

# Veterinary Health Form

This form must be completed by a licensed veterinarian.

Initial

Passenger name (*print*): \_\_\_\_\_

Animal name (*print*): \_\_\_\_\_

Animal type: \_\_\_\_\_

Animal breed: \_\_\_\_\_

Animal weight: \_\_\_\_\_

If the animal weighs more than 65 pounds, United will evaluate on a case-by-case basis whether the animal may safely travel on the specific flight(s).

The animal described above was last examined by me on:

\_\_\_\_\_  
\_\_\_\_\_

At the time of this physical examination, the animal appeared to be free of infectious or contagious diseases that would endanger other animals or public health.

The animal is current as of the date of this form for the following vaccinations:

Rabies Vaccine (You can't travel within 30 days of your animal's rabies vaccination)

\_\_\_\_\_  
Date given: \_\_\_\_\_ Valid through: \_\_\_\_\_

Distemper Vaccine

\_\_\_\_\_  
Date given: \_\_\_\_\_ Valid through: \_\_\_\_\_

The animal's owner (or owner's agent) has represented to me that (choose one):

☐ The animal has not bitten, scratched or otherwise injured or attacked any person.

☐ The animal has bitten, scratched or otherwise injured or attacked a person. The situation leading to the bite, scratch or injury was described as follows:

\_\_\_\_\_

Veterinarian's license number: \_\_\_\_\_

License date of expiration: \_\_\_\_\_

State or other jurisdiction in which license was issued: \_\_\_\_\_

Veterinarian's name (*print*): \_\_\_\_\_

Business phone contact: \_\_\_\_\_

Business email contact: \_\_\_\_\_

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

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