

DEPARTMENT OF AGRICULTURE VETERINARY SERVICES UNIT
DARVILLE'S COMPLEX, GLADSTONE & MUNNINGS ROADS,
NEW PROVIDENCE, THE BAHAMAS
Telephone: 1(242)-397-7450/1 Fax: 1(242)-325-3960
Website: www.bahamas.qov.bs/agriculturemarine

APPLICATION FOR PERMIT TO IMPORT DOMESTIC HORSES (AND EQUIDS) INTO THE COMMONWEALTH OF THE BAHAMAS

PLEASE WRITE CLEAR	LY AND COMPLETE	THE ENTIRE FOR	<u> 1</u> FOR EACH HOR	SE/ EQUID TO PREVENT P	ROCESSING DELAY
OWNER NAME:					
CONSIGNEE NAME AN	ID COMPANY NAM	E (if not owner):			
OWNER PHYSICAL AD	DRESS:				
TELEPHONE:	(H	OME)	(V	VORK)	(CELL)
FAX No.:		EMAIL:			
TYPE OF HORSE (OR	EQUID):		*BREED/CR	OSSES:	
*AGE: years _	months	*SEX: □ MALE *MARKINGS (see	☐ FEMALE diagram on Page	*NEUTERED: YES	NO NO
STATE/TOWN/CITY AN Bahamas):	ID COUNTRY OF E	XPORT (including	Country of Origin	if animal is in transit to 1	ne
PURPOSE OF IMPORT	ING ANIMAL: 🗆 Po	ersonal 🗆 Comme	ercial (as Work ho	rses) 🗆 Other - Please s	state:
COUNTRY OF BIRTH	OF ANIMAL:				
COUNTR(Y)IES VISITE	D WITHIN THE LAS	ST 6 MONTHS PRIC	OR TO ARRIVAL I	N THE BAHAMAS INCLUI	DE:
FACILITY/SOURCE NA	AME AND COMPLE	TE PHYSICAL ADD	RESS WHERE A	NIMALS ARE CURRENTL'	Y HOUSED:
ANTICIPATED DATE	OF ARRIVAL (d/m/y	'):		-	
		VIA3.			
*Please refer to Page 2			05		1
PROCESSING FEE:	PROCESSING per anir	ermit PLUS 12% VAT mai AND FAX FEE OF NB: FAX FEE IS O	USD/BSDS5.00	COMPLETE APPLICATIONS 48 BUSINESS HOURS TO PI	ROCESS.
SUBMISSION OPTIONS: BY HAND (NEW PROVIDENCE OFFICE, FAMILY ISLAND OFFICES OR FAMILY ISLAND ADMINISTRATOR'S OFFICE)				SUPPORTING DOCUMENTS (IN ENGLISH) TO SUBMIT WITH APPLICATION FORMS: (A) HEALTH DOCUMENTATION MUST BE SUBMITTED (B) ANY OTHER SUPPORTING DOCUMENTATION AS AUTHORISED	
IMPORTER DECLARATION Please note that the without a signature I/We: Declare that the information provided in this ap the best of my/our knowledge; Agree to pay the processing fee regardless of the importation of the animals listed on this ap. Agree that the responsible Government Agent deny any application where reasonable ground detrimental to the health and welfare of animal international or national laws and regulations. DATE (d/m/y): SIGNATU		this application will not be re. application is true, corre of issue status and all co application; and ancy in The Bahamas re- ands have determined the lass, the public, or non-c	oct and accurate to osts associated with serves the right to e import will be ompliant with	OFFICERS REQUIRE NB: OFFICIAL TEST RESULTS AND ANIMA INVENTORY IN SHIPMENT MUST BE RECEIVED BY THE AUTHORISED OFFICERS OFFICERS PRIOR TO APPROVAL AND RELEASE OF AN IMP PERMIT INSPECTION WILL BE REQUIRED AT PORT OF ENTRY IN THE BAHAMAS BY GOVERNMENT AUTHORISED VETERINARIAN AND FEES MAY BE APPLIED AS VERIFIED BY AUTHORIS OFFICERS	
OFFICIAL USE ONLY	APPROVED TO DE	NIED DON HOLDE	۷V٠	REASON:	

SIGNATURE:

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Rev. June 2019

DATE (d/m/y):__