Monticello Pet Hospital Travel Health Certificate Questionnaire

Thank you for choosing Monticello Pet Hospital for your pet's travel needs. Please ensure that the information you fill out on this form is accurate. We will use this information to fill out the necessary paperwork for your pet. This form must be returned to the Monticello Pet Hospital within 72 hours of scheduling your pet's appointment. Please email this form to info@montipet.com or fax form to (763) 295-5410. If you have any questions before your visit, please don't hesitate to contact us.

Monticello Pet Hospital will not be responsible for any inaccurate information provided by the client

<u>PET'S INFORMATION:</u>		
	Species:	Breed:
Pet's Date of Birth:	Sex:	$\underline{\qquad} Altered: \Box YES \Box NO$
Pet's Color:	Weight:	
CLIENT'S INFORMATION	<u>:</u>	
Consignor/ Client's Name:		
Phone Number:	_ Email:	
Address Pet is leaving from		
City:	State/Zip:	County:
DESTINATION INFORMA	TION:	
Consignee Name (if different	from owner):	
Address of Final Destination	1:	
City:	State/Zip:	Country:
Destination Phone Number: _		
TRAVEL PLANS:		
Date of Departure:		
Date of Arrival at Final Destin	nation:	
Will you be traveling with yo	ur pet? \Box YES \Box NO	
Will your pet be traveling wit	h someone other than yoursel	$f? \square YES \square NO$
If YES, please specify:		

How will your pet be traveling? \Box Flying in Cabin \Box Flying in Cargo \Box In Car \Box Other: If flying, what airline:

AIRLINES: Please be aware that airlines have their own requirements for travel, so in addition to making a reservation for your pet, you will need to make sure that you have all the necessary documents.

VACCINE HISTORY:

Where was the most-recent vaccinations done (if not here)?

Clinic Name: _____

Phone Number: _____

We must have hard copies of your pet's Rabies certificate and other vaccinations at time of health certificate appointment if vaccinations were not performed at Monticello Pet Hospital. Any vaccines not current or without proper documentation will need to be updated based on destination requirements before the health certificate can be issued. Some countries have a waiting period after vaccination before an animal can be admitted to the country, check USDA APHIS requirements. Information below.

MICROCHIP:

Does your pet have a microchip? □ YES □ NO	
Where did your pet get their microchip (if not here)?	
Microchip Number:	
Date of Microchip Placement:	

Please be aware that depending on the destination, your pet needs to have a microchip and the chip must meet ISO standards. ISO standards state that the microchip must be 15 digits long.

RE-ENTRY INTO THE UNITED STATES- DOGS ONLY

Will your DOG be returning to the United States?
UP YES UP NO- If No, skip this section

Consignor Name (shipper/owner):

Phone Number:

Address Dog is leaving from:

City: _____ State/Zip: _____ Country: _____

Consignee Name (if different from Consignor):

Phone Number:	Email:			
Address Pet is going to be living in the United States:				
City:	State/Zip:	County:		
Port of Re-Entry Name (Ai	rport, Ocean Port, or Border Port):			
Date of Arrival back into th	e United States:			
How will your pet be travel	ing? □ Flying in Cabin □ Flying in Car	rgo □ In Car □ Other:		
If flying, what airline:				

The CDC requires additional forms to be completed for your dog to re-enter the United States. The dog must have an ISO-compliant microchip and a valid Rabies vaccine given at least 28 days prior to entry into the United States. Rabies vaccines administered prior to the microchip implantation date are invalid, as they cannot be verified. Please visit the USDA APHIS website for more information on re-entry.

ADDITIONAL INFORMATION:

*You must visit the USDA APHIS website (<u>http://www.aphis.usda.gov/aphis/pet-travel</u>) to make sure your pet meets all the requirements for entry at your destination.

*To ensure you get your documents back in time for your trip, please schedule your appointment with us within the time frame required for the destination. It may take our office 48 hours to complete the certificate.

SIGNATURE:

I acknowledge that I have read through this form in its entirety and have visited the USDA APHIS website to make sure my pet meets all the requirements for entry at my destination.

Client's Signature

Date

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