



Health Certificate Client Information

Travel Information

Full name of SINGLE person traveling with pet(s) _____

Current Address _____

Telephone _____

Complete Address of Destination _____

My pet and I are: Permanently Relocating Temporarily Visiting Re-entry

Telephone of Destination _____
(If Applicable)

Port of Departure _____

Port of Destination _____

Date of Departure _____

Will your pet be traveling with you or in
cargo _____