

This form is being provided to assist you with your plans for international travel with your pet. Please email completed form to info@lincolnshireanimalhospital.com as soon as possible, we require at least 48 hours in advance of your appointment or we may need to reschedule. Lincolnshire Animal Hospital will review the necessary requirements and then provide the services that you list below. We do not verify that you have met all the requirements for travel, that responsibility falls on the pet owner.

Please review the detailed requirements at:

<https://www.aphis.usda.gov/aphis/pet-travel/take-pet-to-foreign-country> to make sure you have as much information as possible. Please also contact the embassy of your destination country to be certain you have all the required information for exporting your pet. Review the Center for Disease Control (CDC) website for regulations for re-entry to the U.S. at: <https://www.cdc.gov/importation/bringing-an-animal-into-the-united-states/dogs-entering-us-after-august-1.html>.

Lastly you can contact the Illinois USDA office at: USDA, APHIS, VS, Veterinary Export Trade Services
3410 Hedley Road
Springfield, IL 62711
PH: 217-547-6032, Email: vspil@usda.gov

Entry for Pet: Permanent Temporary

Destination Country: _____ Airport address: _____

Final Destination (include address of where staying): _____

Date of Travel: _____

No. of Pets Traveling: _____

Name of Person Traveling with Pet/s: _____

If not owner, advise relationship (ie Pet Sitter): _____

Does your destination accept digital health signature from your veterinarian? Yes No

Does your destination accept digital health signature from the USDA veterinarian? Yes No

Requirements for travel:

Rabies Titer Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date completed/to be completed	_____
Rabies Vaccination	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date/s completed/to be completed	_____
Fecal Examination	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date completed/to be completed	_____
Deworming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date completed/to be completed	_____
Flea/Tick Preventative Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date completed/to be completed	_____
Microchip Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date completed/to be completed	_____

Are there any other additional requirements? _____

Date of Health Certificate Exam _____

Please contact the airline you are traveling with for their specific requirements only, not for the requirements of your destination country.

Please sign and date below acknowledging that Lincolnshire Animal Hospital is solely responsible for your pets exam and submission of the health certificate. You as the owner are responsible for providing the accurate dates, tests, vaccines and requirements for travel. There will be separate fees for the USDA certification, Health Certification exam/online certification submission and FedEx overnight for your certificate if your destination does not accept a digital signature from the USDA as well as fees for U.S. Re-entry paperwork required.

Please be advised that as the owner of the pet, you are solely responsible for obtaining and providing all necessary documents and testing required by the foreign country's authorities for your pet's return to the United States. It is essential to ensure compliance with both the foreign country's regulations and the U.S. requirements for the safe and smooth re-entry of your pet.

Print Client Name

Pet Name

Signature

Date