

DATE: \_\_\_\_\_



## TRAVEL HEALTH CERTIFICATE

RIPPOWAM ANIMAL HOSPITAL  
888 HIGH RIDGE ROAD  
STAMFORD, CT 06905  
203 329-8811

NAME OF PERSON TRAVELING WITH PET: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ CEL PHONE: \_\_\_\_\_

ADDRESS WHERE YOU ARE GOING: \_\_\_\_\_

\_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ANIMAL'S NAME \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

BREED: \_\_\_\_\_ SPECIES (circle): *Canis Familiaris* or *Felis Catus*

MICROCHIP OR TATTOO: (Get from the Vet who did it) # \_\_\_\_\_

DATE OF IMPLANT: \_\_\_\_\_ LOCATION: \_\_\_\_\_

RABIES VACCINE (Get from the Vet) DATE GIVEN: \_\_\_\_\_ VALD TO: \_\_\_\_\_

NAME OF PRODUCT: \_\_\_\_\_ HOW MANY YRS: \_\_\_\_\_

NAME OF MANUFACTURER OF PRODUCT: \_\_\_\_\_

SERIAL #: \_\_\_\_\_ BATCH #: \_\_\_\_\_

EXPIRATION DATE OF VACCINE (on bottle or sticker): \_\_\_\_\_