



World Pet Travel

Reservation Form

Tel: (859) 402-2725 Fax: (800) 781-1167 Email: bark@worldpettravel.com

Client/Owner/Shipper Information - POINT OF ORIGIN

Number of pet(s) traveling: _____

Last Name: _____ First Name: _____

Address: _____

(Shipping from)

City, State, Postal Code, Country: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Fax #: _____ WK / HM

Employer/Address (if a corporate relocation): _____

City, State, Postal Code, Country: _____

Client/Owner/Consignee Information - FINAL DESTINATION

Shipping date: _____

Last Name: _____ First Name: _____

Address: _____

(Shipping to)

City, State, Postal Code, Country: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Fax #: _____ WK / HM

Employer/Address (if a corporate relocation): _____

City, State, Postal Code, Country: _____

Quarantine Station (if applicable): _____

Import Permit Number(s): (if applicable): _____

To comply with the USA Transportation Security Authority regulation, Title 18 USC 1001, we are required to obtain EACH of the following, from the contractor of services, for security reasons:

1) Driver's License #/State/Country: _____ 2) SS ID #: _____

3) Passport #: _____

Birth date: _____

Expiration Date: _____

Citizenship: _____

PET INFORMATION

Pet I:

Pet's Name: _____ Breed: _____ Color: _____ Weight: _____ kg/lb
Sex: _____ Spayed/Neutered Date of Birth/Age: _____ Microchip #: _____ or
Tattoo: _____ Brand of Microchip: _____
Microchip Implant Date: _____ Tattooing Date: _____
Current Rabies Vaccine Given: _____ Rabies Titer Collection: _____
Other Vaccines and date administered: _____
Does this pet have any medical conditions or problems we should be aware of? NO ___ YES ___
If yes, please explain: _____
Are your pets insured? No ___ Yes ___ Insurance Carrier _____

Pet II:

Pet's Name: _____ Breed: _____ Color: _____ Weight: _____ kg/lb
Sex: _____ Spayed/Neutered Date of Birth/Age: _____ Microchip #: _____ or
Tattoo: _____ Brand of Microchip: _____
Microchip Implant Date: _____ Tattooing Date: _____
Current Rabies Vaccine Given: _____ Rabies Titer Collection: _____
Other Vaccines and date administered: _____
Does this pet have any medical conditions or problems we should be aware of? NO ___ YES ___
If yes, please explain: _____
Are your pets insured? No ___ Yes ___ Insurance Carrier _____

Pet III:

Pet's Name: _____ Breed: _____ Color: _____ Weight: _____ kg/lb
Sex: _____ Spayed/Neutered Date of Birth/Age: _____ Microchip #: _____ or
Tattoo: _____ Brand of Microchip: _____
Microchip Implant Date: _____ Tattooing Date: _____
Current Rabies Vaccine Given: _____ Rabies Titer Collection: _____
Other Vaccines and date administered: _____
Does this pet have any medical conditions or problems we should be aware of? NO ___ YES ___
If yes, please explain: _____
Are your pets insured? No ___ Yes ___ Insurance Carrier _____

Pet IV:

Pet's Name: _____ Breed: _____ Color: _____ Weight: _____ kg/lb
Sex: _____ Spayed/Neutered Date of Birth/Age: _____ Microchip #: _____ or
Tattoo: _____ Brand of Microchip: _____
Microchip Implant Date: _____ Tattooing Date: _____
Current Rabies Vaccine Given: _____ Rabies Titer Collection: _____
Other Vaccines and date administered: _____
Does this pet have any medical conditions or problems we should be aware of? NO ___ YES ___
If yes, please explain: _____
Are your pets insured? No ___ Yes ___ Insurance Carrier _____

VETERINARY INFORMATION

CURRENT

Primary Veterinarian (Full Name): _____ State License #: _____

Facility Name: _____

Address: _____

City, State, Zip, Postal Code, Country: _____

Work Phone: _____ Fax #: _____

PREVIOUS

Secondary Veterinarian (Full Name): _____ State License #: _____

Facility Name: _____

Address: _____

City, State, Zip, Postal Code, Country: _____

Work Phone: _____ Fax #: _____

Notes:

How did you hear about us so we may thank them for the referral? _____

SERVICES REQUIRED

What are the exact pet relocation services required:

****World Pet Travel Price Estimate:

****Charge quotations are only best estimates. I understand that estimates may change depending on the circumstances out of the control of WPT or any of its agents. In the event the rates for the services I have requested change, WPT or any of its agents or people working on behalf of WPT may, at WPT's option, charge my Credit Card automatically or such charges may be billed to me and sent to my address, for such additional charges as long as the charges are reasonable and necessary in order to render the requested services.

Additional charges that are considered Reasonable and Necessary may include, but are not limited to the following, are:

1. The purchase of larger transportation containers if required at time of animal drop-off;
2. Increase in Airfare Rates;
3. Animal Care Services which may also include Veterinary Services, if necessary
4. Animal Boarding

Particular/ special instructions:

TO CONTRACT OUR SERVICES: PLEASE COMPLETE AND FAX THIS REGISTRATION FORM TO WORLD PET TRAVEL (800) 781-1167 OR BY MAIL TO PO BOX 910115, LEXINGTON, KENTUCKY 40591-0115 USA - ACCOMPANIED BY REMITTANCE.

**Thank you for selecting World Pet Travel to assist with your animal travel needs.
We look forward to working with you and your pets.**

METHOD OF PAYMENT(S) & AUTHORIZATION OF PAYMENT(S)

We accept credit cards, cashier's checks, money orders and bank wire transfers.

To contract our services, payment in full is required no later than 15 days prior to shipment date.

A cancellation charge equal to the amount of the handling fee applies to travel canceled after the date of registration.

We are not responsible for airline or weather delays, or for additional charges incurred thereby.

Credit Card Number: _____ Exp. Date: _____ CVV2: _____

Visa: _____ MasterCard: _____ Amex: _____

Exact name that appears on credit card: _____

Bank/financial institution issuing credit card: _____

Exact billing address associated with the above credit card account: _____

Telephone: _____

World Pet Travel has my permission to debit my credit card: \$ _____ on _____.

Final balance due will be paid on _____ amount \$ _____ (At least 15 days prior to shipment date).

Please make cashier's checks & money orders payable to the order of:

World Pet Travel

Remittance Mailing Address:

4712 Firebrook Blvd.

Lexington, Kentucky 40513 USA

Please make bank wire transfers payable to the order of:

World Pet Travel

Bank Wire Transfer: Call 859-402-2725 for routing information.

Signature: _____ **Date:** _____

Print name: _____ **Place:** _____

NOTE: AIRLINE AIR FREIGHT RATES ARE BASED UPON THE ACTUAL WEIGHT OF THE ANIMAL(S) AND UPON THE WEIGHT AND DIMENSIONS OF THE TRAVEL CRATE(S). OUR ESTIMATE OF YOUR AIR FREIGHT RATES ARE BASED UPON THIS INFORMATION, AS PROVIDED BY YOU. ANY VARIANCE BETWEEN THIS INFORMATION AND THE ACTUAL WEIGHTS AND DIMENSIONS AT THE TIME OF TRAVEL MAY RESULT IN ADDITIONAL CHARGES TO YOU. **WE DO NOT SHIP "FOLD AWAY" OR "TOP ENTRY" TYPE PET CARRIERS.**

Liability and Responsibility: Even though World Pet Travel takes a great number of details into consideration when planning your pet's move, circumstances may arise that are beyond our control. We cannot guarantee against illness, injury, escape or even death. We reserve the right to seek veterinary attention, with our choice of such veterinarian services, as well as the extent of medical services which may be reasonably necessary under the circumstances, thus being left to the discretion of WPT's personnel. Any veterinary service needed will be at the owner's expense regardless of the nature of the services performed. Once your pet is delivered and left in the possession of the airlines, we have no further control and assume no further responsibility.