



MINISTRY OF AGRICULTURE & FISHERIES

VETERINARY SERVICES DIVISION

193 OLD HOPE ROAD, KINGSTON 6, JAMAICA.

TEL: (876) 977- 2489 OR 977- 2492; FAX: (876) 977- 0885;

EMAIL: vsdpermits@gmail.com/vsdpermits@moa.gov.jm

PRELIMINARY APPLICATION FORM FOR THE ENTRY OF DOGS AND CATS INTO JAMAICA

The Animals Diseases (Importation) Control (Amendment) Regulations, 2017

IMPORTANT: The completed and signed **Preliminary Import Permit Application Form** must be submitted a **minimum of one (1) month** in advance of the travel dates, where all conditions relating to vaccinations, tests and treatments are already met. Where the applicant is not certain of already meeting the requirements, the application must be made not less than six (6) months in advance of the expected date of travel. This is necessary for the applicant to adequately prepare the dog or cat for export to Jamaica.

The information on this form is required to enable the Veterinary Services Division to consider whether or not the applicant qualifies for an import permit under the **Animals Diseases (Importation) Control (Amendment) Regulations, 2017**.



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SECTION A: SPECIES OF ANIMAL TO BE IMPORTED BY APPLICANT	
Domestic cat - (<i>Felis catus</i>)	Domestic dog - (<i>Canis familiaris</i>)
REASON FOR IMPORTATION	
i) Standard entry/ permanent	ii) Temporary entry (tourist, on yacht, other;)
iii) Transit	iv) Service Dog
SECTION B: IMPORTER'S DETAILS	
Name of Importer:	Name of Exporter:
Address:	Address:
Contact number(s):	Contact number(s):
Email:	Email:
Nationality:	Nationality:



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SECTION C: ANIMAL'S DETAILS			
Name of Animal:		Breed of animal:	
Date of Birth:	Age	Sex	Colour and Markings:
Origin of Animal: (Country/Region/State)		List of countries, which animal visited in the last six months (exact dates must be stated):	
Date of Last Rabies Vaccination:			
UK or other internationally accepted Pet Travel Scheme (PETS) Passport (provide details): Yes No			
Microchip number:		Date of Implant:	
Anatomical Location of Microchip:			
Service Dog (must comply with Regulation 2 or Regulation 10D). Please provide details Yes No			
SECTION D: MODE OF TRANSPORT (Compulsory)			
Carrier/Flight Number/Vessel Name		Estimated Date and Time of Arrival:	
Port of Arrival:			
SECTION E: IN-TRANSIT DETAILS (If section does not apply, write "not applicable" or "N/A")			
Date and of Time of Arrival:		Period of Transit:	
Port of Arrival		Estimated Date and Time of Departure:	
Country of Origin:		Country of Destination:	
Countries Visited During Current Voyage:			
SECTION F: APPLICANT'S CONTACT INFORMATION			
Name:		Address:	
Contact number(s):		Email:	



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ATTESTATION BY OFFICIAL VETERINARIAN

Rabies Vaccination and Fluorescent Antibody Virus Neutralization Testing (FAVN).
(FAVN results must be at least 0.5 IU/mL)

THIS SECTION MUST BE COMPLETED, SIGNED AND THE OFFICIAL SEAL AFFIXED BY AN OFFICIAL VETERINARIAN OF THE EXPORTING COUNTRY AND SUBMITTED ALONG WITH THE PRELIMINARY APPLICATION FORM.

I, _____ (Name of Official Veterinarian)

Of _____ (Government Department)

hereby declare that I have seen the Rabies Vaccination Documentation and the **FAVN** Report in relation to the dog/cat identified with Microchip No. _____.

I hereby verify the following:

- The microchip number appearing on the FAVN report is _____
 - The date of last Rabies Vaccination is recorded as: _____
 - The Date the Blood Samples were drawn for FAVN Test was _____
 - The **FAVN** report shows a Titre of: _____ **IU/mL**
 - The dog's/cat's age at the last Rabies Vaccination was: _____
 - The laboratory issuing the **FAVN** Report is OIE and government approved?: _____
- Name and address of laboratory: _____
- _____

Signature of Official Veterinarian

Date

Official Stamp



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IMPORTANT NOTICE: An applicant who contravenes any section of the Animals Diseases (Importation) Control (Amendment) Regulations, 2017 or any other relevant legislation shall be deemed guilty of an offence.

DECLARATION BY APPLICANT

I, the undersigned, hereby declare that the information provided in this application is true and accurate to the best of my knowledge and I agree to pay all fees and other costs related to the importation of the dog/cat listed on this application. **The animal is being imported at my risk.**

Name of Applicant & Date	Signature of Applicant
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FOR OFFICIAL USE ONLY		
Application Received by	Date	Comments:
Application Checked by	Date	Comments:
Application Reviewed by	Date	Comments:
Application Approved Yes No	Date	Comments:
Application Denied Yes No	Date	Comments: