APPLICATION FOR PERMIT TO IMPORT DOMESTIC ANIMALS* INTO THE COMMONWEALTH OF THE BAHAMAS *** EXPEDITED AGENT HANDLING REQUEST - DO NOT MAIL***

INSTRUCTIONS: 1) Complete this Application, then Scan or use your mobile phone's camera to capture a photo of this <u>Completed Application</u>, Animal Health Certificate indicating Rabies and DHLPP/FVRCP vaccinations and Colour Photo of animal or Service Animal/ESA badge with animal's photo. 2) Email ALL documents to <u>permits@bahamaspetpassport.com</u> to request expedited agent handling of Permit to Import Domestic Animal into the Commonwealth of the Bahamas. 3) Secure Online Payment Link will arrive to your email. Approved permits delivered via email within 3 to 5 business days* of payment.

•							TO PREVENT PROCESS	ING DELAYS)
		COMPANY NAME						
		(H((CELL)
							NUMBER OF P	
		_ months SEX						
HOMEA	GAIN AVID	DESTRON TRO	OVAN OT	THER:		_MICROCHIP N	lo	
INITIAL CO	JNTRY OF EXPO	RT (Including Cour	ntry of Origi	n if anima	al was in tra	nsit to The Bah	namas):	
COUNTRY	OF BIRTH OF AN	IMAL(S):			ANTIC	IPATED DATE (OF ARRIVAL (d/m/y):	
PURPOSE (OF IMPORTING A	ANIMAL(S): Pet	Vacation	Servic	e Animal	Re-Sale Of	ther (Please state):	
EXPECTED	ISLAND, PORT	OF ENTRY NAME A	ND PHYSIC	AL ADDR	ESS IN THE	BAHAMAS: _		
EXPECTED	ISLANDS VISITI	NG WHILE IN THE E	BAHAMAS (for vacati	on and serv	vice animals vis	siting):	
EXPECTED	DURATION OF S	STAY IN THE BAHAI	MAS (days)		_			
ADDITIONA	L PERMIT REQU	JESTS: This section	may be use	ed to requ	uest permits	for the entry of	of additional animals.	
Name	Туре	Breed:	Age	Sex	Neutered	Microchip	Microchip	Number of
rame	(Dog/Cat, etc)	List Predominant	(Yr, Mo)	(M / F)	(Y / N)	Brand	Number (15 digits)	Permits
		1st, then Mix(es)						Requested*
APPLICATION Additional (See COMPLETED SUPPORTIN APPLICATIO A) HEALTH B) COLOR P C) ANY OTH OFFICER NB: OFFICE AUTHORISE AUTHORISE NB: OFFICE IMPORTER I/We: Declare that Agree to pay and Agree that th	NB: IF IN DO FO PROCESSING FEE: e Invoice) D APPLICATIONS CA G DOCUMENTATION N FORM: RECORDS FOR THE HOTOGRAPHS OF T ER SUPPORTING DO S REQUIRE. LL INSPECTION MAY D VETERINARIANS T HOURS - 9AM-5PM DECLARATION Plea the information provite processing fee the responsible Governary	DUBT, PLEASE CON R CLARIFICATION USD/BSD \$10.00 per per control of the control of	ON DOMES ON	DEPARTM TIC ANIM WAT OF P TO PROCE TH THIS DHLPP/FV GOVERNM FIED BY public holid rocessed with associate the associate ves the right	MENT OF AC AL SPECIE: ROCESSING F ESS. RCP HENT Characteristics of the desired with the import to deny any	e. t of my/our knowle portation of the aniapplication where	edge: imals listed on this application reasonable grounds have dete	S
DATE (d/m/y):	PRINT NAM	IE:			SIGNATUR	RE:	
OFFICIAL	USE ONLY	APPROVED	DENIED	ON H	OLD BY:		REASON:	
Rev. June	2019 DATE:	(d/m/y):	SIGNAT	URE:		PRINT	/NAME:	