

Adobe Animal Hospital Client Health Certificate Information Form

1. International(see	e Special Requirements Below) or Domestic	
2. Destination sta	te or country:	
3. Consignor & Consignee Information		
	Consignor: Moving Animals From	
Name*		*Typically the individual traveling with the animal
Address		
City, State*, Zip		*Must be in state of origin (CA)
Phone #		
	Consignee: Moving Animals To	
Name*		*Typically the same individual traveling with the animal
Address		
City, State/Country*, Zip		*Must be in state or country of destination
Phone #		
4. Pet Information		
Name		
Does your pet have a Microchip*	YES/NO: Microchip #:	*required for Hawaii and most international destinations
Implantation Date of Microchip*		*If Applicable
Species		
Breed		
Age		

Sex	
Color	
Does your pet have a FAVN* done?	YES / NO / NA Date of bloodwork:
	location of travel

5.Travel Information

Carrier	☐ Consignor ☐ Consignee ☐ Other*: *Name, phone #, & address
Method of Travel	□ Airline: □ Car □ Other:
How is pet traveling?	□ In the cabin □ In cargo *If Applicable
Purpose of Move	□ Personal travel □ Sale □ Other:
Date of Travel	

If your pet has not received vaccines or their FAVN as a patient of Adobe Animal Hospital, you are required to have this information included with this submission form.

International Travel: If your pet is traveling internationally please ensure you have visited the USDA website as there are required steps to take before traveling based on your destination. You may also need an appointment with the USDA to approve your paperwork for international travel. It is your responsibility to be prepared for your pet to travel. We are simply here to help with the paperwork and confirm your pet is safe & healthy for travel. If you have not already done so, please visit; https://www.aphis.usda.gov/aphis/pet-travel for destination specific information.

For Hospital Use Only: