

Address of residence in United States: _____

Phone number in United States: _____

Address of residence in Destination Country: _____

Phone number in Destination Country: _____

Airline Carrier During Transport: _____

Will the patient's owner be traveling on the same flight? ☐ Yes

☐ No

If "No" will the owner be traveling within 120 hours? ☐ Yes

☐ No

Expected Departure from United States: Airport/City: _____

Airline: _____

Date: _____

Expected Arrival in Destination Country: Airport/City: _____

Date: _____

Are any layovers Expected During Travel? ☐ Yes

☐ No

If Yes, in what City and Country? _____

If Yes, will the patient leave airport and return through Security? ☐ Yes

☐ No

Will the patient be traveling in the cabin or in Cargo? _____

Will this exportation be permanent (i.e. a move) or temporary (i.e. a vacation)? ☐ Permanent

☐ Temporary

Please be prepared to provide to the veterinarian:

☐ Rabies Certificate

☐ Vaccination Record

☐ Microchip Implantation Date

☐ Rabies Titers results, if completed/needed