



Dog Import Form

FORM APPROVED
OMB NO. 0920-1383
EXP DATE 6/30/2027

Fill out one form for each dog you are bringing into the United States. This form may be filled out by the importer or someone else acting on behalf of the importer. **Required fields indicated by a red asterisk (*)**

This form has been updated to accommodate a screen reader or other assistive technology. If you are having difficulty completing this form due to a disability, you or someone acting on your behalf, may contact CDC-INFO at <https://www.cdc.gov/dcs/ContactUs/Form> or by calling 800-232-4636 (TTY 888-232-6348) for assistance.

Has the dog been in a country that is considered a high-risk country for dog rabies in the last six months? *

Yes No

Please verify using the link [High-Risk Countries for Dog Rabies](#).

Section A - Person Importing the Animal

First Name *

Middle Name/Initial

Last Name *

The person listed above is the: *

Owner Consignor (shipper) Flight Parent Other

Identification Type *

Passport Number
 Drivers License Number
 Air Waybill/Bill of lading number

Date of Birth (mm/dd/yyyy) *

Email *

Confirm Email *

Phone Number *

*You will be sent a receipt at the email address you provide. You must present the receipt to U.S Customs and Border Protection and to the airline if your dog is traveling by air.

Consignee/Recipient of dog/Additional Owner (if different from above)

Email Address

Identification Type

- Passport Number
- Drivers License Number

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

Street Address (No P.O. Box) *

City *

U.S. State (e.g. GA) *

Please select

Zip Code *

Section B - Animal Information

Animal Name *

Age - Year(s) *

Please select

Age - Month(s) *

Please select

Sex *

Please select

Dog Breed *

Please select

Color/Markings *

Importation Purpose *

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

Microchip number *

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).

Attach Image of Dog *

No files uploaded



Limit to 1 photo, maximum 1 MB. Accepting .jpg, .jpeg, or .png image type

Section C - Travel Information

Does the dog have either: 1. a valid Certification of U.S.-issued Rabies Vaccination form OR 2. a valid USDA-endorsed export health certificate issued no later than July 31, 2025? *

Yes No

Does the dog have a valid CDC Foreign Rabies Vaccination and Microchip Certification form issued outside the United States? *

Yes No

Does the dog have a reservation at a CDC-registered animal care facility? *

Yes No

Travel Type *

Air

Country or Area of Departure *

Please select

Date of Arrival (mm/dd/yyyy) *

Select all countries and areas the dog has been in during the six months before arriving in the United States *

Please select

State and Port of Entry *

Please select

(where you enter the US)

Section D - Signature

The term "I" refers to the importer meaning the individual bringing the dog into the United States. The information given in this application is complete and true to the best of my knowledge and belief.

I acknowledge there are additional requirements that must be met at the time of entry for dogs that have been in high-risk countries six months prior to entering the United States.

I understand that CDC reserves the right to request additional documentation verifying this information upon arrival in the United States.

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

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

Check one *

- I am the importer. I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.
- This form was prepared by someone authorized to act on behalf of the importer. The information on this form was provided by the importer. The importer acknowledges and agrees to the above Terms of Acceptance. Please sign below as follows: [Your Name] on behalf of [Name of Importer].

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

Signature Date (mm/dd/yyyy) *

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