



VETERINARY QUARANTINE
VETERINARY SERVICES DIVISION
MINISTRY OF AGRICULTURE & FISHERIES



CONFIRMATION OF ANIMAL ARRIVAL FORM
(To be submitted **Seventy-two hours or three 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 _____ / _____

PORT OF EMBARKMENT _____ PORT OF DISEMBARKMENT _____

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

I have included a certified copy of the following supporting

- *Ehrlichia*, *Babesiosis*, *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 Laboratory Report.

Received By: _____

Telephone Number: (876) 977-2489/92

Fax Number: (876) 977-0885

Email: vsdpermits@gmail.com