

BOOKING FORM FOR EXPORT & IMPORT OF PETS

Date: _____

Owner's Details	
Name:	
Telephone Number:	
Email Address:	
Address:	
Address:	
Emergency Contact:	

Pets Details	Pet 1	Pet 2	Pet 3	Pet 4
Name:				
Species:				
Breed:				
Gender:	Neutered: Spayed:	Neutered: Spayed:	Neutered: Spayed:	Neutered: Spayed:
Color:				
Date of Birth:				
Pet Weight (kgs):				
Microchip Number:				
Date of Microchip Insertion:				
Crate Dimensions (cms) L x W x H (If you have one)				

Treatments & Vaccination Records	Date	Valid Until
Flea & Tick		
De-Worming		
Giardia Test		
Rabies Booster		
1st Rabies Treatment		
Canine Distemper		
Kennel Cough		
Canine Parvovirus		
Feline / Cat:	Date	Valid Until
Feline Calicivirus		
Feline Rhinotracheitis Virus		
1st Rabies treatment		
Feline Panleukopenia Virus		

Date of Travel	
Country of Departure (Origin) & Airport of Departure (Origin):	
Country of Arrival / Airport City / State	
Address: Telephone:	