# AHC Request Form

AHC Details

|  |  |
| --- | --- |
| Preferred collection date (one date only, not more than 10 days before travel date): |  |
| First EU country that you will enter: |  |
| Document type or Veterinary Practice: |  |
| Service required (Standard / Urgent / Repeat): |  |

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

|  |  |
| --- | --- |
| Name (First/Last): |  |
| Mobile No.: |  |
| 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: aandr-contact@terravers.co.uk