

# ANIMAL HEALTH CERTIFICATE APPLICATION FORM

Please fill the form in block capitals.

SECTION 1: DETAILS OF OWNERSHIP													
First name													
Surname													
First line of address													
Postcode													
City													
Country													
Telephone number													

SECTION 2: DETAILS OF TRAVEL														
Country of destination														
Enter point in the EU														
First line of address														
Postcode														
Date of travel	D:			M:			Y:							
Are you travelling with your pet?							Yes	<input type="checkbox"/>			No	<input type="checkbox"/>	[PLEASE TICK]	
If you ticked "no" please enter your departure date:	D:			M:			Y:							
Are you the registered keeper on their microchip?							Yes	<input type="checkbox"/>			No	<input type="checkbox"/>	[PLEASE TICK]	
<b>Signature:</b> By signing you confirm that this information is correct to the best of your knowledge	<div style="border: 1px solid black; width: 100%; height: 40px; margin: 0 auto;"></div>													

### SECTION 3: DETAILS OF PET

Name														
Species														
Breed														
Sex	Male		Female		Neut. Male		Neut. Female		<b>[PLEASE TICK]</b>					
Date of birth								<b>[MUST MATCH CHIP DETAILS]</b>						
Colour														
Notable features														

### SECTION 4: DETAILS OF MICROCHIP

Microchip number															
Date of application															
Location of chip															
Are the chip details up to date?	Yes		No		Unconfirmed					<b>[PLEASE TICK]</b>					

### SECTION 5: ADMINISTRATION

[STAFF TO COMPLETE]

Date received														
Staff name														
Date of rabies vacc.														