NOTICE TO OWNERS AND IMPORTERS OF DOGS

	*Asterisk indicates a required field.	кеци	Requirement for Dog Commement			
	*POINT OF ENTRY (City, State/Terr	I OKI	FORM MUST BE COMPLETED FULLY THIS IS A BINDING AGREEMENT ENTERED INTO WITH CDC		*ENTRY DATE (mm/dd/yy)	
OWNER	*Name:		Office or Mobile Phone #:		*Home Phone #:	
	*Driver's License or Passport #: (State/Territory or Country) *City, State (Territory)), Zip Code:		email:	
AGENT	~Name:		Office or Mobile Phone #:		~Home Phone #:	
	~Driver's License or Passport #: ~Street Address: (State/Territory or Country) ~City, State (Territory)), Zip Code:		email:	
DOG(S)	*Confinement location: Check if *Street Address: same as Owner's Address *City, State (Territory)), Zip Code:		*Phone #:	
	*Number from Same Litter (i.e., same mother) in this Shipment: *Sex *Breed/Color/Description:		ment:	*Age/Birth Date:	Microchip or Tattoo #:	
	#Male#Female ^*Country of Origin: *	Airline and Flight Number/S	e and Flight Number/Ship Name/Vehicle Tag #:		Waybill #:	

~Agent's information is only required if owner's agent signs this form instead of the owner.

^Country where dog(s) has lived the past six (6) months or since birth.

Above dog(s) is/are admitted to the United States, subject to restrictions of section 71.51 of the Public Health Service Foreign Quarantine Regulations checked below:

- 1. _____ Confinement for _____ days, which will complete a 30-day period from the date of initial antirabies vaccination.
- 2. _____ Confinement until 3 months of age, then initial antirabies vaccination to be followed by confinement for 30 days.
- 3. _____ Confinement until initial antirabies vaccination at destination (within 10 days of entry into the United States) to be followed by "confinement" for 30 days.
- 4. _____ Confinement until booster antirabies vaccination at destination (within 10 days of entry into the United States) provided that initial rabies vaccination was given at ≥ 3 months of age.

The above restrictions are imposed under section 71.51 Title 42, Code of Federal Regulations, and compliance is necessary before the animal(s) is released from confinement.

"Confinement" as used above means "restriction of an animal by the owner or his agent to a building or other enclosure in isolation from other animals and from persons except for contact necessary for its care, or, if it is allowed out of such enclosure, muzzling the animal and keeping it on a leash."

NOTICE TO OWNER or AGENT: Criminal penalties may be imposed for violating regulations enacted under 42 U.S.C. § 264. Under 42 U.S.C. § 271, as enhanced by 18 U.S.C. §§3559 & 3571, individuals violating a quarantine regulation may be sentenced to one year in jail and/or a maximum fine of \$100,000, if the violation does not result in a death or \$250,000, if the violation results in a death. Violations by an organization are punishable by a maximum fine of up to \$200,000 per violation, if the violation does not result in a death.

Statement to U.S. Government Officer (PLEASE READ):

I certify that I am the owner, or authorized agent of the owner, of the above listed dog(s). I further certify that I acknowledge and will comply with the confinement restrictions checked above. Also, I will be responsible for complying with any additional public health measures that may be required by health departments or other authority in the State of destination. I acknowledge and understand that the dog(s) listed on this form are <u>not</u> transferable to another person or confinement location other than those listed on this form.

Signature of Owner or Age	nt, Date
 OFFICIAL USE ONLY:	I have verified that this document is legible and complete.

Signature of Government Officer

Public reporting burden of this collection of information is estimated to average 10 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 30333; ATTN: PRA 0920-0134.

Title

Date