doctors to make your visit as stress free as possible.

NAME OF PERSON(S) TRAVELING WITH PET: _____

ADDRESS IN THE USA: _____

PHONE NUMBER OF PERSON TRAVELING WITH PET: _____

IF THIS IS A MILITARY TRANSFER ONLY WE WILL NEED YOUR .mil EMAIL ADDRESS

PETS NAME: _____ CANINE or FELINE (circle)

PETS DATE OF BIRTH: _____ BREED: _____

PETS DISCRIPTION _____

MICROCHIP# _____ No microchip check here

DATE MICROCHIP IMPLANTED: _____

DESTINATION

COUNTRY: _____

NAME OF PERSON RECEIVING PET _____

ADDRESS: _____

PHONE _____

DATE OF DEPARTURE FROM USA: _____

MOST CURRENT RABIES CERTIFICATES (last 2): _____

These certificates must be signed by the administering veterinarian and have the name and description of your pet, the manufacturer, type of vaccine and the date of administration and expiration. Please bring the certificates with you or have the administering veterinarian fax them to us at 860-445-2284

SIGNATURE: _____ DATE: _____

Please bring all other vaccination and medical history to your appointment or have it faxed to 860-445-2284