

CERTIFICATE OF ACCLIMATION

DATE: _____

Shipper/Owner

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____
Phone: (2) _____

Consignee/Owner

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____
Phone: (2) _____

Animal Data

Number of pets in this shipment belonging to this family _____

Animal #1

Species _____ Name _____ Breed _____ Color _____
Age _____ Wt _____ Sex _____ Current License# _____

Animal #2

Species _____ Name _____ Breed _____ Color _____
Age _____ Wt _____ Sex _____ Current License# _____

Animal #3

Species _____ Name _____ Breed _____ Color _____
Age _____ Wt _____ Sex _____ Current License# _____

Animal #4

Species _____ Name _____ Breed _____ Color _____
Age _____ Wt _____ Sex _____ Current License# _____

Statement:

This is to certify that the animal(s) described in this shipment appear(s) healthy for transport, but need(s) to be maintained at a temperature within the animal(s) thermoneutral zone. The above described animal(s) is/are cleared for travel at temperatures ranging from _____ F/C to _____ F/C.

U.S.D.A. Accredited Veterinarian _____
Signature Date signed

Accreditation Number / State

Owners/Agent's Signature _____
Date signed