



Health Certificate

(Exam and Certificate must be dated within the 14 days prior to pet's flight)

Pet Name: _____

Pet Parent: _____

New Pet Parent (if applicable) _____

Pets Current Address: _____

Pet's New Address: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

Phone #: () _____ - _____

New Phone #: () _____ - _____

Pet Weight: _____ Breed: _____

Sex: M F Color or Distinctive Mark: _____

Dog

Vaccine	Administered	Expiration	Notes
Distemper			
Hepatitis			
Leptospirosis*			
Parainfluenza			
Parvovirus			
Bordatella			
Rabies 1yr 3yr			

Cat

Vaccine	Administered	Expiration	Notes
Feline Rhinotracheitis			
Calici Virus			
Panleukopenia			
Pneumonitis*			
Feline Leukemia*			
Rabies 1yr 3yr			

*Optional, but recommended. We recognize that medical decisions concerning vaccine selections and administration protocols are among the most complicated medical decisions and are left to the discretion of the administering veterinarian.

Negative Fecal Exam: ___/___/___ If Positive, please note treatment: _____
(must be within 14 days of flight.)

This Pet is taking the following Medications: _____

Please note: A Titer Certificate, dated within 12 months of flight, showing adequate levels of antibodies based on your state's requirements is acceptable and may also be used as proof of Rabies and vaccinations. Please attach as needed.

(note to veterinarian: please provide a copy of this form, as needed, to your state's agency)

Veterinarian Certification:

I certify that the above named pet has been examined by me on this date, that the information provided above is true and accurate to the best of knowledge, that the pet appears to be free of any infections or contagious diseases or has not been exposed to such, which would endanger the pet or other pets or would endanger the general public. To the best of my knowledge, the pet has originated from an area not quarantined for rabies and has not been exposed to rabies.

Name: _____

License No: _____ State: _____

Practice Name: _____

Email Address: _____

Address: _____

Office Telephone: _____

City: _____ State: _____ Zip: _____

Emergency Telephone: _____

Date: ___/___/___

Veterinarian Signature: _____

****Pet Airways will not accept sedated pets****

Thank you for completing our Pet Airways Health Certificate. If you have any questions, please call 1-888-PET-AIRWAYS.