



**Palmer Veterinary Clinic**

Mi. 39.5 Glenn Hwy. / 745-3219

**HEALTH CERTIFICATE INFORMATION**

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

***Section I - Client Information***

*If current information is on file, please go to Section II.*

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Canine       Feline       Other \_\_\_\_\_

Male       Neutered       Female       Spayed

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

**Rabies Vaccination:** Please present current rabies vaccination certificate if received at another clinic.

***Section II - Destination Information***

Destination Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Traveling by:       Auto       Air       Other \_\_\_\_\_

Is the animal traveling with you?       Yes       No

Is the animal being picked up by someone else?       Yes       No

If YES, Person's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this a permanent move?       Yes       No

PLEASE NOTE: Health Certificates are **CASH OR CREDIT CARD ONLY**