APPLICATION FOR SPECIAL EXEMPTION FOR A PERMITTED DOG IMPORT

Guidance for completing this application is available at: [www.cdc.gov/importation/forms.html](http://www.cdc.gov/importation/forms.html).

**\* Denotes a Required field**

**FORM APPROVED OMB**

**NO. 0920-XXXX EXP DATE XX/XX/XXXX**

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

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| **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:  |   |

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| **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:  |   |

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| **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 Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA 0920-XXXX

**RESET FORM**

**SAVE FORM**

**PRINT FORM**

CS325260 XX/XX/XXXX

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| **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 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 animal
 support animals)

\* 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
* High-risk Country (See Section H)

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| **SECTION E - TRAVEL INTINERARY (Complete only one subsection below)** |
|  \*AirAirline: \*Transport Entry Method *(choose one below)*If other, specify: Hand carryFlight #: Checked baggage AWB #: Cargo |
|  \*Land border crossing Private vehicle license plate #: Bus Company: State: Train Company: Province:  |
|  \*SeaShip company/Vessel name: If other, specify:  |

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| **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) |

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

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

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. 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.

**SECTION H - SIGNATURE**

**RESET FORM**

**SAVE FORM**

**PRINT FORM**

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