



## 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:**

Canine

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.*

### Important:

- Please have your pet's previous medical records sent directly to: [clinic@amethystvets.com](mailto: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

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## 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:** \_\_\_\_\_