



334 Concord Street
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HEALTH CERTIFICATE PREPARATION FORM

*This form may be used to issue both domestic **AND** international health certificates. In order to properly prepare your pet's health certificate, we request the following information at least 72 hours prior to your scheduled appointment. You may email or fax this form to us at reception@sladevet.com. Expedited requests for any reason may warrant an additional fee. Please note that additional information will be gathered at the time of the appointment, depending on individual travel needs and regulations.*

IF YOU ARE TRAVELING INTERNATIONALLY –

International Health Certificates require significant time and documentation. After your pet's examination, one of our veterinarians will issue the International Health Certificate, which is then sent to the USDA APHIS office in New York for verification and approval. This may take up to 7 to 10 business days, so please keep that in mind when scheduling your appointment.

Please bring in a check for \$38.00 made payable to the USDA on the day of your appointment.

Individual country regulations: <http://www.aphis.usda.gov/regulations/vs/iregs/animals/>

BASIC INFORMATION

Owner name _____

Local address _____

Telephone _____ Email _____

Pet's name _____ Breed _____

☐ Canine ☐ Feline ☐ Spayed ☐ Neutered ☐ Intact Date of birth _____

Is your pet microchipped? ☐ Yes ☐ No ☐ Don't know Microchip number _____

TRAVEL INFORMATION

Consignee (if different than above owner) _____

Destination country _____ Departure date _____

Destination address _____

Destination contact information _____

Will you be travelling with your pet to the destination above? ☐ Yes ☐ No ☐ Don't know

MEDICAL INFORMATION

Please email (reception@sladevet.com) or fax your **pet's complete vaccination history**.

All Animals MUST have a current signed rabies vaccination certificate prior to travel. If not performed at Slade Veterinary Hospital, please provide the following information **along with documentation** –

Where was the vaccine administered? _____

Date of administration _____ Duration of Immunity _____ Due Date _____