

Information for Health Certificate

Owner's information

Name (first, last): _____

Address in CT: _____

Contact Phone Number: _____

Receiving Party in destination State:

Name (first, last): _____

Address in _____: _____

Contact Phone Number: _____

Other information:

Date of shipment: _____

Method of travel (airplane?): _____

Are you traveling with your pet? Circle one: YES //NO

Do you need a separate airline certificate? Circle one: YES // NO

*if you are not sure if you need an airline certificate, please contact your airline directly