



MINISTRY OF AGRICULTURE
VETERINARY SERVICES
THE PINE, ST MICHAEL BB11091
BARBADOS



TEL. NOS: (246) 427-5073/427-5492

FAX. NO: (246) 429-2143

E-Mail: vetservices@caribsurf.com

APPLICATION FOR A PERMIT TO IMPORT DOGS AND CATS

IMPORTER DETAILS		EXPORTER DETAILS
NAME:		NAME:
ADDRESS (IN BARBADOS - REQUIRED):		ADDRESS:
PHONE:	MOBILE:	COUNTRY OF EXPORT:
E-MAIL:		

DESCRIPTION OF ANIMAL(S)				
SPECIES	BREED	AGE	M/F	MICROCHIP NUMBER
INTENDED USE: PET <input type="checkbox"/> BREEDING <input type="checkbox"/> WORKING <input type="checkbox"/> SERVICE <input type="checkbox"/> OTHER <input type="checkbox"/>				

ADDITIONAL INFORMATION*	
AIRLINE/VESSEL:	FLIGHT NUMBER:
EXPECTED DATE and TIME OF ARRIVAL:	
CUSTOMS BROKER DETAILS	
NAME:	PHONE:

**If not available when applying for the permit, the following information must be submitted no less than three (3) working days prior to the animal's arrival.*

PLEASE NOTE: *The conditions under which animals are permitted entry into Barbados are subject to change at short notice, depending on the animal disease status of the country from which they are being imported.*

AGREEMENT

I/We the undersigned declare all information provided on this application is true to the best of my/our knowledge and agree to comply with the issued Import Conditions should the application be approved.

NAME (In block letters): _____

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

Application approved: No ☐ Yes ☐ Permit Number issued: _____

Signature: _____ Date: _____