

# International Health Certificate Pre-Exam Questionnaire

Please fill out separate form for each pet who will be traveling

Country of Destination: \_\_\_\_\_

Owner's Name: \_\_\_\_\_  
(Last) (First)

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Hospital Name and Phone Number: \_\_\_\_\_

Animal Travel Handler: \_\_\_\_\_  
(Last) (First)

Current Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code) (Country)

Destination Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code) (Country)

Canine/Feline (CIRCLE)      Date of Travel: \_\_\_\_\_      Length of Stay: \_\_\_\_\_  
(Month/Day/Year)

Airline: \_\_\_\_\_      Cargo/Cabin (CIRCLE)

Pet's Name: \_\_\_\_\_

Please return this form along with all previous records to [clientcare.ahl@gmail.com](mailto:clientcare.ahl@gmail.com) to reduce estimate discrepancies and avoid potential delays in travel prior to your appointment date. We will contact you with an estimate and get your appointment scheduled once we receive all relevant information.