



# APPLICATION FOR SPECIAL EXEMPTION FOR A PERMITTED DOG IMPORT

FORM APPROVED  
OMB NO. 0920-0134  
EXP DATE 07/31/2022

Guidance for completing this application is available at: [www.cdc.gov/importation/forms.html](http://www.cdc.gov/importation/forms.html).

\* Denotes a Required field

To Submit Electronically

To Submit Electronically via Email

- Submit application online at [www.cdc.gov/dogpermit](http://www.cdc.gov/dogpermit)

This application is optimized for a desktop/laptop experience  
If not using Adobe Acrobat®, download Acrobat Reader for free  
If on a mobile device, download Acrobat® Reader app from iTunes, Google Play, etc.  
Complete application then save to device  
Email application and all supporting documents to [CDCanimalimports@cdc.gov](mailto:CDCanimalimports@cdc.gov)  
ONLY if unable to apply online

## SECTION A - APPLICANT

1. * Last Name:		2. *First Name:		3. Middle Initial:
<input type="text"/>		<input type="text"/>		<input type="text"/>
4. *Intended final destination address (Must be a U.S. Address; no P.O. Boxes):			5. *City:	
<input type="text"/>			<input type="text"/>	
6. * State:	7. *Zip Code (5 digits only):	8. *Phone:	9. *E-mail:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. Passport:				
Passport #:		Country:		
<input type="text"/>		<input type="text"/>		

## SECTION B - PERMIT HOLDER (if different from above)

11. Last Name:		12. First Name:		13. Middle Initial:
<input type="text"/>		<input type="text"/>		<input type="text"/>
14. Mailing Address (Must be a U.S. Address; no P.O. Boxes):			15. City:	
<input type="text"/>			<input type="text"/>	
16. State:	17. Zip Code(5 digits only):	18. Phone:	19. E-mail:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
20. Passport:				
Passport #:		Country:		
<input type="text"/>		<input type="text"/>		

## SECTION C - IDENTIFICATION OF DOG

21. *Country of Origin:		22. Name of animal:		
<input type="text"/>		<input type="text"/>		
23. *Date of Birth (mm/dd/yy)	24. *Sex:	25. *Breed:		26. *Color:
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
		If other, specify:		
		<input type="text"/>		
27. *Microchip #:	28. Date of rabies vaccination (mm/dd/yy) - (attach copy)		29. Date of serology if applicable (mm/dd/yy) - (attach copy)	
<input type="text"/>	<input type="text"/>		<input type="text"/>	

Public reporting burden of this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA 0920-0134

## SECTION D - ENTRY AND FINAL DESTINATION

30. \*Date of entry for intended importation into the United States (mm/dd/yy):  
\_\_\_\_\_

31. \*U.S. port of entry for intended importation  
\_\_\_\_\_

## SECTION E - TRAVEL INTINERARY (Complete only one subsection below)

32. \*Air

Airline: \_\_\_\_\_

If other, specify: \_\_\_\_\_

Flight #: \_\_\_\_\_

AWB #: \_\_\_\_\_

\*Transport Entry Method (choose one below)

Hand carry

Checked baggage

Cargo

33. \*Land border crossing

Private vehicle license plate #: \_\_\_\_\_

Bus Company: \_\_\_\_\_

State: \_\_\_\_\_

Train Company: \_\_\_\_\_

Province: \_\_\_\_\_

34. \*Sea

Ship company/Vessel name: \_\_\_\_\_

If other, specify: \_\_\_\_\_

## SECTION F - REQUEST DETAILS

35. \*Purpose for which the dog is being imported:

Personal pet (including emotional support animals)

Research

Service dog

Rescue/adoption/resale (or other transfer of ownership)

Government owned animal

36. \*The reason why permission to import is being requested:

Unable to vaccinate against rabies because of research protocols  
(attach protocols and other supporting documents)

Other:

Dog traveling from high-risk country

## SECTION G - SUPPORTING DOCUMENTS

(Please include the following supporting documents with your application)

37. \* Rabies Vaccination Certificate

39. \* Photos of dog's teeth (front and side)

38. \* Serology results (if dog was vaccinated outside the U.S.)

40. \* Copy of Photo Page of Passport

## SECTION H - SIGNATURE

I am the owner (or authorized agent for the owner) of the dog listed on this form. I understand that ownership of the dog cannot be transferred to another person while in confinement. The dog must be confined at the address listed on this form and may not be placed at any other location or with any other person until the confinement period has ended.

I certify that the information given in this application is complete and true to the best of my knowledge.

I agree to obey the conditions listed in this application. I will comply with all restrictions and precautions in the permit, as well as all applicable import regulations.

I understand that I may be convicted of a crime if I don't comply with these import requirements. I could be sentenced to 1 year in jail and/ or a maximum fine of \$100,000 if the violation doesn't result in a death or a maximum fine of \$250,000 if the violation does result in a death. Violations by an organization are punishable by a maximum fine of \$200,000 per violation (if no death) and \$500,000. These penalties are provided for under 42 U.S.C. §264 and 42 U.S.C. §271 (as enhanced by 18 U.S.C. §§ 3559 & 3571).

\*I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

41. \*Legal Signature: Typed First, Middle Initial and Last Name:

42. \*Date Signed(mm/dd/yy):