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

skbvet@hotmail.com

Telephone (869) 465-2110

Date: / /				ROSS UNIVERSITY SCHOOL OF VETERNIARY MEDICINE				
	Print Legi	bly or	Туре					
I/We [N	ame of ow	ner]						
Street /	Address:							
City:				State/Prov		Zipcode:		
Phone:			Fax:		e-mail:			
Nevis.	apply for a		•	t the following an	imals into	the Federati	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	
				\$20.00 PER anin payable to The		ant General.		
Arrival o	date:							
Flight #.		/	Arrival Tin	ne:				
Signature Nov 2010								
P O Bo Departr	ary Servic x 39 nent of Agerre St. K	gricult						