

Knight Veterinary Clinic

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INTERNATIONAL HEALTH CERTIFICATE REQUEST FORM

For International Pet Travel

Important Notice to Clients:

Most countries require specific vaccinations, tests, treatments, microchips, or waiting periods prior to entry. It is **your responsibility** to check the **requirements of your destination country** via the USDA APHIS Pet Travel website: <https://www.aphis.usda.gov/aphis/pet-travel>

Please complete this form in full. A separate form is required for each pet.

OWNER INFORMATION

Owner's Full Name (as shown on passport):

Phone Number: _____

Email Address: _____

Current Physical Address:

PET INFORMATION

Pet's Name: _____

☐ Dog ☐ Cat ☐ Other: _____

Breed: _____

Color/Markings: _____

Date of Birth (or estimated age): _____

Sex: ☐ Male ☐ Female

☐ Spayed/Neutered ☐ Intact

Microchip Number: _____

TRAVEL DETAILS

Destination Country: _____

UK Travelers: Landing in the European Union: _____ If yes, which Country _____

Departure Date: ____ / ____ / ____

Airline: _____

Flight #: _____

Will pet be in cabin or cargo? ☐ Cabin ☐ Cargo

Traveling with pet? ☐ Yes ☐ No

Final destination address abroad:

MEDICAL/VACCINE HISTORY

Date of Last Rabies Vaccine: ____ / ____ / ____

☐ 1-Year ☐ 3-Year

Rabies Vaccine Manufacturer: _____

Lot/Serial #: _____

Other vaccines required by destination country (if known):

Does your pet require titer testing, parasite treatment, or other certifications?

☐ Yes ☐ No ☐ Not sure

If yes, please describe:

SERVICE REQUESTED

☐ International Health Certificate

☐ USDA Endorsement Guidance

☐ Blood Tests / FAVN Titer

☐ Parasite Treatment

☐ Export Consultation

DISCLAIMER & CLIENT SIGNATURE

- I understand it is my responsibility to verify and fulfill all entry requirements for the destination country.
- I acknowledge that USDA endorsement may be required and additional time may be needed.
- I understand that health certificates are time-sensitive and may only be valid for a short period.
- I agree to pay all associated fees and understand that some procedures may require follow-up or external lab results.

Signature: _____

Date: ____ / ____ / ____

Printed Name: _____