

REQUEST INTRODUCTION OF ANIMALS TO THE COMMONWEALTH OF PUERTO RICO

	Date:		
	Application Number:		
	(for internal use)		
Importation number:	_		
(for internal use)			
IMPORTER INFORMATION			
Name:			
Physical Address:			
Postal Address:			
Home Phone:	Movil Phone:		
Office Phone:	Fax:		
Email Address:			
ANIMALS TO IMPORT			
Species:			
Number of animals:			
State and/or Territory of origin:			
Arrival date:			
Airline or shipping company:			
Flight number and or vessel:			
Port and/or airport of arrival:			
FINAL DESTINATION IN PUERTO RICC	D:		
Name:	Phone number:		
Physical Address:			

DOCUMENTS REQUIRED FOR IMPORTATION

	The Heal	th Cerl	tificate	must	includ	le:
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- a. Species
- b. Breed
- c. ID (see ID required by species)
- d. Sex
- e. Age
- f. Signed by a licensed and/ or USDA certified veterinarian

For the importation of Equines, Identification will be electronic (microchip) and according to the colors and / or brands.

Laboratory tests according to species and circumstances.

The health certificate and laboratory tests will be valid for 30 days from issuance.

Signature Importer and/or his representative

FOR EXCLUSIVE USE OF THE DEPARTMENT OF AGRICULTURE

Director of the Veterinary Services and Animal Health Department of Agriculture

Referring to:		
	(Inspector name)	
Data		



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