

Fort Wainwright Veterinary Treatment Facility

International Health Certificate Information

Please PRINT Clearly

Destination: _____

Date of Departure: _____ Military Flight or Civilian Flight (Circle One)

Owner (Last Name, First Name, Middle Initial): _____

Spouse (Last Name, First Name): _____

Current Address (If the owner is NOT flying with the pet, and pet is going by themselves, please include the name and phone number of the person dropping the pet off at airport):

Phone Number (include area code): _____

Pet(s) Destination Address (If going overseas APO address of unit is acceptable to use. If owner is NOT flying with the pet and pet is going by themselves, please include the name and phone number of the person picking up the pet from airport):

Phone Number (include area code): _____

Pet Name: _____

Pet Name: _____

Species: Canine or Feline (Circle One)

Species: Canine or Feline (Circle One)

Microchip #: _____

Microchip #: _____

Implantation Date: _____

Implantation Date: _____

Please return this form, as well as:

- Copies of the LAST TWO Rabies Certificates (keep originals signed in blue, but bring to the health certificate appt)
- FAVN Results (if FAVN is required for travel)
- All vaccine/medical records (including: Distemper, Bordetella, Lepto, FVRCP, FeLV vaccines, and microchip implantation date)

****If your pet is current on all vaccinations and already a patient here at Fort Wainwright VTF, please inform the staff if you have already provided medical records****

****THIS FORM IS TO BE RETURNED TO THE FORT WAINWRIGHT VTF 2 BUSINESS DAYS PRIOR TO THE HEALTH CERTIFICATE APPOINTMENT. THIS INFORMATION IS REQUIRED TO COMPLETE ALL HEALTH CERTIFICATE DOCUMENTS****