

Branson Veterinary Hospital

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Branson, MO 65616
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Health Certificate Check-List

Pet Owner Name: _____

Pet's Name: _____

Species: Canine ___ Feline ___ Other _____

Sex: Male ___ Female ___ Spayed/Neutered?: Yes ___ No ___

Color _____

Breed _____

Birth Date _____

Microchip # _____

Departure Date: _____

Please contact your airline to find the time frame they consider a health certificate valid. Most airlines require the certificate to be issued within 10 days of travel.

Please visit <https://www.aphis.usda.gov/aphis/pet-travel> for detailed instructions for each state or country.

Home Address _____

(Street #) (City) (State) (Zip)

Phone Primary _____ Secondary Phone _____

Destination Address _____

(Street #) (City) (State) (Zip)

Destination Phone Primary _____

If you have never been to Branson Veterinary Hospital, please bring any records you may have with you to your appointment, or contact us for a records transfer.

Return this form to bransonvet.records@gmail.com, fax it to 417-337-9773, or bring it with you to your appointment.