Pet Travel Pass Animal Health Certificate Application Form:

Please Note:

- Please check all details carefully! Any errors you make will be transferred to your AHC
- Please return as a typed PDF. We do not accept handwritten forms, photos or screenshots
- Click here for our last minute changes and cancellations policy
 - Please select how you will pay (cash or bank transfer):

Owner's full name as per passport:

Microchip number

Owner Information (NB: One person only)

Mobile:

← Please check microchip number carefully!

The owner must collect the AHC and be travelling with or within 5 days of the pet(s)

I vidat be named on rables vaccine evidence	•			
Owner's address: Must match rabies vaccine evidence				
Please select who	Travel Inf	formation:		
Country of ENTRY into the E				
when they reach the EU; not the final destination)				
Date of travel (AHC must be collected less than 10 days before travel)				
Pet's mode of transport (Euro				
	Pet Inform			
	e owner named above to colle	-		hips can be scanned
Name		Species (dog,	cat, ferret)	
Breed		Sex		
Colour		Date of birth	DD/MM/YYYY	
Microchip number		← Please chec	k microchip nu	umber carefully!
Pet 2 Name:		Species (dog, cat, ferret)		
Breed		Sex		
Colour		Date of birth DD/MM/YYYY		
Microchip number	← Please check microchip number carefully!			umber carefully!
Pet 3 Name:		Species (dog,	cat, ferret)	
Breed		Sex		
Colour		Date of birth DD/MM/YYYY		
Microchip number		← Please check microchip number carefully!		
Pet 4 Name:		Species (dog,	cat, ferret)	
Breed		Sex		
Colour		Date of birth DD/MM/YYYY		
Microchip number		← Please che	← Please check microchip number carefully!	
Pet 5 Name:		Species (dog,	cat, ferret)	
Breed		Sex	•	
Colour		Date of birth	DD/MM/YYYY	