

TMPC Health Certificate Information

Origin Name: Address: Phone number: Email:	Destination Name: Address: Phone number: Email (not required):
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Carrier:	Returning to Utah? Yes/No
Shipping date:	Party Responsible for pet during Travel: Owner Purchaser Other
Reason for Movement of Pet:	Number of animals in shipment: _____
	Method of Travel: Cabin/Cargo

Name/Description of Animal	Age/Sex	Breed

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