



BROAD RIVER
ANIMAL HOSPITAL

INTERNATIONAL HEALTH CERTIFICATE

First Name _____

Last Name _____

Email Address _____

Phone Number _____

Name on Passport _____

Pet's Name _____

What country or countries will you be traveling to? _____

Dates of travel – departure _____

Dates of travel – return _____

Are you moving or just traveling _____

Does your pet have a microchip for identification? _____

Do you have a copy of vaccination records? _____