



**Crossroads**  
Veterinary Clinic

Health Certificate Information Form

Client Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Destination Information:

Date Leaving: \_\_\_\_\_

Method of Travel:  Flying  Driving

Whether the pet will be traveling alone, as cargo, or with a person in the cabin of the plane  
(circle pet travel method)

Address of Destination: \_\_\_\_\_

(If pet is traveling to a new home, please put the new owner's name)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Pet's Information:

Name: \_\_\_\_\_

Species: \_\_\_\_\_

Breed/Color/Age: \_\_\_\_\_

Microchip #: \_\_\_\_\_

Must have vaccine history emailed or faxed to us prior to appointment.

When you are finished with this form, please email to [frontdesk.mvpcvc@gmail.com](mailto:frontdesk.mvpcvc@gmail.com)

Please visit the USDA website for additional information <https://www.aphis.usda.gov/pet-travel/state-to-state>

15275 M 60; Three Rivers MI 49093  
(269)278-1345 Phone  
(269) 273-5304 Fax  
[frontdesk.mvpcvc@gmail.com](mailto:frontdesk.mvpcvc@gmail.com)