



**VETERINARY QUARANTINE
VETERINARY SERVICES DIVISION
MINISTRY OF INDUSTRY, COMMERCE, AGRICULTURE & FISHERIES
HOPE GARDENS, KINGSTON 6, JAMAICA**

CONFIRMATION OF ANIMAL ARRIVAL FORM

To be submitted three (3) days before arrival

OWNER INFORMATION:

NAME _____ CONTACT # _____

ADDRESS _____

ANIMAL INFORMATION:

NAME _____ BREED _____

MICROCHIP NO. _____ PERMIT NO. _____

FLIGHT / VESSEL INFORMATION

AIR CRAFT / VESSEL DESCRIPTION # _____

EXPECTED DATE / TIME OF ARRIVAL _____ / _____ am pm
date / month / year

PORT OF EMBARKMENT _____ PORT OF DISEMBARKMENT _____

I have included a copy of the OFFICIAL VETERINARY EXPORT HEALTH CERTIFICATE

I have included certified copy/copies of the following supporting document(s)

Ehrlichia, Babesia, Lyme disease laboratory report

Leishmania infantum laboratory report

Brucella canis laboratory report (where applicable)

Heartworm (*Dirofilaria immitis*) (where applicable)

Leptospira interrogans serovar *canicola* laboratory report (if not vaccinated)

Rabies vaccination certificate

FAVN (Fluorescent Antibody Viral Neutralization) Laboratory Report

Received By: _____ Date: _____

date / month / year

Telephone Number: (876) 977-2489 / 92

Fax Number: (876) 977-0885

Email: vsdpermits@gmail.com