## Application for a Permit to Import Cats and Dogs into Australia

## Giving false or misleading information is a serious offence

The most current information including <u>approved country lists</u> can be obtained via the Internet at <u>www.aqis.gov.au</u> or by e-mail at <u>animalimp@aqis.gov.au</u> or by ph +612 6272 4454.

- You must complete one application for each cat or dog. Note: This application is not an import permit.
- The completed application form/s should be posted or faxed to the quarantine station that will accommodate your pet/s on arrival in Australia (stations are listed on the last page of this application).
- A sum of AUD **\$260** must be sent with the application/s. This fee is payable only once per owner when multiple pets arrive in Australia at the same time. If sending a cheque, your application should be posted, if paying by credit card you may post or fax your application. Cheques are payable to the "Collector of Public Monies-AQIS" Amex, Visa, MasterCard and Bankcard are accepted.
- AQIS will send an import permit/s (including veterinary certificates A and B) to you after receiving the completed application/s. Pets are only eligible to travel to Australia with a valid AQIS import permit and when all conditions provided on the AQIS import permit have been met.
- The owner/importer must pay all <u>quarantine fees</u> associated with the import and quarantine accommodation of pet/s.

SECTIONS 1, 2, 3, 4 and 5 must be completed by all applicants.

SECTION 6 should only be completed if importing more than one animal.

**SECTION 7** must be completed if importing a dog from a country where dog-mediated rabies is absent or well controlled ie category 4 or South Africa. An OFFICIAL VETERINARIAN of the country of export must complete this section. There is no need to fill out section 7 if you are importing a cat or dog from a rabies free country ie category 2 or 3.

| 1  | Country | ٥f        | origin |  |
|----|---------|-----------|--------|--|
| 1. | Country | <b>UI</b> | origin |  |

The country of origin of your cat or dog:..... Approximate date of export:....

| 2. Importer details  |                      |              |  |  |  |
|--|----------------------|--------------|--|--|--|
| Details of IMPORTER /Owner or Representative in Australia:                 |                      |              |  |  |  |
|  |                      |              |  |  |  |
| Mr/Mrs/Ms:   | /Ir/Mrs/Ms:(surname) |              |  |  |  |
| Address:   |                      |              |  |  |  |
|  |                      | Postcode     |  |  |  |
|  | AUSTRALIA. E-mail    |              |  |  |  |
|  |                      |              |  |  |  |
| Telephone:(Home)   | (Work)               | Fax:         |  |  |  |
| 3. Exporter details  |                      |              |  |  |  |
| Details of the EXPORTER / owner / representative in the country of origin: |                      |              |  |  |  |
|  |                      |              |  |  |  |
|  |                      | (given name) |  |  |  |
|  |                      |              |  |  |  |
|  |                      | Postcode     |  |  |  |
|  | E-mail:              |              |  |  |  |
| Telephone:(Home)<br>Please include country codes and a                     |                      | Fax:         |  |  |  |
| rieuse merude country codes and a  |                      |              |  |  |  |

Please either type or write clearly in BLOCK letters. Where applicable, please tick the relevant box  $\square$ .

| 4. Description of animal   |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Animal's name:   | Age or date of birth (day/month/year):    |  |  |  |  |  |
|  |   |  |  |  |  |  |
| Species: Dog Cat Cat   | Sex: Male (entire) Male de-sexed          |  |  |  |  |  |
|  | Female (entire) Female de-sexed           |  |  |  |  |  |
| Breed (for mixed breed animals, indicate the breed/s which the   | animal most closely resembles):           |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  | 1 A                                       |  |  |  |  |  |
| Pregnancy: Will the animal be pregnant on arriva   | ll in Australia?                          |  |  |  |  |  |
| No Yes Expected date of birth (day,  | /month/year)                              |  |  |  |  |  |
| 5 Microphin dotails AOIS can not issue a parmit t  | a import if this saction is not completed |  |  |  |  |  |
| 5. Microchip details       AQIS can not issue a permit to import if this section is not completed.         Microchip number:       Microchip reader type:  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  | Avid Destron Trovan                       |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  | Other ISO Compatible:                     |  |  |  |  |  |
|  |   |  |  |  |  |  |
| <b>6.</b> Animals sharing quarantine accommodation. Please complete this section if you are intending to import more than one animal. Shared accommodation will only be granted for animals of the same species. |   |  |  |  |  |  |
| Do you want this cat/dog to share quarantine accommodation with another pet owned by you?  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
| No 🖵   |   |  |  |  |  |  |
| Yes 🔲 Name, microchip number and species of other animal:  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |

## DECLARATION

I declare that this animal is not a Pitbull Terrier or American Pitbull Terrier or Fila Brasileiro or Dogo Argentino or Japanese Tosa. Also, the animal is not a domestic animal hybrid such as a wolf or bengal cat having any pure-bred ancestor less than 5<sup>th</sup> generations away.

I declare that to the best of my knowledge and belief all the above information is true and correct

(Signature and printed name of applicant)

Date:....

| <b>7. Rabies vaccination and Rabies Neutralising Antibody Titre Testing (RNATT).</b><br>This section must completed when importing animals from a category 4 country or South Africa.   |  |  |  |
|---|--|--|--|
| THIS SECTION MUST BE COMPLETED, SIGNED AND STAMPED BY <u>AN OFFICIAL</u><br><u>VETERINARIAN</u> OF THE COUNTRY OF EXPORT. A PERMIT TO IMPORT WILL NOT BE<br>ISSUED IF ANY PART OF THIS SECTION IS BLANK. [A copy of the RNATT must be attached] |  |  |  |
| I(Name of Official Veterinarian)  |  |  |  |
| (Address of Official Veterinarian)  |  |  |  |
| declare that I have sighted the rabies vaccination certificate and the RNATT report.  |  |  |  |
| The date of last rabies vaccination is recorded as:   |  |  |  |
| • The animals age at last rabies vaccination was:   |  |  |  |
| <ul> <li>The laboratory reporting the RNATT is government-approved: Yes </li> <li>Name and address of approved laboratory:</li> </ul>   |  |  |  |
| The microchip number that appears on the RNATT report is:   |  |  |  |
| • Blood samples taken for RNATT were drawn on:(dd/mm/yy)  |  |  |  |
| • The RNATT result is recorded as:International Units/ml in animal's serum  |  |  |  |
| (the RNATT result must be at least 0.5IU/ml)  |  |  |  |
|   |  |  |  |
|   |  |  |  |
| Signature of Official Veterinarian Stamp of Official Veterinarian   |  |  |  |

Faxed applications must bear the stamp of the Official Veterinarian rather than a raised seal.

| AQIS Animal Quarantine          | AQIS Animal Quarantine      | AQIS Animal Quarantine    |  |  |
|---------------------------------|-----------------------------|---------------------------|--|--|
| Sydney - New South Wales        | Melbourne - Victoria -      | Perth - Western Australia |  |  |
| Eastern Creek Animal Quarantine | Spotswood Animal Quarantine | Byford Animal Quarantine  |  |  |
| Station                         | Station                     | Station                   |  |  |
| 60 Wallgrove Rd                 | PO Box 300                  | PO Box 61                 |  |  |
| Eastern Creek NSW 2766          | Newport VIC 3015            | Byford WA 6201            |  |  |
| Fax: (612) 9832 1532            | Fax: (613) 9391 0860        | Fax: (618) 9526 2199      |  |  |



## Please complete the following details if you are paying by credit card

| For details of o | goods and services  | please refer to t | he attached a | pplication form |
|------------------|---------------------|-------------------|---------------|-----------------|
| I OF GOLUND OF S | 30003 una 301 11003 |                   | ne uttuened u |                 |

| Amount paid:                   | Card No          | :            |    |           |  |
|--------------------------------|------------------|--------------|----|-----------|--|
| Please debit my: B             | ankcard          | Valid dates: | to |           |  |
| м                              | lasterCard       |              |    |           |  |
| V                              | isa              |              |    |           |  |
|                                | American Express |              |    |           |  |
| Name (as appears on the card): |                  |              |    |           |  |
| Street Address:                |                  |              |    |           |  |
|                                |                  |              |    | Postcode: |  |
| Telephone:                     | ( )              |              |    |           |  |
| Signature:                     |                  |              |    | Date:     |  |