International / U.S. Island Health Certificate Intake Form

Please complete this form thoroughly. Incomplete forms may delay your pet's travel certification process.

Section 1: Owner and Travel Contact Information

Owner's Full Name (Printed): _____

Address: _____

Please provide your **U.S. mailing address** (not the destination address). For some health certificates, the USDA mails the document directly to the client prior to travel, and it must be signed for upon delivery.

City/ State/ ZIP:_____

Country: USA
Please note that we will be unable to complete health certificates for patients currently residing outside of the US

Phone Number: _____

Email Address: _____

Section 2: Travel Companion Information

(Complete if someone other than the owner will accompany the animal)

Will the owner be traveling with the animal?

☐ **Yes** – I (the owner) will be traveling with the animal.
☐ **No** – Someone else will be traveling with the animal.

If **No**, complete the following:

Traveler's Full Name: _____

Relationship to Owner:_____

US Address:_____

City/ State/ ZIP:_____

Phone Number: _____

Email Address: _____

Section 3: Pick up Contact information

(Complete if someone other than the owner will pick up the animal at the destination)

Important:

- This information applies to every leg of the journey
- If there is a layover where the pet will be picked up (and not remain in transit), we will need the full name, email, and phone number of the person responsible for pick-up at each location.
- This is only required if the pet is not traveling with the owner or a person listed in **Section 2,** and will instead be picked up by someone else at the airport or destination.

Will the owner be picking up the animal?

☐ **Yes** – I (the owner) will pick up the animal.
☐ **No** – Someone else will be picking up the animal.

If **No**, complete the following for each location where the pet will be picked up:

Pickup Person's Full Name: _____

Relationship to Owner:_____

Phone Number:_____

Email Address:_____

Address:_____

City/ State/ ZIP:_____

Country:_____

Section 4: Travel Itinerary

Important:

- You must inform us of all locations your pet will travel through, including any layovers in other countries or U.S states (even if landlocked) before reaching your final destination.
- Health certificate requirements may differ for each location, and all applicable requirements must be met for every stop in your pet's journey—not just the final destination
- Please indicate in the "Other" section if multiple layovers occur.

Departure Date: _____

Return Date (if applicable):_____

Layover Information
Please write N/A if this does not apply. Address is only needed if the animal will be staying overnight at a hotel, house, etc. or if you are landing in one country, and using other transport methods to travel to your destination country.

Layover Country/ State:_____

Dates (if applicable):_____

Address:_____

City/ State/ ZIP:_____

Country:_____

Multiple Layovers: (*If YES we will need the above information for EACH layover)*

☐ **Yes** ☐ **No**

Destination Information

Destination Country: _____

Destination City & State/ Province:_____

Full Address Where Pet Will Be Staying:

_____

Dates at destination: _____

Will any other counties or locations be visited during this trip?
(If YES we will need "Destination Information" for EACH destination of the trip)

☐ **Yes** ☐ **No**

Section 4: Travel Itinerary: Additional Layover & Destination Information

Please **only** complete this section if more than one layover and/ or destination will be traveled to.

Additional Layover Information
Address is only needed if the animal will be staying overnight at a hotel, house, etc.

2nd Layover Country/ State:_____

Dates (if applicable):_____

Address:_____

City/ State/ ZIP:_____

Country:_____

Any Additional Layovers: (*If YES we will need the above information for EACH layover)*

☐ **Yes** ☐ **No**

Additional Destination Information

2nd Destination Country: _____

Destination City & State/ Province:_____

Full Address Where Pet Will Be Staying:

_____

Dates at 2nd destination: _____

Will any other counties or locations be visited during this trip?
(If YES we will need "Destination Information" for EACH destination of the trip)

☐ **Yes** ☐ **No**

Section 5: Transportation Method

Mode of Travel *(Check all that apply)*

☐ **Airplane**

Airline Name(s):_____

Flight Number(s):_____

Will the pet travel in:

☐ Cargo ☐ Cabin (carry-on)

☐ **Ship**

Name of Cruise Line or Vessel:_____

Departure Port:_____

Arrival Port:_____

☐ **Other (e.g. car, train):**_____

If your pet's trip includes layovers, please list the transportation method used for each leg of travel. If flying, list ALL flight numbers

Section 6: Animal Information

(One form per pet. Please complete one for each traveling animal)

Pet's Name: _____

Species:

☐ Canine ☐ Feline ☐ Other: _____

Breed: _____

Color/ Markings: _____

Date of Birth (or Age): _____

Microchip Number:_____

Microchip Implantation Date:_____

Rabies Information:

Rabies Vaccination Date:_____ Rabies Certificate Serial #:_____

Rabies Vaccination Valid Through:_____ Type of Rabies: 1 Year or 3 Year

Has a Rabies vaccine been given prior to the above vaccination?

☐ Yes ☐ No

If yes, list all former vet clinics where a Rabies Vaccine was administered

1._____ 2._____

Is the pet traveling back to the US?

☐ Yes ☐ No

Heartworm Prevention
Please write N/A if one of the below questions do not apply

Name of current heartworm prevention: _____

Last Date heartworm prevention was given:_____

Flea/ Tick Prevention
Please write N/A if one of the below questions do not apply

Name of current flea/ tick prevention:_____

Last date flea/ tick prevention was given:_____

Intestinal Parasite Prevention
Please write N/A if one of the below questions do not apply

Name of current intestinal parasite prevention:_____

Last date intestinal parasite prevention was given:_____

Canine Health History Information

This section helps us prepare your pet's health certificate efficiently. ***<u>If traveling with a feline, proceed to page 9 & 10</u>***

Important:

- Please have your pet's previous medical records sent directly to: clinic@amethystvets.com
- If Amethyst Veterinary Clinic did not provide any of the care listed below, we must have **official veterinary records** showing the date the service or treatment was performed.
- Select "No" for items your pet has never received.
- Not all destinations require every item listed; however, providing complete and accurate information will help us expedite the process and reduce the likelihood of delays.

Patient Received?
(Check ONE box for each item)

Rabies Vaccine (attach Rabies Certificate)		
☐ Yes, current	☐ No	☐ Yes, but not current
Distemper Combination (DAPP or DA2PP) Vaccine		
☐ Yes, current	☐ No	☐ Yes, but not current
Leptospirosis Vaccine		
☐ Yes, current	☐ No	☐ Yes, but not current
Bordetella Vaccine		
☐ Yes, current	☐ No	☐ Yes, but not current
Heartworm Testing: *(please note: retesting may be required if your pet has not been on consistent heartworm prevention)*		
☐ Yes, within the last year	☐ No	☐ Yes, but over a year ago
Fecal Testing *(intestinal parasite screening)*		
☐ Yes, within the last 6 months	☐ No	☐ Yes, but not within the last 6 months

Canine Health History Information: Continued

Patient Received?
(Check ONE box for each item)

Bloodwork (titers, general health profiles, etc)

☐ Yes, within the last year ☐ No ☐ Yes, but over a year ago

Routine Parasite Prevention *(heartworm, flea, and/or tick)*

☐ Yes, within the last month ☐ No ☐ Yes, but over a month ago

Routine Intestinal Parasite Deworming

☐ Yes, within the last 6 months ☐ No ☐ Yes, but over 6 months ago

Microchipping

☐ Yes, Date placed: _____ Microchip Number: _____ ☐ No

Section 7: Additional Notes

Please include any other relevant information about your pet, such as:

- Health concerns or chronic medical conditions (e.g., seizures, heart murmurs, arthritis)
- Current medications, including anxiety medications needed for travel
- Special handling requirements
- Known allergies
- Unique travel requirements specified by your destination

Feline Health History Information

This section helps us prepare your pet's health certificate efficiently. ***If traveling with a CANINE, return to page 7 & 8.***

Important:

- Please have your pet's previous medical records sent directly to: clinic@amethystvets.com
- If Amethyst Veterinary Clinic did not provide any of the care listed below, we must have **official veterinary records** showing the date the service or treatment was performed.
- Select "No" for items your pet has never received.
- Not all destinations require every item listed; however, providing complete and accurate information will help us expedite the process and reduce the likelihood of delays.

Patient Received?
(Check ONE box for each item)

Rabies Vaccine (attach Rabies Certificate)		
☐ Yes, current	☐ No	☐ Yes, but not current
Feline Distemper (FVRCP) Vaccine		
☐ Yes, current	☐ No	☐ Yes, but not current
Feline Leukemia (FeLV) Vaccine		
☐ Yes, current	☐ No	☐ Yes, but not current
FIV/ FeLV Testing:		
☐ Yes, within the last year	☐ No	☐ Yes, but over a year ago
Fecal Testing *(intestinal parasite screening)*		
☐ Yes, within the last 6 months	☐ No	☐ Yes, but not within the last 6 months

Feline Health History Information: Continued

Patient Received?
(Check ONE box for each item)

Bloodwork (titers, general health profiles, etc)		
☐ Yes, within the last year	☐ No	☐ Yes, but over a year ago
Routine Parasite Prevention *(heartworm, flea, and/or tick)*		
☐ Yes, within the last month	☐ No	☐ Yes, but over a month ago
Routine Intestinal Parasite Deworming		
☐ Yes, within the last 6 months	☐ No	☐ Yes, but over 6 months ago
Microchipping		
☐ Yes	Microchip Number: _____	☐ No

Section 7: Additional Notes

Please include any other relevant information about your pet, such as:

- Health concerns or chronic medical conditions (e.g., seizures, heart murmurs, arthritis)
- Current medications, including anxiety medications needed for travel
- Special handling requirements
- Known allergies
- Unique travel requirements specified by your destination

Client International Health Certificate/ U.S. Island Intake Form Acknowledgement

Acknowledgment & Privacy Statement

I confirm that the information provided in this form is true and accurate to the best of my knowledge. I understand that this form is the **first step** in the international or U.S. island travel preparation process, and that additional steps, documentation, and veterinary appointments may be required based on the requirements of my pet's destination and any layover locations. I acknowledge that failure to provide accurate or complete information may result in travel delays or denial of entry for my pet.

I understand that this form is **not** an official health certificate. It is an **intake and information-gathering tool** used by Amethyst Veterinary Clinic to collect the details necessary to prepare my pet's official health certificate. The official health certificate will be completed, signed, and issued by a USDA-accredited veterinarian only after all required examinations and verification of records have been completed. Competition of requirements, submission of health certificate, and any other documents, does not guarantee endorsement by the USDA. I understand that once any documents are submitted to the USDA for endorsement, Amethyst Veterinary Clinic is not responsible for the endorsement, timeframe, and return of the documents to the owner as this is the responsibility of the USDA.

Privacy Notice: The information provided in this form will be used solely for the purpose of preparing and processing my pet's health certificate and related travel documentation. It will not be shared or used for any other purpose, except as required by law or by governing authorities for animal transport and import/export compliance.

Client Signature: _____

Date: _____