CONFIRMATION OF ANIMAL ARRIVAL FORM
(To be submitted Seventy-two hours or three days before arrival)

OWNER INFORMATION:
NAME_________________________________ CONTACT # ________________________________
ADDRESS____________________________________________________________________________

ANIMAL INFORMATION:
NAME_________________________________ BREED_____________________________________
MICROCHIP NO._________________________ PERMIT NO._______________________________

FLIGHT/VESSEL INFORMATION
AIR CRAFT/VESSEL DESCRIPTION # _______________________________________________________
EXPECTED DATE/TIME OF ARRIVAL _______________________________________________________
PORT OF EMBARKMENT ___________________ PORT OF DISEMBARKMENT ___________________

☐ I have included a copy of the OFFICIAL VETERINARY EXPORT HEALTH CERTIFICATE
☐ I have included a certified copy of the following supporting
    o Ehrlichia, Babesiosis, Lyme disease laboratory report,
    o Leishmania infantum laboratory report,
    o Brucella canis laboratory report (where applicable),
    o Heartworm (Dirofilaria immitis), where applicable
    o Leptospira interrogans serovar canicola laboratory report (if not vaccinated),
    o Rabies vaccination certificate,
    o FAVN Laboratory Report.

Received By: ___________________________

Telephone Number: (876) 977-2489/92 Fax Number: (876) 977-0885 Email: vsdpermits@gmail.com