



GOBIERNO DE PUERTO RICO

Departamento de Agricultura

**REQUEST FOR INTRODUCTION OF ANIMALS
TO THE COMMONWEALTH OF PUERTO RICO**

Date: _____

Application No.: _____

No. Import: _____
(for internal use)

(for internal use)

INFORMATION FROM THE IMPORTER:

Name: _____

Physical Address: _____

Postal Address: _____

Residential Phone: _____ Cell Phone: _____

Office Phone: _____ Fax: _____

Email: _____

ANIMALS TO BE IMPORTED:

Species: _____ Breed: _____

Quantity: _____

State or Territory of origin: _____

Arrival date: _____ Time: _____

Maritime or Air company: _____

Flight or vessel number: _____

Port or airport of arrival: _____

FINAL DESTINATION IN PUERTO RICO:

Name: _____ Phone: _____

Physical Address: _____



Veterinary Services

9 Carr. 693, Dorado, P.R. 00646-3445

Bo. Higuillar, Carr. 693, Km. 4.0, Dorado

Phone 787-796-0138 Fax 787-796-5873

Commonwealth of Puerto Rico

DEPARTMENT
OF AGRICULTURE





DOCUMENTS REQUIRED FOR IMPORT

Official Interstate Health certificate must include:

- a) Species
- b) Breed
- c) ID (*see ID required by species*)
- d) Sex
- e) Age
- f) Prepared and signed by a USDA accredited veterinarian in the U.S. State of Origin
- g) Applicable certificate statements by species
- h) Laboratory tests according to species

*****THE HEALTH CERTIFICATES AND LABORATORY TESTS WILL BE VALID FOR 30 DAYS FROM THE DATE ISSUED.**

Signature of Importer or representative

***** FOR EXCLUSIVE USE OF DEPARTMENT OF AGRICULTURE*****

Signature Director Veterinary Service and Livestock Health

Department de Agriculture

Referred:

Inspector Name

Date: