Health Certificate Information

This must be filled out and transferred to actual health certificate prior to appointment

Client must leave $80 deposit when booking appointment

Block off 30mins per patient for the appointment (2 slots)

1. Type of animal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Number of animals:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name, address, telephone number of owner (consigner)

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1. Name, address, and telephone number of recipient at destination(consignee)

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1. Animal identification:

A) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B) Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C) Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D) Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E) Color, distinctive marks, or microchip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Pertinent vaccination, treatment, and, or tests and results.

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