

Checklist for Obtaining a Health Certificate for Pets

Name: _____

Address: _____

Please note that preparing for travel to some places can take months.

1. Where is your pet going (destination place)? _____
 - a) If the pet is traveling to the European Union, Norway, or Switzerland, who will be traveling with the pet? (Circle)
 - The owner
 - A person authorized by the owner
 - No one
 - A pet transport company
 - b) What is the address of the destination place where your pet will be staying?

 - c) What is the method of travel? _____
 - d) What is the purpose of travel? _____
 - e) What is the date of departure? _____
 - f) When are you and your pet arriving at the destination?
 - You: _____
 - Your pet(s): _____
 - g) What type of pet will be traveling? (Circle)
 - Dog
 - Cat
2. What type of health certificate is required? (circle)
 - Country-specific certificate
 - Generic pet certificate (ex. APHIS 7001)
 - Electronic certificate
- b) Is a microchip required? (Circle)
 - Yes, microchip number: _____
 - No
- c) What vaccines does your destination place require? When must the vaccines be given? (Use table)

List vaccine names and when they must be given

Note: You must have rabies vaccine certificates for all rabies vaccinations documented on health certificate. The vaccination certificates will be required by the USDA at the time of health certificate endorsement.

d) Are any laboratory tests required by your destination place? (Circle)

- Yes
- No
- If yes, what tests are required and when must these samples be collected (Use table)
(Note: The sample MUST be collected within the testing time-frame required by your destination place. Some tests may take a long time for the results to be returned and/or some places require a waiting period after testing and before entry into the destination place.)

List laboratory test names/diseases and when they must be given

e) Are any treatments required by your destination place? (Circle)

- Yes
- No
- If yes, what treatments and when must they be given? (Use table)

List treatments and when they must be given

f) Does your pet have any previous vaccination history? (Circle)

- Yes
- No
- If yes, please send vaccination records to our email at, records.cahfresno@gmail.com

g) Has your pet bitten anyone? (Circle)

- Yes
- No

h) Is your pet up to date with their rabies vaccine? (Circle)

- Yes
- No
- If yes, do you have the rabies certificate (Circle)
 - Yes
 - No

i) When must a physical exam of the pet(s) be performed prior to travel? _____

- j) Check with your airline to determine what requirements they have, if any. Airlines may have separate and additional requirements from those of your destination place.

Signature: _____ Date: _____