



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 or outside the state of Arizona

Phone Number: _____

Email Address: _____

Section 2: Travel Companion Information

(Complete if someone other than the owner will accompany the animal or if you are using a transport service)

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/I am using a transport service.

If **No**, complete the following:

Full Name/Transport Service: _____

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 or the transportation company info:

Name/Transport Company: _____

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.

Section 4: Travel Itinerary Continued

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): _____ Airport Name/ ID: _____

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): _____

Name of Border Crossing (If by car): _____

Name of Train Station (If by 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:

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: _____



Feline Health History Information

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 & 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 requirements, documentation, and veterinary appointments may be necessary based on my pet's destination and any layover locations.

I acknowledge that incomplete, inaccurate, or outdated information may result in delays, denial of entry, quarantine, refusal of travel, or other actions required by governing authorities, which may include return of the pet to the country of origin or, in rare cases and depending on destination regulations, euthanasia. I understand that Amethyst Veterinary Clinic relies on the information I provide and is not responsible for errors or omissions submitted by me.

I understand that Amethyst Veterinary Clinic does not control and is not responsible for decisions made by third parties, including airlines, government agencies, or destination authorities, regarding my pet's travel, entry, quarantine, or return to the United States. I acknowledge that requirements, regulations, and timelines may change without notice, and that final approval is determined solely by the applicable governing authorities.

I understand that all fees associated with the health certificate process, including consultations, documentation, and endorsement, are non-refundable. This includes situations where travel, importation, or exportation is not possible due to unmet requirements, medical concerns, or denial of endorsement by the USDA or other governing authority. I further understand that travel plans may need to be adjusted based on regulatory requirements or my pet's medical status.

I understand that this form is not an official health certificate, but an intake tool used to collect information necessary for preparation. An official health certificate will only be issued by a USDA-accredited veterinarian after all required examinations and verification of records have been completed. Submission of documents does not guarantee endorsement. Once documents are submitted, Amethyst Veterinary Clinic is not responsible for processing times, delays, or decisions made by the USDA or other governing agencies.

I understand that completion of this form does not establish a veterinary-client-patient relationship (VCPR). A VCPR is required for issuance of a health certificate and is only established following a physical examination by a licensed veterinarian in accordance with applicable laws.

Privacy Notice: *Information provided will be used solely for the preparation and processing of my pet's health certificate and travel documentation and will only be shared as required for legal or regulatory compliance.*

Client Signature: _____

Date: _____