



# APPLICATION FOR A PERMIT TO IMPORT A DOG INADEQUATELY IMMUNIZED AGAINST RABIES

FORM APPROVED  
OMB NO. 0920-0134  
EXP DATE 03/31/2022

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

**To Submit Electronically via Email Attachment**

- 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 attachment to: [CDCanimalimports@cdc.gov](mailto:CDCanimalimports@cdc.gov)

**To Submit Electronically via Fax**

- Print completed application and send to the following fax number:  
404-472-8552

**To Submit via Postal Mail**

- Print completed application and send via mail to the following address:  
Centers for Disease Control and Prevention  
Quarantine and Border Health Services  
Branch Zoonoses Team, 1600 Clifton Rd NE,  
MS E-28 Atlanta, GA 30329-4027

SECTION A - APPLICANT				
1. *Last Name:		2. *First Name:		3. Middle Initial:
4. *Mailing Address (Must be a U.S. Address; no P.O. Boxes):		5. *City:		
6. *State:	7. *Zip Code (5 digits only):	8. *Phone:	9. *E-mail:	
10. Passport:/U.S. Driver's License # (choose one): Passport #: _____ U.S. Driver's License _____		11. Passport:/U.S. Driver's License # Issued by: Country: _____ State: _____		

SECTION B - PERMIT HOLDER (if different from above)				
12. Last Name:		13. First Name:		14. Middle Initial:
15. Mailing Address (Must be a U.S. Address; no P.O. Boxes):		16. City:		
17. State:	18. Zip Code(5 digits only):	19. Phone:	20. E-mail:	
21. Passport:/U.S. Driver's License # (choose one): Passport #: _____ U.S. Driver's License # _____		22. Passport:/U.S. Driver's License # Issued by: Country: _____ State: _____		

SECTION C - IDENTIFICATION OF DOG			
23. *Country of Origin:		24. *Length of time (in months) in country of origin:	
25. *Date of Birth  (mm/dd/yy)	26. *Sex:	27. *Breed:  If other, specify: _____	28. *Color (attach photograph):  <small>Email a color photograph of the dog to <a href="mailto:cdcanimalimports@cdc.gov">cdcanimalimports@cdc.gov</a> after submitting your application. Reference the Applicant's name and contact information</small>
29. Microchip # (if available):	30. Tattoo # (if available):	31. Date of rabies vaccination - submit copy of vaccination certificate:  (mm/dd/yy)	

\*Required field

Public reporting burden of this collection of information is estimated to average 15 minutes 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

32. \*Date of entry for intended importation into the United States:

\_\_\_\_\_  
(mm/dd/yy)

33. \*U.S. port of entry for intended importation

### Intended Final Destination (i.e., Proposed Confinement Location): (Refer To The Box Above Section G For Information About Confinement)

34. \*Street Address:

35. \*Phone:

36. \*City:

37. \*State:

38. \*Zip Code (5 digits only):

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

39. \*Air

\*Transport Entry Method (choose one below)

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

Hand carry

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

Checked baggage

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

Cargo

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

40. \*Land border crossing

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

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

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

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

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

41. \*Sea

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

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

## SECTION F - REQUEST DETAILS

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

Resale    Rescue/Adoption    Personal Pet    Research    Veterinary Care    Other \_\_\_\_\_

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

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

Dog too young to be vaccinated (i.e., younger than 3 months old)

Less than 30 days after initial rabies vaccination

Current rabies vaccine certificate has expired

High-risk restricted country approval

Other: \_\_\_\_\_

## SECTION G - 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 per violation if there is a death. 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.

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

45. \*Date Signed:

\_\_\_\_\_  
(mm/dd/yy)