

Health Certificate Pre-Visit Questionnaire

Please complete and return this form to our clinic prior to your pet's health certificate appointment. You can email completed forms to jacksoncreekvet@yahoo.com, fax them to (209) 223-5439, or drop them off at our front desk. Be sure to use separate forms for each pet if you're traveling with more than one.

Pet Information

Name of pet: _____ Species: _____

Breed: _____ Color/Markings: _____

Pet ID (tattoo or microchip number): _____ Check here if none or unknown

Date of microchip implantation (if applicable): _____

Travel/Destination Information

Owner/consignor name(s): _____ Phone: _____

Address of origin: _____

Purpose of animal movement: Adoption/sale Owner relocation Pleasure Show/exhibition

Other (please explain): _____

Departure date: _____ via auto / air cabin / air cargo / train / truck or trailer

Airline (if applicable): _____

Recipient/consignee name(s): _____ Phone: _____

Destination address: _____

Destination country: _____

We may need to contact your previous veterinarian for records to complete your pet's health certificate. Please provide the name(s) of any other veterinarians your pet has seen in the last 5 years:
