



APPLICATION FOR SPECIAL EXEMPTION FOR A PERMITTED DOG IMPORT

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

FORM APPROVED OMB
NO. 0920-
XXXX EXP DATE
XX/XX/XXXX

* Denotes a Required field

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: CDCAntimalimports@cdc.gov

SECTION A - APPLICANT			
* Last Name:	*First Name:		Middle Initial:
*Intended final destination address (Must be a U.S. Address; no P.O. Boxes):		*City:	
* State:	*Zip Code (5 digits only):	*Phone:	*E-mail:
Passport: Passport #: _____ Country: _____		_____	

SECTION B - PERMIT HOLDER (if different from above)			
Last Name:	First Name:		Middle Initial:
Mailing Address (Must be a U.S. Address; no P.O. Boxes):		City:	
State:	Zip Code(5 digits only):	Phone:	E-mail:
Passport: Passport #: _____ Country: _____		_____	

SECTION C - IDENTIFICATION OF DOG			
*Animal Name:		*Country of origin:	
*Date of Birth (mm/dd/yy)	*Sex:	*Breed:	*Color:
		If other, specify:	
* Microchip #:	* Date of rabies vaccination (mm/dd/yy) - (attach copy)		* Date of serology if applicable (mm/dd/yy)- (attach copy)

Public reporting burden of this collection of information is estimated to average 1 hour 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 Office, 1600 Clifton Road, NE, MS-D-74, Atlanta, Georgia 30333, ATTN: PRA 0030-XXXX.

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CS325260
XX/XX/XXXX

SECTION D - ENTRY AND FINAL DESTINATION

*Date of entry for intended importation into the United States (mm/dd/yy): _____

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

SECTION E - TRAVEL INTINERARY (Complete only one subsection below)

*Air

Airline: _____
below

If other, specify: _____

Flight #: _____

baggage AWB #: _____

*Transport Entry Method (*choose one*)

Hand carry

Checked

Cargo

*Land border crossing

Bus Company: _____

Train Company: _____

Private vehicle license plate #: _____

State: _____

Province: _____

*Sea

Ship company/Vessel name: _____

If other, specify: _____

Section F - Request Details

* Purpose for which the dog is imported:

Personal pet dog Service dog Government-owned Research Rescue, adoption, resale, or transfer of ownership (including emotional support animals) animal

* The reason why permission to import is being requested

- Unable to vaccinate against rabies because of research protocols (attached protocols and other supporting documents)
- Other

SECTION G - SUPPORTING DOCUMENTS (Please include the following supporting documents with your application)

* Serology results (if dog was vaccinated outside the U.S.)

* Rabies Vaccination Certificate

* Photos of dog's teeth (front and side)

SECTION H - 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 country. 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 fine is 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.

*Legal Signature: **Typed First, Middle Initial and Last Name:** _____

*Date Signed(mm/dd/yy): _____

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