

Guidance Document for Completing the Application for Permission to Import a Dog Inadequately Immunized Against Rabies

Please review this guidance document in its entirety before completing and submitting your application to the CDC Quarantine and Border Health Services Branch. If you are e-mailing your application, *there is no need to send in the original by mail*. A separate application must be completed for each individual dog. Each reference to dogs in this document refers to dogs that are not adequately immunized or, for any reason, cannot be accompanied by a valid rabies vaccination certificate upon arrival in the United States.

IMPORTANT NOTE:

If importing an inadequately immunized, but otherwise healthy, dog that has lived for the past 6 months or since birth in a country on the Rabies-Free Countries and Territories List (see <http://www.cdc.gov/animalimportation/rabies-free-countries.html>), then permission from CDC to import is not necessary. Please contact the U.S. Department of Agriculture regarding their requirements: http://www.aphis.usda.gov/publications/animal_welfare/2014/faq_live_dog_imports.pdf .

Table of Contents

| | |
|---|----------|
| SECTION A: PERSON REQUESTING PERMISSION IN THE UNITED STATES (APPLICANT).... | 3 |
| BLOCKS 1-3, APPLICANT'S NAME..... | 3 |
| BLOCKS 4-7, PHYSICAL ADDRESS..... | 3 |
| BLOCK 8, TELEPHONE NUMBER..... | 3 |
| BLOCK 9, E-MAIL ADDRESS..... | 3 |
| BLOCK 10, PASSPORT/U.S. DRIVER'S LICENSE NUMBER..... | 3 |
| BLOCKS 11, COUNTRY/STATE ISSUED BY..... | 3 |
| SECTION B: PERMIT HOLDER..... | 3 |
| BLOCKS 12-14, PERMIT HOLDER'S NAME..... | 4 |
| BLOCKS 5-18, PHYSICAL ADDRESS..... | 4 |
| BLOCK 19, TELEPHONE NUMBER..... | 4 |
| BLOCK 20, E-MAIL ADDRESS..... | 4 |
| BLOCK 21, PASSPORT/U.S. DRIVER'S LICENSE NUMBER | 4 |
| BLOCK 22, COUNTRY/STATE ISSUED BY..... | 4 |
| SECTION C: IDENTIFICATION OF DOG..... | 4 |
| BLOCK 23, COUNTRY OF ORIGIN..... | 4 |
| BLOCK 24, LENGTH OF TIME IN COUNTRY OF ORIGIN..... | 5 |
| BLOCK 25, DATE OF BIRTH | 5 |
| BLOCK 26, SEX..... | 5 |
| BLOCK 27, BREED..... | 5 |
| BLOCK 28, COLOR..... | 5 |
| BLOCK 29, MICROCHIP NUMBER..... | 5 |
| BLOCK 30, TATTOO NUMBER..... | 5 |
| BLOCK 31, DATE OF RABIES VACCINATION | 5 |
| SECTION D: ENTRY AND FINAL DESTINATION..... | 6 |
| BLOCK 32, DATE OF ENTRY..... | 6 |
| BLOCK 33, U.S. PORT OF ENTRY..... | 6 |
| BLOCK 34-38, FINAL DESTINATION PHYSICAL ADDRESS AND TELEPHONE NUMBER..... | 6 |
| SECTION E: TRAVEL ITINERARY..... | 6 |
| BLOCK 39, AIR..... | 6 |
| BLOCK 40, LAND BORDER..... | 6 |
| BLOCK 41, SEA..... | 7 |
| SECTION F: REQUEST DETAILS..... | 7 |
| BLOCK 42, PURPOSE..... | 7 |
| BLOCK 43, REASON PERMISSION REQUESTED..... | 7 |
| BLOCK 44, DETAILED EXPLANATION..... | 7 |
| SECTION G: APPLICANT SIGNATURE..... | 7 |
| BLOCK 45, FULL NAME..... | 7 |
| BLOCK 46, LEGAL SIGNATURE..... | 7 |
| BLOCK 47, DATE SIGNED..... | 8 |

Section A: Person Requesting Permission in the United States (Applicant)

Since all communication with the CDC Quarantine and Border Health Services Branch (QBHS) is completed through the Applicant, it is imperative that the Applicant's contact information be complete, current, and accurate. If any information in Section A changes, you must immediately report the change(s) to QBHS by e-mailing cdcanimalimports@cdc.gov. QBHS does not accept verbal change requests.

Please print all information clearly or type into the fillable pdf form.

Blocks 1-3: Applicant's Name

- Please provide the full name of the applicant
 - For the purpose of completing the Application for Permission to Import a Dog Inadequately Immunized Against Rabies, the term "full name" refers to an individual's full legal name, including first name, middle initial(s), and last name or surname, without the use of nicknames.

Blocks 4-7: Physical Address

- Please provide the complete physical address of the Applicant listed in Blocks 1-3.
- The address must be for a location in the United States.
- Do not use a Post Office Box address.

Block 8: Telephone Number

- Please provide the direct-dial 10-digit telephone number for the Applicant listed in Blocks 1-3; include an extension if applicable.
- A U.S. telephone number must be provided.

Block 9: E-mail Address

- Please provide the e-mail address for the Applicant listed in Blocks 1-3.
- Ensure that you include the email domain (e.g., .org, .gov, .edu, .com, .net).

Block 10: Passport/ U.S. Driver's License

- Please provide the passport or, if applicable, U.S. driver's license number for the Applicant listed in Blocks 1-3.
 - If applicable, a state-issued photo identification card number may be used in lieu of a U.S. driver's license number.

Block 11: Country/State Issued by

- Please provide the country where the passport was issued for the Applicant listed in Blocks 1-3.
- If applicable, please provide the state where the U.S. driver's license (or photo identification card) was issued for the Applicant listed in Blocks 1-3.

Section B: Permit Holder

The CDC Permit to Conditionally Import a Dog Inadequately Immunized Against Rabies may only be issued to a single individual (i.e., Applicant). However, the Applicant may designate another individual (i.e., Permit Holder) who will submit the dog's entry documents to U.S. Customs and Border Protection. For example, the Applicant's designated Permit Holder may be the person bringing the dog into the United States or the Applicant's Customs broker or agent. If the Applicant receives a CDC Permit to Conditionally Import a Dog Inadequately Immunized

Against Rabies, the Applicant, or his/her Permit Holder, must submit the CDC permit to U.S. Customs and Border Protection with the dog's entry documents.

Blocks 12-14: Designated Permit Holder's Name

- Please provide the name of any individual, other than the Applicant, who may be in possession of the dog at a U.S. port of entry and be required to submit entry documents to U.S. Customs and Border Protection (e.g., courier, broker, agent).
- Please provide the full name of the designated Permit Holder
 - For the purpose of completing the Application for Permission to Import a Dog Inadequately Immunized Against Rabies, the term "full name" refers to an individual's full legal name, including first name, middle initial(s), and last name or surname, without the use of nicknames.

Blocks 15-18: Physical Address

- Please provide the complete physical address of the designated Permit Holder listed in Blocks 12-14.
- The address must be for a location in the United States.
- Do not use a Post Office Box address.

Block 19: Telephone Number

- Please provide the direct-dial 10-digit telephone number for the designated Permit Holder listed in Blocks 12-14; include an extension if applicable.
- A U.S. telephone number must be provided.

Block 20: E-mail Address

- Please provide the e-mail address for the designated Permit Holder listed in Blocks 12-14.
- Ensure that you include the e-mail domain (e.g., .org, .gov, .edu, .com, .net).

Blocks 21- Passport/U.S. Driver's License Number

- Please provide the passport or, if applicable, U.S. driver's license number for the designated Permit Holder listed in Blocks 12-14.
 - If applicable, a state-issued photo identification card number may be used in lieu of a U.S. driver's license number.

Blocks 22: Country/State Issued by

- Please provide the country where the passport was issued for the designated Permit Holder listed in Blocks 12-14.
- If applicable, please provide the state where the U.S. driver's license (or photo identification card) was issued for the designated Permit Holder listed in Blocks 12-14.

Section C: Identification of Dog

The CDC Permit to Conditionally Import a Dog Inadequately Immunized Against Rabies will be issued only for a single dog. If the Applicant is requesting permission to import multiple dogs, a separate application must be completed for each dog.

Block 23: Country of Origin

- Please provide the name of the country where the dog the Applicant is requesting to import into the United States has been located during the past 6 months or since birth (if younger than 6 months old).

- If the dog has been in more than one country during the past 6 months or since birth, please attach a note listing all the countries the dog has been in during the past 6 months or since birth.
- The total length of time should be in uninterrupted months.
- A month is defined as the period between a given date in one month and the same date in the subsequent month (i.e., June 2 to July 2). For the purposes of this form, do not use any other definition of “month,” such as 4 weeks or 30 days.

Block 24: Length of Time in Country of Origin

- Please list the total length of time (in months) that the dog has resided in the Country of Origin.
- If the dog has been in more than one country during the past 6 months or since birth, please attach a note listing all the countries the dog has been in over the past 6 months or since birth and the length of time (in months) in each country.
- The total length of time should be in uninterrupted months.
- A month is defined as the period between a given date in one month and the same date in the subsequent month (i.e., June 2 to July 2). For the purposes of this form, do not use any other definition of “month,” such as 4 weeks or 30 days.

Block 25: Date of Birth

- Please provide the date of birth of the dog.
 - If the exact date of birth is not known, please provide an approximate date.
- Please provide the date of birth in the MM/DD/YY format. For example, a dog born on July 4, 2015 would have the following date of birth: 07/04/15.

Block 26: Sex

- Please provide the sex of the dog.
- Please list the sex as either “male neutered,” “male intact,” “female neutered,” or “female intact.”

Block 27: Breed

- Please list the breed of the dog.
 - If the specific breed is not known, please list “mixed.”

Block 28: Color

- Please list the color(s) of the dog.
- Please attach a color photograph of the dog to the application.

Block 29: Microchip Number

- Please provide, if applicable, the microchip identification number of the dog.
- Please list “NA” if the dog does not have an embedded microchip.

Block 30: Tattoo Number

- Please provide, if applicable, the tattoo identification number of the dog.
- Please list “NA” if the dog does not have a tattoo identification number.

Block 31: Date of Rabies Vaccination

- Please provide the date of the dog’s most recent rabies vaccination.
 - Please use the MM/DD/YY format when indicating the date.
 - Please list “NA” if the dog has not been vaccinated against rabies.
- Please attach a copy of the dog’s rabies vaccination certificate that includes the following:
 - Breed, sex, age, color, markings, and other identifying information for the dog

- o Date of rabies vaccination
- o Date the vaccination certificate expires
- o Signature of a licensed veterinarian

Section D – Entry and Final Destination

The CDC Permit to Conditionally Import a Dog Inadequately Immunized Against Rabies may be used only for the single entry of an individual dog. If issued, the CDC permit may only be used once, and must be used before the expiration date listed. (Any requests to extend the expiration date will require the Applicant to submit a new application.)

Block 32: Date of Entry

- Please provide the date when the dog the Applicant is requesting to import into the United States is expected to be cleared by U.S. Customs and Border Protection and legally enter the United States.
- Please use the MM/DD/YY format when indicating the expected date.

Block 33: U.S. Port of Entry

- Please provide the U.S. port of entry where the dog is expected to be cleared by U.S. Customs and Border Protection.
- This might not be the first location where the dog physically enters the United States. Consult your transportation company or Customs broker to ascertain the correct U.S. port of entry.
- Please use the website www.cbp.gov/contact/ports for determining valid U.S. ports of entry.

Blocks 34-38: Final Destination Physical Address and Telephone Number

- Please provide the complete physical address in the United States where the dog is expected to be confined until fully immunized against rabies.
- Do not use a Post Office Box address.
- Please provide the direct-dial 10-digit telephone number for the destination address; include an extension if applicable.

Section E: Travel Itinerary

The Applicant must indicate if the dog the Applicant is requesting to import into the United States is intended to arrive by air, land border crossing, or sea.

Block 39: Air (if applicable)

- o Provide the name of the airline on which the dog will be shipped.
- o Provide the flight number for the intended dog importation.
- o Check whether the Applicant intends to have the dog
 - o hand-carried in the airplane's passenger cabin
 - o placed in checked baggage, or
 - o shipped as unaccompanied cargo (i.e., shipment has a waybill).

Block 40- Land Border Crossing (if applicable)

- o Bus company (if applicable): provide the name of the bus company on which the dog will be shipped.

- o Train company (if applicable): provide the name of the train company, as well as the train number, on which the dog will be shipped.
- o Private vehicle (if applicable): provide the private vehicle's license plate number (and country and state/province where issued) in which the dog will be shipped.

Block 41- Sea (if applicable)

- o Provide the name of the ship company on which the dog will be shipped.
- o Provide the vessel's name (e.g., ship or ferry's name) for the intended dog importation.

Section F: Request Details

The Applicant must indicate the purpose of importation (i.e., how the dog will be used following the intended import). The Applicant must also indicate why Permission to Import a Dog Inadequately Immunized Against Rabies is being requested and provide a detailed explanation as to why the Applicant is unable to comply with CDC's dog import vaccination requirements.

Block 42: Purpose

- o Please check the purpose for which the Applicant is requesting permission to import the dog into the United States. For example, if the Applicant intends to sell the dog to someone else upon import into the United States, the Applicant should check "Resale." However, if the Applicant intends to purchase a dog from outside the United States, ship to the United States, and then keep as their own personal pet, the Applicant should check "Personal Pet."
- o Dogs being imported for the purpose of being adopted by third parties (i.e., "rescue" dogs), **where an adoption fee will be charged to the adoptive owner(s)**, should check "Resale," not "Rescue/Adoption."
- o Please check only one box.
- o If "Other" is selected, enter the reason for importation.

Block 43: Reason Permission Requested

- o Please check the reason why the dog will not be adequately immunized against rabies before arriving in the United States.
- o Please check only one box.
- o If "Other" is selected, enter the reason why the dog will not be adequately immunized before arriving in the United States.
- o Please provide supporting documentation as needed.

Block 44: Detailed Explanation

- o Please provide a detailed explanation, in the Applicant's own words, why the Applicant cannot comply with the CDC's dog import rabies vaccination requirement.
- o Please provide supporting documentation as needed.

Section G: Applicant Signature

Block 45: Full Name

- o Please type or print the full name of the applicant. The applicant name should match the name listed in Section A, Blocks 1-3.

Block 46: Legal Signature

- o Signature should match the applicant name listed in Section A, Blocks 1-3 and Section G, Block 45.

Block 47: Date Signed

- o Please enter the date the applicant signed the application.