

SHIPPING AGREEMENT

** The following CONFIDENTIAL information is required by the Transportation Safety Administration (TSA) to establish that you are a person known to Universal Pet Travel and MUST be received by us a minimum of 7 days prior to shipment.

SHIPPER INFORMATION

Name of Shipper: _____ Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Day Phone: (____) _____ Cell Phone: (____) _____ Fax: (____) _____

Driver's License Number (Shipper): _____ State: _____

Date of Birth: ____ / ____ / ____ (mm/dd/yyyy)

CONSIGNEE INFORMATION

Name of Consignee/Receiver: _____ Phone: (____) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Animal Breed: _____ Ship Date: _____

Animal Weight: _____ Size of Crate: _____

Ship From: _____ Hip To: _____

VETERINARIAN INFORMATION

Veterinarian's Name: _____ Clinic/Hospital: _____

Office Phone: (____) _____

Please complete the Agreement and Fax it to **(310) 539-5151**, <or>
Mail it to: Universal Pet Travel, 1951 West 230th Street, Torrance, CA 90501 USA
QUESTIONS? Please call us at **(310) 539-0101** or Email us at paula@universalpettravel.com

Universal Pet Travel

1951 West 230th Street
Torrance, CA 90501
Telephone: (310) 539-0101

“I hereby certify that this cargo does not contain any unauthorized explosives, incendiaries, or hazardous materials. I consent to a search of the cargo. I am aware that this endorsement and original signature, along with other shipping documents, will be retained on file for at least 30 days.”

Shipper's/Company Name: _____ Date: _____

Signature of Shipper or Authorized Representative: _____

Print or type the name of the individual whose signature appears as the “Shipper” or “Authorized Representative” [above]:

Type of First Personal Identification Reviewed: _____

Matching Photo on Identification? Yes: No:

Number appearing on Identification: _____

Type of Second Personal Identification Reviewed (if the first was not a government issued photo ID):

Matching Photo on Identification? Yes: No:

Number appearing on Identification: _____

Name of person from whom shipment was accepted if different than the shipper:

CREDIT CARD AUTHORIZATION

Please complete this credit card authorization form and fax it to (310) 539-5151, or
Mail it to: Universal Pet Travel, 1951 West 230th Street, Torrance, CA 90501 USA

I hereby authorize Universal Pet Travel, to charge my animal's moving expense estimate of:

\$ _____ and NOT TO EXCEED \$ _____ to the following credit card:

Please select your payment method: Visa Mastercard

THE USDA REQUIRES THAT ALL ANIMALS MUST BE ABLE TO STAND UP, LIE DOWN, AND SIT AND TURN AROUND IN THE CARRIER COMFORTABLY. ALTHOUGH FOOD AND WATER CUPS ARE ALSO REQUIRED, UNIVERSAL PET TRAVEL RESERVES THE RIGHT TO MODIFY CARRIERS THAT DO NOT MEET STANDARDS AS SET FORTH BY THE USDA AND THE AIRLINES. SHIPPERS WILL BE RESPONSIBLE FOR COSTS RELATED TO REQUIRED MODIFICATIONS. WEATHER CONDITIONS OR AIRLINE TECHNICAL PROBLEMS MAY DELAY YOUR ANIMAL'S FLIGHT SCHEDULE. OWNERS ARE RESPONSIBLE FOR ANY COSTS RELATED TO DELAYS SUCH AS KENNEL BOARDING.

THE SHIPPER AGREES AND ACCEPTS THAT SHIPPERS AND UNIVERSAL PET TRAVEL WILL NOT BE HELD LIABLE FOR ANY LOSS, DAMAGE, OR EXPENSE ARISING FROM DEATH DUE TO NATURAL CAUSES, OR DEATH OR INJURY OF ANY ANIMAL CAUSED BY CONDUCT OR ACTS CAUSED BY THE ANIMAL ITSELF OR OTHER ANIMALS. THE CARRIER WILL NOT BE LIABLE FOR DEATH, INJURY, OR LOSS TO AN ANIMAL ATTENDANT CAUSED OR CONTRIBUTED TO BY THE CONDITION, CONDUCT, OR ACT OF ANIMALS. UNIVERSAL PET TRAVEL AND ATTENDANTS WILL NOT BE LIABLE FOR DEATH, INJURY, OR LOSS CAUSED OR CONTRIBUTED TO BY THE CONDITIONS, OR NATURE OF THE ANIMAL ITSELF.

Signature: _____

Date: _____