**Application for International Health Certificate Exams**

**(Please note that preparing for travel to some countries can take months)**

**Client Information**

Name (First, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Physical): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Patient Information**

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

 Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/Date of Birth: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Microchip number (if required by the destination country): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of placement: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_

**Travel Information**

Destination Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address where your pet will be staying: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of Travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Will your pet be returning to the US? Y / N

Which Airline will your pet be flying with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Destination Country Requirements**

What type of health certificate is required by the country? (Check one)

\_\_\_\_\_ A country-specific health certificate (Found on the USDA-APHIS pet travel website)

\_\_\_\_\_ A generic pet health certificate (ex. APHIS 7001)

Is your pet current on all vaccinations required by the destination country and were the vaccinations given within the required timeframe? Y / N

If NO, what vaccinations will your pet need and when must they be given? (Please list)

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| --- | --- |
|  |  |
|  |  |
|  |  |

**\*\*\*You must include your pet’s vaccination history and Rabies certificate (current or most recent) with this application if the vaccines were NOT administered by Animal Health Care Associates\*\*\***

Does the destination country require any lab tests / blood work? Y / N

 If YES, what tests are required and when must the samples be collected? (Please list)

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| --- | --- |
|  |  |
|  |  |

**\*\*\*Please note that samples will need to be collected within the testing timeframe required by your destination country and some tests may take a long time for the results to be returned. Some countries require a waiting period after testing and before entry into the destination country\*\*\***

Does the destination country require any treatments such as internal/external parasite control?

Y / N

 If YES, what treatments are required and when must they be administered? (Please list)

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| --- | --- |
|  |  |
|  |  |
|  |  |

When must a physical exam of your pet be performed prior to travel? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your airline have any of its own specific requirements? Y / N

If YES, what is required? (Please list)

|  |  |
| --- | --- |
|  |  |
|  |  |

**\*\*\*Any forms required by your airline that will need to be filled out or signed by the doctor may be submitted with this application ahead of time or brought with you to your pets exam\*\*\***

**\*\*\*\*\***

***After your application is submitted to Animal Health Care Associates, we will review it and get back to you as soon as we are able. We appreciate your patience.***