

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)

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

Travel Information:

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

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

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

Pet Information :

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

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

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