Category 1 – No Rabies Titre Required						
Anguilla	Cayman Island	Greece	Martinique	St. Barthelemy		
Antigua	Chanel Islands	Guadeloupe	Mauritius	St. Kitts-Nevis		
Aruba	Curacao	Iceland	Montserrat	St. Lucia		
Australia	Czech Republic	Ireland	New Caledonia	St. Maarten		
Austria	Denmark	Jamaica	New Zealand	St. Vincent		
Barbados	Dominica	Liechtenstein	Portugal	Sweden		
Belgium	French Polynesia	Luxembourg	Sabo	Switzerland		
Bermuda	Germany	Malaysia	Saint Eustatius	Vanuatu		
Bonaire	Great Britain	Malta	Singapore			

Category 2 – Rabies Titre Required						
American Samoa	Canary Island	Greenland	Netherlands	Slovenia		
Andoria	Chile	Guam	Northern Mariana	Spain		
Andorra	Croatia	Hawaii	Norway	St. Helena		
Argentina	Estonia	Hong Kong	Poland	St. Pierre & Miquelon		
Ascention Island	Falkland Islands	Hungary	Puerto Rico	Taiwan		
Azores	Faroe Islands	Japan	Reunion	United Arab Emirates		
Bahrain	Fiji	Latvia	Romania	US Virgin Island		
Bolgaria	Finland	Lithuania	Russian Federation	USA		
Bosnia-Herzegovina	France	Mayotte	San Marino			
British Virgin-Island	French Guiana	Mexico	Slovakia			
Canada	Gibraltar	Monaco				

## **REQUIREMENTS:**

- Apply for import permit *at least one (1) month <u>in advance</u>* before planned travel.
- Ensure that you have an import permit before entering Trinidad.
- Have your animal micro-chipped with a brand accepted by the International Standards Organization (Standard 11784 or Annex A to standard 11785 with the ISO Standard Chip.
- Requirements for animals coming from Countries with Rabies.
  - Have the animal vaccinated against Rabies.
    - Have a rabies blood test (FAVN or RFFIT) done at least one (1) month after vaccination. This test must be done at an approved laboratory.

(Original Laboratory Results is to be directly emailed by the Laboratory to the Office of the Chief Veterinary Officer)

- Please be advised that animals <u>NOT</u> coming from Category 1 and 2 Countries must apply for an import permit five (5) months after the administering date of the rabies vaccination.
- Ensure that you have all the necessary documents, as indicated on the import permit, before traveling.
- Notify the Veterinary Officer, Quarantine, Veterinary Services, telephone (868) 693-2910 and nadcaph2013@gmail.com at least two (2) working days before the scheduled time of arrival.

For further information contact the Office of the Chief Veterinary Officer at: -

Address: 80 Abercromby Street, Port of Spain

Telephone: 868 625-5997; 625-1473 Email: aphmalmr@gmail.com

## APPLICATION FOR A PERMIT TO IMPORT DOGS AND CATS

- A This form should be completed by the owner of the animal or an authorized representative and sent to the Chief Veterinary Officer, Animal Production and Health Division, Ministry of Agriculture, Land and Fisheries, 80 Abercromby Street, Port of Spain, Telephone (868) 625-5997; 625 1473; Fax (868) 625-5993 or by email to: aphmalmr@gmail.com.
- B The application for the Import Permit should be made at least *one (1) month in advance* of the intended time of importation into Trinidad and Tobago.
- C One form per animal must completed in **BLOCK LETTERS**.

IDENTIFIC	CATION OF THE A	NIMAL:			
Dog □	Cat $\square$	Male	Female	Neutered	Spayed □
Name:			Breed:		
Date of Birth	(yyyymmdd):		Approx	ximate weight:	
Colour & Di	stinguishing marks:				
Microchip N	umber:				
Anatomical s	site of microchip:				
Countries of	residence of the anim	mal during the six	x (6) months period p	prior to entry into Trinida	nd and Tobago:
MUST be fil	lled out for animals	coming from <u>T</u>	he United States:		
Date of Rabi	es Vaccination (yyy	ymmdd):			
Length of Ra	bies Vaccination:	□ one year	□ two year	☐ three year	
Date of Seru	m sample (yyyymmo	ld):		Titre:	
	d Laboratory must en will not be processed			hief Veterinary Officer, <u>a</u>	phmalmr@gmail.c
	R INFORMATION	[IN TRINIDAD	AND TOBAGO]::		
IMPORTE					
	orter:				

Importer Identification (National Id/Drivers Permit/Passport) attach copy:

Tel: \_\_\_\_\_ Fax : \_\_\_\_ Email: \_\_\_\_

EXPORT	FING COUNTRY: United States	
Port of en	nbarkation:	
Route of I	Proposed travel:	
Name of	exporter	
Address o	of exporter:	
Fax:	Tel: Email:	
Arrival I	nformation (If available)	
Port of ar	rival:	
Flight Nu	mber (Cargo Only):	
Transiting	g through	
Expected	date and time of Arrival(yyyymmdd):	
	ersigned, apply for a permit to import the animal referred to above and declare that to the best of my knowled fall the particulars given above are true.	ge
I declare (	(tick the appropriate box) that the animal is my property $\Box$	
٦	That I have authority to sign as an agent. from the owner $\Box$	
I acknowl	ledge and agree:	
	istry of Agriculture, Land and Fisheries, Trinidad and Tobago is in no way liable to me for the loss, death of any animal;	or
Ensure the	at the terms and conditions on the permit, when issued are fully satisfied; and	
I understa	and that if an animal does not meet the requirements of the import permit the animal can be;	
(a) r	re-exported at the consignees expense or	
(b) I	Euthanised.	
As determ	nined by the Inspector.	
Other Int	formation:	
Name of a	applicant:	
	elephone:	
Signature	· Date·	