



Pre-Consultation Questionnaire

Please fill out this form as accurately as possible. If you do not know an answer or do not yet have travel plans made, leave that section blank. Please note that your responses will be used to create the health certificate so accuracy with spelling and dates is imperative.

1: Your Information

Name (as it appears on your passport):

Address:

Phone Number:

2: What country are you traveling to with your pet(s)?

3: Where will your pet be staying when you get to your destination?

Address:

Phone Number:

4: Who is going to be accompanying your pet(s) on the flight?

Owner (you)

Friend/family member

Third Party Pet Shipment Company

Nobody (pet flying unaccompanied)

5: Flight information (if already booked):

Date of departure from US?

Airline?

Time and date of arrival in your destination country (local time)?

Port of arrival in destination country (which airport will you first land in in your destination country)?

Do you have any layovers after you leave the US? If so, where?

6: If you do not have specific travel plans yet, provide an estimated date range of travel:

7: Does your destination country require an import permit?

8: Did your airline give you any additional paperwork to complete?

9: How many pets will you be transporting?

Dogs

Cats

Please provide the following information for each pet you will be transporting:

Pet 1

Name of pet:

Species (dog/cat):

Breed:

Color and distinctive markings:

Sex (male or female):

Is your pet spayed or neutered?

Estimated age (years or months):

Microchip number:

Date of last two rabies vaccines:

Vet clinic(s) where last two rabies vaccines have been administered:

Has this pet had a rabies titer FAVN test (this is a very specialized test ordered by your vet to an outside lab. It is not done as part of routine wellness care)?

If so, which vet clinic ordered the test?

Pet 2

Name of pet:

Species (dog/cat):

Breed:

Color and distinctive markings:

Sex (male or female):

Is your pet spayed or neutered?

Estimated age (years or months):

Microchip number:

Date of last two rabies vaccines:

Vet clinic(s) where last two rabies vaccines have been administered:

Has this pet had a rabies titer FAVN test (this is a very specialized test ordered by your vet to an outside lab. It is not done as part of routine wellness care)?

If so, which vet clinic ordered the test?

Pet 3

Name of pet:

Species (dog/cat):

Breed:

Color and distinctive markings:

Sex (male or female):

Is your pet spayed or neutered?

Estimated age (years or months):

Microchip number:

Date of last two rabies vaccines:

Vet clinic(s) where last two rabies vaccines have been administered:

Has this pet had a rabies titer FAVN test (this is a very specialized test ordered by your vet to an outside lab. It is not done as part of routine wellness care)?

If so, which vet clinic ordered the test?

