

**TRI-CITY VETERINARY CLINIC**

1929 W. Vista Way  
Vista, CA 92083  
(760) 758-2091

**THIS FORM WILL BE USED TO COMPLETE A LEGAL GOVERNMENT DOCUMENT. PLEASE READ ALL INSTRUCTIONS CAREFULLY AND COMPLETE ALL AREAS OF THIS FORM. THANK YOU.**

**Health Certificate Information Form for travel to: DESTINATION** \_\_\_\_\_  
(City and State or City and Country if outside the USA)

You have requested a health certificate for pet travel. To ensure we complete this document correctly, please provide the information requested below. **This information will be used to complete your pet's health certificate. Please print carefully and provide as much ACCURATE information as possible.** The information you provide is confidential and will not be used for any other purpose.

**Pet Information:**

Pet's Name: \_\_\_\_\_  Dog  Cat Sex  M  F  Spayed  Neutered

Breed \_\_\_\_\_ Color(s) \_\_\_\_\_ Pet's Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM/DD/YYYY

MICROCHIP# \_\_\_\_\_ Chip Manufacturer \_\_\_\_\_

Rabies Vaccination Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Other Vaccinations \_\_\_\_\_ Date \_\_\_\_\_  
MM/DD/YYYY

Do you have a current Rabies Certificate signed by a Veterinarian?  YES  NO

**Will your pet be traveling with you in the same vehicle or aircraft?**  YES  NO

**If YES, please provide your name (and origin and destination addresses) in both sections 1) and 2). If NO, enter the name & address of the shipper (or person traveling with pet) in section 1) and the name & address of the person who will pick up the pet at the destination in section 2)**

**1) Shipper and Origin Information: (Print carefully)**

Name \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
(First (Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**2) Receiver and Destination Information (Print carefully)**

Name \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
(First (Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

I, the undersigned, have completed this form with factual information, to the best of my knowledge. The information on this form will be used to complete a government document. I understand that providing false information or requesting that someone falsify information for this document is unlawful and subject to criminal prosecution.

Signature of Owner or Agent \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM/DD/YYYY

Printed name of Signator \_\_\_\_\_ Your DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM/DD/YYYY