



12021 Iron Bridge Rd. Chester, VA 23831 | (804) 815-4073 | info@chesteranimalclinic.com

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## Veterinary International Health Certificate Questionnaire

### Pet Owner Information

1. Full Name:
  2. Address:
  3. Phone Number:
  4. Email Address:
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### Pet Information

1. Pet's Name:
  2. Species:
  3. Breed:
  4. Age:
  5. Sex (Intact/Neutered or Spayed):
  6. Microchip Number (if applicable):
  7. Rabies Vaccination Date:
  8. Rabies Certificate Number:
  9. Other Vaccinations (include type and dates):
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### Travel Information

1. Destination Country:
  2. City of Arrival:
  3. Countries transited through (if any):
  4. Departure Date:
  5. Return Date (if applicable):
  6. Airline(s) and Flight Number(s):
  7. Will the pet be traveling:
    - In-cabin
    - As checked baggage
    - As cargo
  8. Is the pet traveling alone or with a person?
  9. Name of traveler accompanying the pet (if different from owner):
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### Timeline and Preparation

1. Desired Date for Health Certificate Appointment:
  2. Does the destination country require:
    - An import permit?
    - Specific parasite treatments (fleas, ticks, internal worms)?
    - Rabies titer test (FAVN)?
  3. Has a rabies titer test been done?
    - If yes: Date and Laboratory:
  4. Is there a USDA-accredited veterinarian involved? (If not, one may be required for endorsement)
  5. Is USDA endorsement required for your certificate?
  6. Do you need help arranging the USDA endorsement process?
  7. Have you reviewed the import requirements for your destination country?
    - Yes
    - No
    - I need assistance
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### Additional Information

1. Is this your first time traveling internationally with a pet?
  2. Are there any known medical conditions or special needs?
  3. Will the pet need sedation for travel? (Note: Not generally recommended)
  4. Any special travel crate or carrier requirements?
  5. Do you need help with airline-approved crate sizing or preparation?
  6. Do you need assistance with travel documentation for re-entry into the U.S.?
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### Signature & Consent

I certify that the above information is accurate to the best of my knowledge and understand that it is my responsibility to ensure all international entry requirements are met.

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

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