

Animal Health Certificate Booking Form

Please take care to complete this booking form accurately. Any incorrect information may result in errors on the AHC. Please make sure that the information you provide matches the documents your vet has provided.

Registered pet owner:

Full name	
Address	
Phone number(s)	
Email address	
Date of travel	
Destination (first point of entry to EU)	
Preferred dates for home visit	

I confirm that I, the registered owner of the pet/s below will be present for signing of the AHC for the home visit and am the person responsible for the transportation of my pet abroad.

Signed

Pet information

Animal 1 name	
Species (Delete as appropriate)	Dog / Cat
Date of birth	
Breed	
Sex	
Colour	
Date of microchip reading/implantation as stated on rabies certificate	
Microchip number	
Date of rabies vaccination	
Brand and batch number of rabies vaccine	
Registered veterinary practice	

Animal 2 name	
Species (Delete as appropriate)	Dog / Cat
Date of birth	
Breed	
Sex	
Colour	
Date of microchip reading/implantation as stated on rabies certificate	
Microchip number	
Date of rabies vaccination	
Brand and batch number of rabies vaccine	
Registered veterinary practice	

By providing The Cheshire Travel Vet with this information, I consent for the data to be used and saved in order to complete any further animal health certificates. This information may be used by The Cheshire Travel Vet to contact me in future for the sole purpose of business related to pet travel services provided by The Cheshire Travel Vet and will not be passed on to any third parties.

Signed..... Date