



International Health Certificate Pre-Visit Questionnaire

Client Name:

Current Client Address:

International Address:

Pet Name: Species: Breed:

Pet Name: Species: Breed:

Pet Name: Species: Breed:

Are your pets microchipped? Yes No Unsure

Are your pets up to date on their vaccines? Yes No Unsure

What is your expected departure date? [Click here to enter a date.](#)

Please fax or email this form **at least 7 days prior** to your appointment. Please include all of your pets' previous medical history, including rabies certificates and vaccination history. If you have any questions, please call or email us promptly.

Call: (520) 888-7297

Email: csrs@pawstucson.com