

Health Certificate

This Health Certificate is only good for 10 days from today.

Owner's Information:

Owner's Name: _____

Owner's Phone Number: _____

Owner's Physical Address: _____

Owner's E-mail Address: _____

Pet Information:

Pet's Name: _____

Breed: _____ Age: _____

Color: _____ Sex: Male Female Neutered Spayed

Microchip: Yes No

Traveler's Information:

Traveler's Name: _____

Traveler's Phone Number: _____

Traveler's Physical Address on Kaua'i (No PO Box): _____

Traveler's Physical Address for Final Destination (No PO Box): _____

If someone else other than traveler is picking up at final destination, please let receptionist know.

Leaving Kaua'i on: _____

Airline: _____

Cargo Cabin