

🐾 PET HEALTH CERTIFICATE FOR TRAVEL 🐾



<https://blissfulbays.org/>

[Your Veterinary Practice Name]

Owner Information:

- **Name of Pet Owner:** [Owner's Full Name]
- **Address:** [Street Address, City, State, Zip Code]
- **Phone Number:** [Owner's Contact Number]
- **Email Address:** [Owner's Email]

Pet Information:

- **Pet's Name:** [Pet's Name]
- **Species:** [Dog/Cat/Bird/Other]
- **Breed:** [Breed Name]
- **Age:** [Pet's Age]
- **Color/Markings:** [Description of Color and Markings]
- **Microchip Number (if applicable):** [Microchip ID]
- **Sex:** [Male/Female]
- **Date of Birth (if known):** [MM/DD/YYYY]

⌚ Health Assessment:

I hereby certify that I have examined the above-named pet and confirm the following:

- **General Health Status:** [Pet's Health Status—healthy, no signs of illness, etc.]
- **Vaccinations:**
 - **Rabies Vaccination:** [Date Given] (Valid until [Date])
 - [Other Vaccinations as required for travel]
- **Parasite Prevention:** [Date of flea/tick treatment, deworming, etc.]
- **General Physical Exam:** [Details about physical health—normal temperature, weight, eyes, ears, etc.]

-  **Other Treatments/Notes:** [Any special conditions, medications, or observations]

 **Certification for Travel:**

I confirm that the above-named pet is in good health and has been properly vaccinated and treated for parasites, and is fit for travel. This certificate is valid for the purposes of international/domestic travel and complies with the relevant pet travel requirements.

 **Date of Issue:** [MM/DD/YYYY]

 **Veterinarian Name:** [Full Name of Veterinarian]

 **License Number:** [Veterinary License Number]

 **Veterinary Practice Name:** [Practice Name]

 **Address:** [Clinic Address]

 **Phone Number:** [Clinic Contact Number]

 **Signature of Veterinarian:** _____

Note: This certificate is intended for use in pet travel and may require additional documentation depending on the destination country's regulations. 