



Information Needed for International Health Certificates

Please answer the below questions to help us complete your IHC.

Pet Name: _____ **Species:** Canine Feline

What type of movement is this? Commercial Non Commercial

Country: _____

Departure Date: _____ **Arrival Date:** _____

Micro Chip # and Implantation Date (company Home again, or other): _____

Trip Duration: Temporary Permanent

Method of Travel: Air Cabin Cargo

Your Name (Owner): _____

Origin – Address: _____

City: _____ **State/ Province:** _____ **Postal Code:** _____ **Country:** _____

Destination (Address): _____

Location Name (Example –Home in Switzerland): _____

Address: _____

City: _____ **State/ Province:** _____ **Postal Code:** _____ **Country:** _____

Phone Number: _____

Carrier (if same as owner – just need a check box): _____ **Owner** **Other Carrier**

If not same as owner need the following information.

First Name: _____ **Last Name:** _____

Phone: _____ **Email:** _____

Address: _____

City: _____ **State/ Province:** _____ **Postal Code:** _____ **Country:** _____

Pet Information

Name: _____

Age: _____ **Birthdate:** _____ **Sex (if altered):** _____

Is the Microchip – ISO compliant ?

Micro Chip # and Implantation Date (company Home again, or other): _____

Does this pet have another Readable Microchip?

Dates of last three Rabies Vaccines: _____

*****Please attach Certificates (unless done at SAH).**