

Health Certificate Information Form

If not performed here, we will require a copy of your pet's most recent **RABIES certificate** and records of any other current **VACCINES** and **PREVENTION**. Please provide this information 48 hours prior to your visit with this document completely filled out.

I provided the documents listed above

My pet will receive its vaccines here at West Davis Veterinary Clinic

Pet's Name: _____ **Breed:** _____

Species: Dog Cat Ferret Rodent Other _____

Does your pet have a: Microchip Tattoo Leg Band Other permanent ID _____

Microchip Number: _____

Date pet will be leaving for travel: _____

Transport Method: Air (Flight # _____, Airline: _____) Boat Car Rail Truck Other

Purpose of Movement: Racing Sale Training Medial Treatment Exhibition/Show/Rodeo
 Breeding Competition Companion Animal Personal travel/ Transit Owner Relocation
 Evacuation from Natural Disaster Other

LOCAL (Texas) information of person travelling with pet or delivering pet to the airport:

First and Last Name of traveling person (Consignor): _____

Email: _____

Organization Name (if applicable, ie: shelter or rescue): _____

Person's Address Here (Line 1): _____

(Line 2): _____

Person's Phone # Here: _____

DESTINATION (traveling to) information of person travelling with pet or receiving pet upon arrival

First and Last Name of person at destination (Consignee): _____

Email: _____

Organization Name (if applicable, ie: shelter or rescue): _____

Person's Address at Destination (Line 1): _____

(Line 2): _____

Person's Phone # at Destination: _____