

Nordahl Pet Clinic

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Health Certificate Questionnaire Form for Travel

Client/Owner to Fill Out Prior to Appointment

1. Name of Patient: _____
2. Name of Person traveling with Patient/Owner: _____
3. Phone number of Person Traveling/Owner: (____) _____
4. Phone Number of Person Receiving Pet at Destination (if different from owner): (____) _____
5. Email of Person Traveling/Owner: _____
6. Email of Person Receiving Pet at Destination (if different from owner):

7. Origin of Shipment (Home address):

8. Destination of Shipment/Traveling location (Address of Destination) and COUNTY and ZIP CODE (ex: San Diego County, 92069):

9. Person Picking up pet at Destination (if different from person traveling): _____
10. Movement Purpose: _____
11. Transportation (Circle one): Air Car
Other: _____
12. Date of Travel: _____
13. Date of Destination: _____
14. Date of Inspection: _____

****NOTE:** Please refer to [USDA APHIS | APHIS Pet Travel](https://www.aphis.usda.gov) website to check travel requirements per travel location. The website is <https://www.aphis.usda.gov>