



**Animal Export Waiver**

Capitola Veterinary Hospital agrees to assist:

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Owners name

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Client #

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Pet (s) Name (s)

For travel to:

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State/Country

I acknowledge my responsibility to verify proper completion of all requirements for export of my pet(s) AND requirements for import/return. I understand regulations may change and that I may have to complete steps on my own outside of Capitola Veterinary Hospital to meet all requirements. I will familiarize myself with all requirements through the APHIS website (<https://www.aphis.usda.gov/aphis/pet-travel/>). I will contact my airline of choice and confirm travel with pet(s) plan and discuss specific requirements with their representatives. I understand there are professional export services that I may choose to use instead of or in addition to the services provided by Capitola Veterinary Hospital. I realize that if all requirements are not met, my pet may not be allowed to travel, be quarantined for an extended period, or exported back to the place of origin. Some countries (i.e. Australia) consider euthanasia for animals who do not meet requirements. I accept responsibility for all costs associated with failure to meet travel requirements.

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Owner signature

Date