



VETERINARY QUARANTINE  
VETERINARY SERVICES DIVISION  
MINISTRY OF INDUSTRY, COMMERCE, AGRICULTURE & FISHERIES  
HOPE GARDENS, KINGSTON 6, JAMAICA

**CONFIRMATION OF ANIMAL ARRIVAL FORM**

To be submitted three (3) days before arrival

**OWNER INFORMATION:**

NAME \_\_\_\_\_ CONTACT # \_\_\_\_\_

ADDRESS \_\_\_\_\_

**ANIMAL INFORMATION:**

NAME \_\_\_\_\_ BREED \_\_\_\_\_

MICROCHIP NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

**FLIGHT / VESSEL INFORMATION**

AIR CRAFT / VESSEL DESCRIPTION # \_\_\_\_\_

EXPECTED DATE / TIME OF ARRIVAL \_\_\_\_\_ / \_\_\_\_\_ am pm  
date / month / year

PORT OF EMBARKMENT \_\_\_\_\_ PORT OF DISEMBARKMENT \_\_\_\_\_

**I have included a copy of the OFFICIAL VETERINARY EXPORT HEALTH CERTIFICATE**

**I have included certified copy/copies of the following supporting document(s)**

*Ehrlichia, Babesia, Lyme* disease laboratory report

*Leishmania infantum* laboratory report

*Brucella canis* laboratory report (where applicable)

Heartworm (*Dirofilaria immitis*) (where applicable)

*Leptospira interrogans serovar canicola* laboratory report (if not vaccinated)

Rabies vaccination certificate

FAVN (Fluorescent Antibody Viral Neutralization) Laboratory Report

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

date / month / year

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Email: vsdpermits@gmail.com