



**REPUBLIC OF NAURU**

**DOG MANAGEMENT AND CONTROL ACT 2017**

**APPLICATION FORM FOR DOG IMPORT PERMIT**

*[Regulation 5]*

**To:** Director of Quarantine  
Republic of Nauru

*(Please provide a recent photo of the dog to be imported)*

<b>PART 1: PARTICULARS OF APPLICANT</b>	
(a) Full Name	
(b) Nationality	
(c) Date of birth	
(d) Identification No. /Passport No.	
(e) Residential Address	
(f) Email	
(g) Telephone	
<b>PART 2: IMPORTATION DETAILS</b>	
(a) Port of departure	
(b) Country of import	
(c) Importation by sea / air	
(d) Date of arrival into Nauru	
<b>PART 3: PARTICULARS OF DOG TO BE IMPORTED</b>	

(a) Breed	
(b) Colour	
(c) Age	
(d) Sex	
(e) When was your dog desexed? <i>(Please provide a valid certificate from the licenced veterinarian who administered the vaccine)</i>	
(f) When was your dog dewormed? <i>(Please provide a valid certificate from the licenced veterinarian who administered the vaccine)</i>	
(g) When was your dog vaccinated against rabies? <i>(Please provide a valid certificate from the licenced veterinarian who administered the vaccine)</i>	
(h) When was your dog vaccinated against canine parvovirus, distemper, canine hepatitis and leptospirosis? <i>(Please provide a valid certificate from the licenced veterinarian who administered the vaccine)</i>	

**PART 4: DECLARATON OF APPLICANT**

I, ..... *(name of applicant)* do solemnly declare that the particulars and details stated in this application and the attachments are true and correct to the best of my knowledge and belief and that I have not wilfully suppressed any material fact or mistake.

I, understand that if any information provided by me is false or conceals any material fact or mistake, I shall be liable to punishment upon conviction.

..... Date: / /20....

*Signature of applicant*

**PART 5: OFFICIAL PURPOSES**

Date application lodged by applicant: / /20....

Receiving officer..... Date: / /20....

Identification sighted: passport/driver's licence /other

Fee paid: Receipt No.....

Date application submitted to Director of Quarantine: / /20....

Date applicant informed or decision by Director of Quarantine: / /20....

**DECISION**

Application is: Approved / Rejected

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**Director of Quarantine**

Date:     /     /20....