

	Snub-/Pug-nosed Pet Brachycephalic Syndrome	G/STN-F036 (EN)
	Certification for Lower Deck Transport	Revision: 1 Date: 28-01-2020

This form is to be completed by the veterinarian practitioner between 30 days and 3 days prior to the flight.

Passenger/Owner's Name:		
Dog/Cat's Name(s):		
Dog's Breed:		
<input type="checkbox"/> Affenpischer	<input type="checkbox"/> Boston Terrier	<input type="checkbox"/> Boxer (All breeds)
<input type="checkbox"/> Brussels Griffon	<input type="checkbox"/> Bulldog (All breeds)	<input type="checkbox"/> King Charles Spaniel
<input type="checkbox"/> Chow Chow	<input type="checkbox"/> Dogue de Bordeaux	<input type="checkbox"/> English Toy Spaniel
<input type="checkbox"/> Japanese Chin/Spaniel	<input type="checkbox"/> Lhasa Apso	<input type="checkbox"/> Mastiff (All breeds)
<input type="checkbox"/> Pekingese	<input type="checkbox"/> Pug (All breeds)	<input type="checkbox"/> Shar-Pei
<input type="checkbox"/> Shih Tzu	<input type="checkbox"/> Staffordshire (Bull) Terrier	<input type="checkbox"/> Tibetan Spaniel
Cat's Breed:		
<input type="checkbox"/> British shorthair	<input type="checkbox"/> Birman	<input type="checkbox"/> Exotic shorthair
<input type="checkbox"/> Himalayan	<input type="checkbox"/> Persian	<input type="checkbox"/> Scottish Fold
Passport Nr:		
Travel Date:	Destination:	Flight Nr:

I have inspected and reviewed the conditions of the above-mentioned concerned pet and I declare the air transport of the subjected dog is: **approved - denied** (strike when not applicable).

- The subject is up to date with rabies shot
- The subject has not gone through nose/tonsils/soft palate surgery less than 4 weeks prior to travel date
- The subject is not showing signs of fever or excessive stress
- The subject is not suffering from respiratory brachycephalic syndrome

Veterinarian Practitioner

Name: _____

City: _____

Date: _____

Signature:

Stamp: