

**HEALTH CERTIFICATE
CLIENT INFORMATION FORM**

Owner's Name _____

Mailing address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____

ANIMAL INFORMATION

Pet's Name _____ Age _____

Canine _____ Feline _____ Other (specify) _____

Sex: Male _____ Neutered _____ Female _____ Spayed _____

Breed _____ Color _____

DESTINATION INFORMATION

Destination Street Address _____

City _____ State _____ Zip _____

Are You Traveling by Air? _____ Or Auto? _____

Is Animal Traveling With You? _____ Is Animal Being Picked Up By Someone Else? _____

Name Of Person Picking Dog Up _____

Is this a permanent move or Vacation? _____ Estimated return _____

Health Certificates are **CASH ONLY NO CHECKS!**

For clinic use only

File # _____

Date _____

Date Rabies Vacc. _____ **Rabies Tag #** _____ **Vaccine Type** _____

COMMENTS: