

# Animal Health Certificate Application Form

## **Please Note:**

- Please check all details carefully! Any errors you make will be transferred to your AHC
- Please return as a typed PDF. We do not accept handwritten forms, photos or screenshots
- Please read our last minute changes and cancellations policy. By submitting this application form, you confirm that you have read and agree to our terms and conditions.

 **Please select how you will pay:**

- ☐ cash  
☐ bank transfer

## **Owner Information:**

*(NB: One person only) The owner must collect the AHC and be travelling with or within 5 days of the pet(s)*

<b>Owner's full name as per passport:</b> <i>Must be named on rabies vaccine evidence</i>		<b>Mobile phone number:</b>	
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<b>Owner's address:</b> <i>Must match rabies vaccine evidence</i>	
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## **Travel Information:**

 **Who are the pets are travelling with? (owner, friend/family, courier):**

- ☐ Owner  
☐ Not with owner: Family/Friend  
☐ Not with owner: Pet Courier

<b>Country of ENTRY into the EU:</b> <i>(the FIRST country the pet(s) arrive in, when they reach the EU; not the final destination)</i>	
<b>Date pet(s) leave the UK</b> <i>(AHC must be collected less than 10 days before)</i>	
<b>Pet's mode of transport:</b> <i>(Le Shuttle, ferry, plane)</i>	

## **P e t I n f o r m a t i o n :**

<b>Pet 1 Name</b>		<b>Species</b> <i>(dog, cat, ferret)</i>	
<b>Breed</b>		<b>Sex</b>	
<b>Colour</b>		<b>Date of birth</b> <i>(DD/MM/YYYY)</i>	
<b>Microchip number</b>		<i>Please check microchip number carefully!</i>	
<b>Name and Branch of the Veterinary Practice the pet is registered with and has the last rabies vaccination:</b>		<b>Contact information of the Veterinary Practice the pet is registered with and has the last rabies vaccination:</b>	

<b>Pet 2 Name</b>		<b>Species</b> <i>(dog, cat, ferret)</i>	
<b>Breed</b>		<b>Sex</b>	
<b>Colour</b>		<b>Date of birth</b> <i>(DD/MM/YYYY)</i>	
<b>Microchip number</b>		<i>Please check microchip number carefully!</i>	
<b>Name and Branch of the Veterinary Practice the pet is registered with and has the last rabies vaccination:</b>		<b>Contact information of the Veterinary Practice the pet is registered with and has the last rabies vaccination:</b>	

<b>Pet 3 Name</b>		<b>Species</b> <i>(dog, cat, ferret)</i>	
<b>Breed</b>		<b>Sex</b>	
<b>Colour</b>		<b>Date of birth</b> <i>(DD/MM/YYYY)</i>	
<b>Microchip number</b>		<i>Please check microchip number carefully!</i>	
<b>Name and Branch of the Veterinary Practice the pet is registered with and has the last rabies vaccination:</b>		<b>Contact information of the Veterinary Practice the pet is registered with and has the last rabies vaccination:</b>	