

## Domestic Health Certificate Checklist

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

Street Address in Las Vegas: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Consignee (person receiving pet): \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Name of the Pet: \_\_\_\_\_

Color of Pet: \_\_\_\_\_

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

Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Requirements for Destination <https://www.interstatelivestock.com> or <https://www.aphis.usda.gov/aphis/pet-travel/interstate-pet-travel>

\_\_\_\_\_

Owner Signature: \_\_\_\_\_