



Pet Owner Survey

Pet Owner's Name _____

Origin Address

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Evening Phone _____

Fax _____

Email _____

Cell/Mobile Phone _____

Destination Address

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Evening Phone _____

Fax _____

Email _____

Cell/Mobile Phone _____

Temporary Address (if applicable)

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Evening Phone _____

Fax _____

Cell/Mobile Phone _____

Choose how you wish to pay

Mastercard VISA American Express

Certified Check Money Order Corporate Billing (Pre-arranged)

Card Number _____ Exp. Date _____

Please see Air Animal's credit card authorization for additional details.

After completing this form, please fax or mail to the following:

Air Animal, Inc.
4120 West Cypress Street
Tampa, FL 33607
1.813.874.6722 Fax or toll-free 1.877.874.6799

Veterinarian Information

Veterinarian Name _____

Veterinarian Clinic _____

Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

Email _____

Cell/Mobile Phone _____

Flight Kennel Information

Do you own a flight kennel? _____

If Yes, Model/Dimensions _____

If no, please select which kennel suits your pet best:

Quantity/Model	L x W x H	Best Suited for
___ 100P	22" x 16" x 16"	Kittens , Toy Poodles, Chihuahuas, etc.
___ 200P *	27" x 20" x 19"	Cats, Yorkies, Fox Terriers, etc.
___ 300P	32" x 22" x 23"	Cockers, Shelties, Beagles, etc.
___ 400P	35" x 24" x 26"	Bulldogs, Boxers, Collies, etc.
___ 500P	40" x 27" x 30"	Labs, Goldens, Shepherds, etc.
___ 700P	48" x 32" x 35"	Exceptionally Large Dogs!

* Minimum size for international shipments.

CUSTOM BUILT FLIGHT KENNELS AVAILABLE UPON SPECIAL ORDER!

Pet's must be able to sit, stand and turn around in the flight kennel. International travel requires ventilation on all 4 sides of the kennel. Air Animal reserves the right to replace and/or modify owner provided shipping containers.

Pet Travel Information

Date of Pick-Up _____ Date of Delivery _____

Number of Board Days _____ From _____ To _____

Weather conditions at origin and destination may influence actual flight date.

Your pet will need a health certificate issued within 10 days of the departure, showing proof of rabies vaccination. We recommend all vaccinations be current. (e.g. a minimum of 30 days prior to departure and not more than one year old.)

Thank you for completely filling out this form on both sides. Please call us for further information or visit our website. Thank you for your business.

1.813.879.3210
www.airanimal.com

1.800.635.3448
petsfly@aol.com