

APPLICATION FOR SPECIAL EXEMPTION FOR A PERMITTED DOG IMPORT

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

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

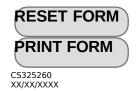
* Denotes a Required field

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: CDCanimalimports@cdc.gov

SECTION A - APPLICANT								
* Last Name:					*First Name:			Middle Initial:
*Intended final destination address (Must be a U.S. Add Boxes):				dress; no P.O.	*City:			
* State:		*Zip Code (5 digitionly):		:	*Phone:	*E-mail	:	
Passport:	•				-	•		_
Passport #: _								
Country:								
				IT H	OLDER (if differe	ent from abo	ove)	
Last Name:					First Name:		•	Middle Initial:
Mailing Address (Must be a U.S. Address; no P.O. Boxes):			City:					
		Zip Code(5 digits only):		Ph	none: E-mail		l:	
Passport:								
Passport #:								
Country:								
		C	SECTION C -	IDE	NTIFICATION O	E DOG		
*Animal Name:			SECTION C -	IDL	*Country of origin:			
					,	,		
*Date of Birth		*Breed:			*Color:			
			If other, spec	cify:				
* Microchip #:	vaccina (<i>mm/dd/yy</i>)		Date of rabies vaccination n/dd/yy) - (atta copy)	ccination d/yy) - (attach		* 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



SAVE FORM

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SECTIO	N 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)					
	Hand carry Checked Cargo Private vehicle license plate #: State:				
or transfer of ownership	☐ Government-owned ☐ Research ☐ Rescue, adoption, resale, animal eing requested because of research protocols (attached protocols and other supporting				
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)				
<u> </u>	SECTION H - SIGNATURE				
I am the owner (or authorized agent for the owner) of the concertify that the information given in this application is comulagree to obey the conditions listed in this application. I will understand that I may be convicted of a crime if I don't co §271 (as enhanced by 18 U.S.C. §§ 3559 & 3571).	dog listed on this form. I understand that ownership of the dog cannot be transferred to another person while i				

*Date Signed(mm/dd/yy):

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

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