

APPLICATION FOR INTERSTATE HEALTH CERTIFICATE

Please provide medical records to include current vaccination history with Rabies Certificate (if the pet is 12+ weeks old).

Before applying for a health certificate, please familiarize yourself with the requirements of your destination state.

Basic requirements are listed at: aphis.usda.gov/aphis/pet-travel/interstate-pet-travel

Today's Date		Anticipated Date of Arrival at Destination
Shipper's Name & A	Address	
Person Receiving P	et at Destination & Destination Address	
		Dog • Cat Male • Female Altered? Y • N
Pet's Name		
	Breed	Color
Age To the best		
Age To the best originate fr	t of my knowledge, this animal rom a rabies quarantine area.	Color
Age To the best originate from the best originate. I understar	t of my knowledge, this animal rom a rabies quarantine area. t of my knowledge, this animal	Color nas not been exposed to rabies and did not nas not bitten a person in the past 10 days. ble for a person or rescue not following the
Age To the best originate from the best originate fro	t of my knowledge, this animal rom a rabies quarantine area. t of my knowledge, this animal nd that the SAHS is not respons cedures for the transport state	Color nas not been exposed to rabies and did not nas not bitten a person in the past 10 days. ble for a person or rescue not following the

Today's Date