



APPLICATION TO IMPORT DOMESTIC ANIMALS INTO
THE COMMONWEALTH OF THE BAHAMAS

NAME: (Please print legibly): _____

ADDRESS: _____

TELEPHONE: _____ FAX/EMAIL: _____

TYPE OF ANIMALS: _____ GENDER: _____ BREED: _____

AGE: _____ NUMBER OF ANIMAL(S): _____

HOMEAGAIN, AVID, DESTRON OR TROVAN, MICROCHIP#: _____

OTHER UNIQUE IDENTIFIER: _____

COUNTRY OF EXPORT/PLACE OF EMBARKATION: _____

COUNTRY OF BIRTH OF ANIMAL(S): _____

ANTICIPATED DATE OF ARRIVAL: _____

ISLAND OF DESTINATION OF ANIMAL(S) IN THE BAHAMAS: _____

PURPOSE OF IMPORTING ANIMAL(S): _____

DATE: _____ SIGNATURE: _____

OFFICIAL USE: _____

PROCESS FEE: (\$10.00) FOR EACH ANIMAL AND (\$5.00) FOR FASCIMILE FEE

PLEASE NOTE: NO PERSONAL CHEQUES. MONEY ORDER ONLY
THE DEPARTMENT OF AGRICULTURE WILL NOT BE RESPONSIBLE FOR
ANY MISSING CASH SENT VIA MAIL

MAILING ADDRESS: DIRECTOR OF AGRICULTURE
DEPARTMENT OF AGRICULTURE
LEVY BUILDING
EAST BAY STREET
P.O BOX N-3704
NASSAU, BAHAMAS

MAILING OPTIONS: (1) REGULAR MAIL TAKES APPROXIMATELY 2-4 WEEKS DELIVERY
(2) COURIER (FEDEX, DHL, UPS) 24-48 HOURS