

# Domestic/Interstate Health Certificate Questionnaire

\*Please use International Questionnaire for Hawaii or Alaska(When traveling by car through Canada)

Date of Shipment/Travel: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Is the date of exam within 10 days of Travel?

Email Certificate to owner? Email address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's physical address: \_\_\_\_\_

Mailing address (If different from above): \_\_\_\_\_

Address where traveling to: \_\_\_\_\_

Travel Purpose (Select One):

If Other, please explain: \_\_\_\_\_

If moving, please list mailing address if different from above:

Travel Method: \_\_\_\_\_ Traveling with the owner: \_\_\_\_\_

If traveling by air or Boat, please list airline/company: \_\_\_\_\_

\*\*\*If traveling with anyone other than the owner please fill out the following:

Name of transporting person/company: \_\_\_\_\_

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

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

Animal(s) in shipment/traveling (add'l pets can be added on next page):

Animal Name: \_\_\_\_\_ Species: \_\_\_\_\_

Microchip Number (if applicable): \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Rabies Vaccination: Date Given: \_\_\_\_\_ Date Expires: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Serial # \_\_\_\_\_ Rabies Tag# \_\_\_\_\_

Animal Name: \_\_\_\_\_ Species: \_\_\_\_\_  
Microchip Number (if applicable): \_\_\_\_\_ Age: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Rabies Vaccination: Date Given: \_\_\_\_\_ Date Expires: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_ Serial # \_\_\_\_\_ Rabies Tag# \_\_\_\_\_

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Animal Name: \_\_\_\_\_ Species: \_\_\_\_\_  
Microchip Number (if applicable): \_\_\_\_\_ Age: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Rabies Vaccination: Date Given: \_\_\_\_\_ Date Expires: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_ Serial # \_\_\_\_\_ Rabies Tag# \_\_\_\_\_

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Animal Name: \_\_\_\_\_ Species: \_\_\_\_\_  
Microchip Number (if applicable): \_\_\_\_\_ Age: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Rabies Vaccination: Date Given: \_\_\_\_\_ Date Expires: \_\_\_\_\_  
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