



Animal Clinic of Ava
P.O. Box 476
Ava, MO 65608
417-683-6830
team@animalclinicofava.com

Revised **Effective 6/2/2020**

Dear Client,

Because of continuing changes to information required on health certificates, we have revised the completion forms for health certificates. This document will now be required to be filled out prior to your veterinary check appointment.

Please fill out **ALL** of the information below for our receptionists to accurately complete your health certificate in a timely manner. At the bottom of the form, you will notice potentially needed information depending upon which state your animal is traveling to. This form has been updated and broken down in each section, to make it easier for our clients. Please read through this section **carefully** and be sure to provide all required information. Thank you for your understanding and we appreciate your business!

Sincerely,

Animal Clinic of Ava Doctors & Staff



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Health Certificate Completion Form

Date of Inspection by Veterinarian: _____

****We cannot issue a health certificate more than 10 days post-inspection no matter the Transport Method****

Veterinarian Performing Inspection

(Please circle one):

Dr. Peters

Dr. Beth

Dr. Knickmeyer

Dr. Porubski

Dr. Frontz

Seller

First Name: _____

Last Name: _____

Business Name (if applicable): _____

Physical Address of Animals: _____

Phone Number: _____

City: _____ State: _____ Zip Code: _____ County: _____

Buyer

First Name: _____

Last Name: _____

Business Name (if applicable): _____

Physical Address of Animals: _____

Phone Number: _____

City: _____ State: _____ Zip Code: _____ County: _____



Transport Method

(Please circle one):

Air Truck Car Other (Please Specify):

Purpose of Movement

(Please circle one):

Sale Pet Breeding Recreational Other (Please Specify):

Rabies Information

****If over 12 weeks of age, a rabies vaccination is mandatory.**

****If the Rabies was not given by one of our veterinarians, you must provide the certificate of proof.**

Rabies Vaccination Date: _____ Rabies Booster Due: _____

Rabies Tag Number: _____ Rabies Serial Number (if given at another clinic): _____

Animal Information

(Please fill out for **EACH** animal being shipped to the above address).

Species (Please circle): **Canine** **Feline**

Name/ID: _____

Breed: _____

Color: _____ Date of Birth: _____ Sex: _____

Microchip Number (if applicable): _____

Species (Please circle): **Canine** **Feline**

Name/ID: _____

Breed: _____

Color: _____ Date of Birth: _____ Sex: _____

Microchip Number (if applicable): _____

Species (Please circle): **Canine** **Feline**

Name/ID: _____

Breed: _____

Color: _____ Date of Birth: _____ Sex: _____

Microchip Number (if applicable): _____



Canine State Requirements:

Animal Name/ID: _____

New Jersey:

Date of 5-Way DA2PP Vaccine(s):

Date of 7-Way DA2LPP Vaccine(s):

Florida/New Hampshire: Please Read Carefully

Florida requires type, manufacturers, expiration dates, lot numbers, and date(s) given for all deworming and vaccinations. This includes *all 5-ways, 7-ways, and Bordetella*. Florida also requires a negative fecal examined the day of veterinary inspection.

Please write N/A if it has not been given. If your animal is less than 12 weeks old, we will state that your animal is “deemed too young for Rabies and Leptospirosis vaccinations.”

***You may also attach the stickers off the vaccines as a substitute. Please still provide the date given.*

Vaccinations:

| | |
|------------------------------|--------------------------------|
| Parvo | Bordetella |
| Brand: _____ | Brand: _____ |
| Manufacturer: _____ | Manufacturer: _____ |
| Expiration Date: _____ | Expiration Date: _____ |
| Lot Number: _____ | Lot Number: _____ |
| Date(s) Given: _____ / _____ | Date Given: _____ / _____ |
| DA2PP / 5-way | DA2LPP / 7-way or 9-way |
| Brand: _____ | Brand: _____ |
| Manufacturer: _____ | Manufacturer: _____ |
| Expiration Date: _____ | Expiration Date: _____ |
| Lot Number: _____ | Lot Number: _____ |
| Date(s) Given: _____ / _____ | Date(s) Given: _____ / _____ |

Deworming and Miscellaneous:

| | |
|--|---|
| <p style="text-align: center;">Pyrantel</p> Brand: _____ Manufacturer: _____ Expiration Date: _____ Lot Number: _____ Date(s) Given: _____ _____ _____ | <p style="text-align: center;">Panacur</p> Brand: _____ Manufacturer: _____ Expiration Date: _____ Lot Number: _____ Date(s) Given: _____ _____ _____ _____ |
| <p style="text-align: center;">Drontal</p> Brand: _____ Manufacturer: _____ Expiration Date: _____ Lot Number: _____ Date(s) Given: _____ _____ _____ | <p style="text-align: center;">Albon</p> Brand: _____ Manufacturer: _____ Expiration Date: _____ _____ Lot Number: _____ Date(s) Given: _____ _____ _____ |
| <p style="text-align: center;">Metronidazole</p> Brand: _____ Manufacturer: _____ Expiration Date: _____ Lot Number: _____ Date(s) Given: _____ _____ _____ | <p style="text-align: center;">Miscellaneous</p> Brand: _____ Manufacturer: _____ Expiration Date: _____ _____ Lot Number: _____ Date(s) Given: _____ _____ _____ |

New Hampshire Only:

Transport Information Required

Transporter Name: _____

Address: _____

Phone Number: _____

Effective 6/2/2020,

Our clinic will be charging \$0.50 for any extra copies that are requested.

Thank you!