ON ISLAND REENTRY APPLICATION FOR A PERMIT TO IMPORT ANIMAL/S INTO THE FEDERATION OF ST. KITTS AND NEVIS

To The Chief Veterinary Officer
P. O. Box 39, Veterinary Services
Department of Agriculture
Basseterre, <u>St. Kitts</u>, West Indies

Phone: (869) 465-2110, Fax: (869) 465-2928, <u>quarantinedoastk@hotmail.com</u> OR

skbvet12@gmail.com

| Date: | / / year | | | ROSS UNIVERSITY SCHOOL OF VETERNIARY MEDICINE | | | | |
|-------------------------------|--|-------------------|--------------|---|---------------------|---------|--|--|
| | Print Legi | bly or | Туре | | | | | |
| I/We [Na | ame of ow | ner] | | | | | | |
| Street A | Address: | | | | | | | |
| City | | | | State/Prov | | ountry: | Zipcode: | |
| | | | | x:e-mail: | | | | |
| hereby a | | permi | it to impor | | | | ion of St. Kitts and | |
| Date of last vac | Species | Sex | Breed | Date of Last Titer | Date of Birth | Name | AVID [®] or HOME AGAIN Microchip No | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| On Isla | nd studen | ts ma | ke check | \$20.00 PER aning payable to The | Account | | | |
| | | | | | | | | |
| Signature Nov 2010 | | | | | | | | |
| P O Box Departr Bassete | ary Servic x 39 ment of Ag erre. St. K one (869) | gricult itts W | .l. | | | | | |