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| Permit No.: Permit No | **شهادة صحية بيطرية لاستيراد الحيوانات الحية** | |  |
| Date of Issue: Date of Issue | **Permits for imported animals, birds, poultry, animal products, and animal health and production appliances** | |  |
| Name & Address of Importer:Importer | |  | |
| Name & Address of Exporter: Exporter: | |  | |
| Point of Entry: Point of entry | |  | |
| Purpose of Entry: Choose an item. | |  | |
| Country of Origin: Country of origin | |  | |
| Country of Export: Country of export | |  | |
| Type of Entry Point: Choose an item. | |  | |
| Point of Entry: Point of entry | |  | |
| Means of transport: Choose an item. | |  | |
| Means of transport ETA: Click here to enter a date. | |  | |
| Make and identification of MOT (if available): MOT | |  | |
| Border inspection post: Border inspection post: | |  | |
| Arrival at BIP (ETD): Date: Date Time: Time | |  | |
| Documents: | |  | |
| Number(s): Numbers | |  | |
| Date of issue: Date of issue | |  | |
| Accompanying document(s): Accompanying document(s) | |  | |

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| **Tariff number:** | **Commercial description:** | **Type of package:** | **Number of package:** | **Manufacturer (if applicable):** |
| Tariff number | Description | Type of package | Number of package | Manufacturer |
| Tariff number | Description | Type of package | Number of package | Manufacturer |
| Tariff number | Description | Type of package | Number of package | Manufacturer |
| Tariff number | Description | Type of package | Number of package | Manufacturer |

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| Quarantine facility: Quarantine facility |  |
| Commodity intended for: Choose an item. |  |
| If other, please specify: Please specify |  |

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| I, the undersigned person responsible for the load detailed above, certify that to the best of my knowledge and belief the statements made in Part 1 of this document are true and complete and I agree to comply with the legal requirements, including payment for veterinary checks, as well as for re-dispatching consignments, for quarantine or isolation of animals, or costs of euthanasia and disposal if necessary. | Place and date of declaration:  Place  Date  Name of signatory:  Name of signatory  Signature: |