

**Catawba Animal Clinic**  
**2241 India Hook Rd. Rock Hill, SC 29732**

**Preparing for Your International Health Certificate**  
**Consultation**

Please fill out this form prior to your appointment. We look forward to your visit!

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Travel Destination Address: \_\_\_\_\_

Purpose (please check one)     moving     visiting

Departure Date: \_\_\_\_\_

Method of Travel (please check one)     Air     Car     Train     Other \_\_\_\_\_

Traveling (Please check one)     With Owner     Without Owner

Carrier Name (i.e. Delta, American Air, Amtrak) \_\_\_\_\_

Species:     Canine     Feline

Animal Name: \_\_\_\_\_

Animal Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Gender:     Male     Female

Spayed or Neutered:     Yes     No

Rabies Vaccination Manufacturer: \_\_\_\_\_

Serial Number: \_\_\_\_\_

DHPP Date: \_\_\_\_\_

Fecal Date: \_\_\_\_\_     Negative     Positive – If positive, list results \_\_\_\_\_

Deworming: \_\_\_\_\_    Prevention: \_\_\_\_\_

Microchip ID # \_\_\_\_\_

Please include a copy of Rabies Certificate.