

# Health Certification for International Travel

I have requested on \_\_\_\_\_ The Center for Bird and Exotic Animal Medicine and Dr. \_\_\_\_\_ (Hereinafter "BEAM") examine my animal (s) and provide me with health certifications for international travel.

I understand that BEAM is not familiar with the importation requirements for the country to which I am traveling. I have performed research to my satisfaction to provide information to BEAM at to what procedures, diagnostic testing, forms and certificates are necessary to transport my animals into the county of my choosing.

I understand that BEAM recommends that I arrange travel and documentation for my animal(s) through a third party animal transportation company. I have been given this choice and have declined or have chosen to not include BEAM as part of the transportation plan. I understand that I am responsible for satisfying all necessary requirements to transport my animal(s).

I agree to hold The Center for Bird and Exotic Animal Medicine and any of its staff harmless and not responsible in the event that either the county of origin or country of entry requires laboratory or other testing, quarantine, additional examinations or procedures, or additional forms or documentation to be filled out by the doctor or provided that are not specifically disclosed or requested by the owner at the time of the examination. In the event that I decline any testing or procedures that are recommended by BEAM and/or its representatives, I accept full responsibility for my actions and the consequences thereof.

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Pet's Name \_\_\_\_\_ Species \_\_\_\_\_

Breed or Type \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Identifying Marks/Color \_\_\_\_\_

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Owner's printed name

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Owner's Signature

Date

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Doctor's Signature

Witness: \_\_\_\_\_