



## Relocation Information

### OWNER/SENDER/DEPARTURE INFORMATION

Name of Contact at Origin (First & Last):	
Origin Full Address (including City, Province/State, Country & Postal/ZIP Code):	
Origin Phone Number:	
Origin Cell/Mobile Number:	
Origin Email:	

### DESTINATION/RECEIVING INFORMATION

Name of Contact at Destination (First & Last):	
Destination Full Address (including City, Province/State, Country & Postal/ZIP Code):	
Destination Phone Number:	
Destination Cell/Mobile Number:	
Destination Email:	

### PET DETAILS

	First Pet	Second Pet
Name:		
Breed:		
Date of Birth (dd-mm-yyyy):		
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Spayed or Neutered:	Neutered <input type="checkbox"/> Spayed <input type="checkbox"/>	Neutered <input type="checkbox"/> Spayed <input type="checkbox"/>
Weight (lbs or kg):		
Height: Measure to the highest point of your pets head/tip of their ears (in or cm)		
Length of your pet from nose to buttocks (in or cm) <b>Do not include the tail</b> (in or cm)		
Do You have a travel kennel:	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, Please provide accurate dimensions and model information (L X W X H) (in or cm)		
Does your Pet have an ISO Microchip, if so what's Brand:	YES <input type="checkbox"/> NO <input type="checkbox"/> Brand:	YES <input type="checkbox"/> NO <input type="checkbox"/> Brand:
Date Implanted (dd-mm-yyyy):		
Microchip Number:		

**SEVENOAKS ANIMAL LOGISTICS**  
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**HEALTH RECORDS**

	<b>First Pet</b>	<b>Second Pet</b>
Rabies Vaccination Date (dd-mm-yyyy):		
RNATT Blood Draw Date if appl: (dd-mm-yyyy)		
DAPP General Vaccination Date: (dd-mm-yyyy):		
Bordetella Vaccination Date if req: (dd-mm-yyyy):		
Vet Clinic Name & Dr. Name:		
Clinic Address & Phone Number:		
Will your pet be pregnant at time of travel:	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Please state any health issues or any medications to be dispensed while travelling or any special needs in the space below:</b>		

**TRAVEL DETAILS**

Date of expected Departure: (dd-mm-yyyy):		Alternate Departure Date: (dd-mm-yyyy):	
Departure Airport:		Destination Airport:	
Will Owner be travelling on the same flight:	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you require transportation for your pet to the Airport:	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Will you require pick up for your pet at destination:	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Will you require Customs Clearance at destination:	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Does your destination require an Import Permit, if so, have you already applied for the Import Permit:	YES <input type="checkbox"/> NO <input type="checkbox"/>		
	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Date the Import Permit was applied for (dd-mm-yyyy):			
Import Permit No:			
Are there any other services you require? Request below:			

**Comments:**

**Please return copies of all health records including proof and date of microchip, rabies vaccination certificate, DAPP vaccination certificates, RNATT Declaration if applicable and any other health records or relevant documentation with this form.**

**Whilst every effort is made to check your paperwork the ultimate responsibility lies with the owner.**

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Revised April 30, 2023