

# All Pets Clinic

## HEALTH CERTIFICATE FORM

### CURRENT OWNERS INFORMATION

Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

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Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ and/or Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Species: Canine:  Feline:  Avian:  Primate:  Other:  Breed: \_\_\_\_\_  
Sex: Male:  or Female:  Spayed/Neutered:  Color: \_\_\_\_\_ Certificate Type: (choose all that apply)  
Health Certificate for Sale:  Health Certificate for Travel:  Health Certificate for International Travel:

Destination / Owner / Purchaser: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

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Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ and/or Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Species: Canine:  Feline:  Avian:  Primate:  Other:  Breed: \_\_\_\_\_  
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Health Certificate for Sale:  Health Certificate for Travel:  Health Certificate for International Travel:

Destination / Owner / Purchaser: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

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Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ and/or Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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Destination / Owner / Purchaser: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

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All Pets Clinic, Christina Collins, DVM, MBA

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