Application Form - AHC.ONLINE

PLEASE READ THE GUIDANCE CAREFULLY BEFORE COMPLETING THIS FORM.

- This is a fillable pdf form - please complete it on your device, save it and email it with your request.
- We are unable to accept handwritten forms, pictures of printouts or screen-grabs.
- AHCs can be collected Mon-Fri: 9:30am-6pm, Sat: 9:30am-2pm. Sundays & Bank Holidays: CLOSED.
- You must complete all fields, including your pet's Microchip Number or your request will be rejected.
- If you are travelling with more than 3 pets (max. 5) please complete an additional request form.

INCORRECTLY COMPLETED FORMS MAY RESULT IN YOUR PET BEING REFUSED TRAVEL.

1. Please state one Preferred Collection Date only, not your travel date if different from the collection date.
2. Please state the First EU Country you will enter, not your final destination. Example: If you are travelling to Italy by car and using the Eurotunnel, you would first enter France, so you must state France as the First EU Country. However, if you are flying to Italy from the UK, you must state Italy.
3. State the Document Type you are providing, such as Passport or Previous AHC. If you have asked your vets to send us a Clinical History, please state the name of the Vet. Practice that will email this.
4. Please state the type of AHC Service Required – either Standard, Urgent or Repeat.
5. Only one Owner can be entered on an AHC; the name must match the documents provided.
6. Only one Address can be entered on the AHC; the address must match the documents provided.

AHC Details

1 Preferred collection date (one specific date only)	
2 First EU country that you will enter	
3 Document type or Veterinary Practice	
4 Service required (Standard / Urgent / Repeat)	

Owner's Details (this person will collect and sign the document & must be travelling with the pets):

5 Name (First/Last)		Mobile No.	
6 Address			

Pet 1 Details - please remember that ALL the fields for each pet are required:

Name			Colour		
Breed			Microchip No.		
Sex		Species		Date of Birth	

Pet 2 Details:

Name			Colour		
Breed			Microchip No.		
Sex		Species		Date of Birth	

Pet 3 Details:

Name			Colour		
Breed			Microchip No.		
Sex		Species		Date of Birth	

Please email your completed Form to: info@animalhealthcertificate.online