



APPLICATION FOR A PERMIT TO IMPORT A DOG INADEQUATELY IMMUNIZED AGAINST RABIES

FORM APPROVED
OMB NO. 0920-0134
EXP DATE: 05/31/2019

Guidance for completing this application is available at: www.cdc.gov/importation/forms.html.

To Submit Electronically via Email Attachment

- This application is optimized for a desktop/laptop experience
- If not using Adobe Acrobat®, [download Acrobat Reader for free](#)
- If on a mobile device, download Acrobat® Reader app from iTunes, Google Play, etc.
- Complete application then save to device
- Email attachment to: CDCanimalimports@cdc.gov

To Submit Electronically via Fax

- Print completed application and send to the following fax number:
404-471-8552

To Submit via Postal Mail

- Print completed application and send via mail to the following address:
Centers for Disease Control and Prevention
Quarantine and Border Health Services
Branch Zoonoses Team, 1600 Clifton Rd NE,
MS E-28 Atlanta, GA 30329-4027

| SECTION A - APPLICANT | | | | |
|--|--------------------------------|---|--------------|--------------------|
| 1. * Last Name: | | 2. * First Name: | | 3. Middle Initial: |
| 4. * Mailing Address (Must be a U.S. Address; no P.O. Boxes): | | | 5. * City: | |
| 6. * State: | 7. * Zip Code (5 digits only): | 8. * Phone: | 9. * E-mail: | |
| 10. * Passport/U.S. Driver's License # (choose one): Passport #: _____ U.S. Driver's License #: _____ | | 11. * Passport/U.S. Driver's License # Issued by: Country: _____ State: _____ | | |

| SECTION B - PERMIT HOLDER (if different from above) | | | | |
|--|-------------------------------|---|-------------|---------------------|
| 12. Last Name: | | 13. First Name: | | 14. Middle Initial: |
| 15. Mailing Address (Must be a U.S. Address; no P.O. Boxes): | | | 16. City: | |
| 17. State: | 18. Zip Code (5 digits only): | 19. Phone: | 20. E-mail: | |
| 21. Passport/U.S. Driver's License # (choose one): Passport #: _____ U.S. Driver's License #: _____ | | 22. Passport/U.S. Driver's License # Issued by: Country: _____ State: _____ | | |

| SECTION C - IDENTIFICATION OF DOG | | | |
|---|------------------------------|---|--|
| 23. * Country of Origin: | | 24. * Length of time (in months) in country of origin: | |
| 25. * Date of Birth: _____ (mm/dd/yy) | 26. * Sex: _____ | 27. * Breed: _____ If other, specify: _____ | 28. * Color: _____ <small>Email a color photograph of the dog to cdcanimalimports@cdc.gov after submitting your application. Reference the Applicant's name and contact information.</small> |
| 29. Microchip # (if available): | 30. Tattoo # (if available): | 31. Date of rabies vaccination - submit copy of vaccination certificate: _____ (mm/dd/yy) | |

* Required field

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA 0920-0134.

SECTION D - ENTRY AND FINAL DESTINATION

32. * Date of entry (MM/DD/YY) for intended importation into the United States:

(mm/dd/yy)

33. * U.S. port of entry for intended importation

**Intended final destination
(Refer to Section G for information about confinement)**

34. * Street Address:

35. * Phone:

36. * City:

37. * State:

38. * Zip Code (5 digits only):

**SECTION E - TRAVEL ITINERARY
(Complete only one subsection below)**

39. * Air

Airline: _____

If other, specify: _____

Flight #: _____

AWB #: _____

* Transport Entry Method (choose one below)

Hand carry

Checked baggage

Cargo

40. * Land border crossing

Bus Company: _____

Train Company: _____

Private vehicle license plate #: _____

State: _____

Province: _____

41. * Sea

Ship company/Vessel name: _____

If other, specify: _____

SECTION F - REQUEST DETAILS

42. * Purpose for which the dog is being imported:

Resale Rescue/Adoption Personal Pet Research Veterinary Care Other: _____

43. * The reason why permission to import is being requested:

Unable to vaccinate against rabies because of research protocols (attach protocols and other supporting documents)

Dog too young to be vaccinated (i.e., younger than 12 weeks old)

Less than 28 days after initial rabies vaccination

Current rabies vaccine certificate has expired

Other: _____

SECTION G - SIGNATURE

I am the owner (or authorized agent for the owner) of the dog listed on this form. I understand that ownership of the dog cannot be transferred to another person while in confinement. The dog must be confined at the address listed on this form and may not be placed at any other location or with any other person until the confinement period has ended.

I certify that the information given in this application is complete and true to the best of my knowledge.

I agree to obey the conditions listed in this application. I will comply with all restrictions and precautions in the permit, as well as all applicable import regulations.

I understand that I may be convicted of a crime if I don't comply with these import requirements. I could be sentenced to 1 year in jail and/or a maximum fine of \$100,000 if the violation doesn't result in a death or a maximum fine of \$250,000 if the violation does result in a death. Violations by an organization are punishable by a maximum fine of \$200,000 per violation (if no death) and \$500,000 per violation if there is a death. These penalties are provided for under 42 U.S.C. § 264 and 42 U.S.C. § 271 (as enhanced by 18 U.S.C. §§ 3559 & 3571).

* I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

44. * Legal Signature:

Typed First, Middle Initial and Last Name:

45. * Date Signed:

(mm/dd/yy)