



# Pet Owner Survey

Pet Owner Name(s): \_\_\_\_\_  
\_\_\_\_\_

## ORIGIN

Address: \_\_\_\_\_  
\_\_\_\_\_  
Please indicate a residential address.

Daytime Tel: \_\_\_\_\_  
Evening Tel: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## DESTINATION

Address: \_\_\_\_\_  
\_\_\_\_\_  
Please indicate a residential address.

Daytime Tel: \_\_\_\_\_  
Evening Tel: \_\_\_\_\_  
Cell: \_\_\_\_\_

## TEMPORARY ADDRESS (IF APPLICABLE)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Please indicate a residential address.

Daytime Tel: \_\_\_\_\_  
Evening Tel: \_\_\_\_\_  
Cell: \_\_\_\_\_

## PET TRAVEL INFORMATION

Preferred Flight date: \_\_\_\_\_  
Preferred Pick up date: \_\_\_\_\_  
(If Applicable)  
Preferred Delivery date: \_\_\_\_\_

(Please note: Weather conditions at origin and destination may influence your pet's actual flight date. Your pet will need a health certificate issued within 10 days of flight, for travel within the USA. For international travel, the destination country controls the validity period of the health certificate.)

## VETERINARIAN INFORMATION

Veterinarian's Name: \_\_\_\_\_  
Name of Clinic/Hospital: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Tel: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

\*Veterinarians who sign health certificates for international shipments must be USDA Accredited. This is for USA export ONLY.

## FLIGHT KENNEL INFORMATION

Do you own a flight kennel?  Yes  No

If yes, please indicate model number/dimensions:

- \_\_\_\_\_ 100p - 22x16x16 in. (Kittens, Small Breed Puppies)
- \_\_\_\_\_ 200p - 27x20x19 in. (Cats, Toy Poodles, Yorkies) \*\*
- \_\_\_\_\_ 300p - 32x22x23 in. (Boston Terriers, Puggles, Shelties)
- \_\_\_\_\_ 400p - 36x24x26 in. (Beagles, Cocker Spaniels, Shiba Inus)
- \_\_\_\_\_ 500p - 40x27x30 in. (Basset Hounds, Bulldogs, Dalmatians)
- \_\_\_\_\_ 700p - 48x32x35 in. (Boxers, Shepherds, Goldens, Labs)

Note: ALL SNUB NOSE breeds (ex: Boxer, Bulldog, Puggle, Shih Tzu, etc.) must be shipped in a kennel that is one size LARGER than what fits the animal.

\*\* Minimum size for international shipments.

## ADDITIONAL KENNEL REQUIREMENTS

- Pets must be able to sit, stand and turn around in the flight kennel.
- International travel requires ventilation on all 4 sides of the kennel.
- Air Animal reserves the right to replace and/or modify owner provided shipping containers.
- Air Animal can provide custom built flight kennels upon special order, if required.



# Pet Survey

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

How Many: \_\_\_\_\_ Cat(s), \_\_\_\_\_ Dog(s)

Other: \_\_\_\_\_

Pet Name: \_\_\_\_\_  Male  Female

Spayed/Neutered:  Yes  No

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

Microchip Implant Date: \_\_\_\_\_

Rabies Vaccination Date: \_\_\_\_\_

Rabies Valid Until: \_\_\_\_\_

Rabies Manufacturer: \_\_\_\_\_

Rabies Serial #: \_\_\_\_\_

Multibooster Date: \_\_\_\_\_

Breed: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Color: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Food Preference: \_\_\_\_\_

Medication: \_\_\_\_\_

Temperament: \_\_\_\_\_

Helpful Info: \_\_\_\_\_

Pet Name: \_\_\_\_\_  Male  Female

Spayed/Neutered:  Yes  No

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

Microchip Implant Date: \_\_\_\_\_

Rabies Vaccination Date: \_\_\_\_\_

Rabies Valid Until: \_\_\_\_\_

Rabies Manufacturer: \_\_\_\_\_

Rabies Serial #: \_\_\_\_\_

Multibooster Date: \_\_\_\_\_

Breed: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Color: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Food Preference: \_\_\_\_\_

Medication: \_\_\_\_\_

Temperament: \_\_\_\_\_

Helpful Info: \_\_\_\_\_

Pet Name: \_\_\_\_\_  Male  Female

Spayed/Neutered:  Yes  No

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

Microchip Implant Date: \_\_\_\_\_

Rabies Vaccination Date: \_\_\_\_\_

Rabies Valid Until: \_\_\_\_\_

Rabies Manufacturer: \_\_\_\_\_

Rabies Serial #: \_\_\_\_\_

Multibooster Date: \_\_\_\_\_

Breed: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Color: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Food Preference: \_\_\_\_\_

Medication: \_\_\_\_\_

Temperament: \_\_\_\_\_

Helpful Info: \_\_\_\_\_

Pet Name: \_\_\_\_\_  Male  Female

Spayed/Neutered:  Yes  No

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

Microchip Implant Date: \_\_\_\_\_

Rabies Vaccination Date: \_\_\_\_\_

Rabies Valid Until: \_\_\_\_\_

Rabies Manufacturer: \_\_\_\_\_

Rabies Serial #: \_\_\_\_\_

Multibooster Date: \_\_\_\_\_

Breed: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Color: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Food Preference: \_\_\_\_\_

Medication: \_\_\_\_\_

Temperament: \_\_\_\_\_

Helpful Info: \_\_\_\_\_