



CDC Dog Import Form

FORM APPROVED
OMB NO. 0920-1383
EXP DATE
4/30/2027

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

If you experience difficulty while completing this form, please contact
us at cdcanimalimports@cdc.gov for alternative application
methods.

This form does not replace either the required vaccination form or the reservation at a CDC-registered animal care
facility required for foreign-vaccinated dogs from high-risk countries for dog rabies.

Fill out one form for each dog you are importing.

Required *

- New Import Application Make changes to an existing import form

Section A - Person Importing the Animal

First Name *

Last Name *

Middle Name/Initial

The person listed above is the: *

- Owner Consignor (shipper) Flight Parent Other

Email *

Confirm Email *

*You will be sent a receipt at the email address you provide. You must present the receipt to the airline (if
dog is traveling by air) and to U.S. Customs and Border Protection on arrival in the United States. Please
check that your email address is correct.

Physical address where dog will be located in the United States (cannot be PO box)

Consignee/Recipient of dog *

Street Address (No P.O. Box) *

City *

State *

Zip Code *

Phone Number *

Email Address *

Section B - Animal Information

Animal Name *

Microchip (15 characters max) *

Sex *

 Male Female

Breed *

Color/Markings *

Age - Year *

Month *

Attach a photo (1 mb max) of your dog taken no more than 90 days before travel (dogs under 1 year of age should have photo taken no more than 15 days before travel). Photo must be of face and body (see example below).

Upload a photo of dog (Accepting .jpg, .jpeg, or .png image type) *

No files uploaded



Limit to 1 photo and 1 mb max

Importation Purpose *

- Commercial (rescue, resale or adoption)
- Government-owned animal
- Education, Exhibition, or Research
- Personal Pet (this includes emotional support animals)
- Service Animal

Section C - Travel Information

Please verify using the link [High-Risk Countries for Dog Rabies](#). Has the dog been in any of the high-risk countries in the past six months?

Required *

 Yes No

Section D - Signature

I certify that the information given in this application is complete and true to the best of my knowledge.

I understand that any false statement made in connection with the application may subject me to criminal penalties under 18 U.S.C. § 1001.

I acknowledge that additional requirements for entry must be met and completion of this form alone is not adequate for this dog to enter the United States.

I will comply with all applicable CDC import regulations and requirements.

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 *

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

Signed Date *

Public reporting burden of this collection of information is estimated to average 7 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 0920-1383