

Small Animal Health Certificate Information

Owners Physical Address:

Owner's Email: _____

Cell Phone: _____

Destination Name and Address:

Email: _____

Phone: _____

Departure Date: _____

Flight information:

Airline: _____

Flight Number: _____

Is a Letter of Acclimation needed for travel? Yes or No

Vaccine Information:

If the most recent vaccines were not administered at Columbia Veterinary Hospital, please provide the clinic name and number to obtain records.

Clinic Name: _____

Clinic Number: _____