SCHEDULE 1

FORM 1



DOG MANAGEMENT AND CONTROL ACT 2017

[Regulation 5]

APPLICATION FORM FOR DOG IMPORT PERMIT

To:

Director of Quarantine Republic of Nauru

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

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

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(e) When was your dog desexed? (Please provide a valid certificate from the licenced veterinarian who administered the vaccine)							
(f) When was your dog dewormed? (Please provide a valid certificate from the licenced veterinarian who administered the vaccine)							
(g) When was your dog vaccinated against rabies? (Please provide a valid certificate from the licenced veterinarian who administered the vaccine)							
(h) When was your dog vaccinated against canine parvovirus, distemper, canine hepatitis and leptospirosis? (Please provide a valid certificate from the licenced veterinarian who administered the vaccine)							
PART 4: DECLARATON OF APPLI	ICA NIT						
FART 4: DECLARATON OF APPLI	ICANI						
I,							
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.							
(Antala de la constanta de la	Date: / /20						
Signature of applicant							
PART 5: OFFICIAL PURPOSES							
Date application lodged by applicant: / /20							
Receiving officer:	Date: / /20						
☐ Identification sighted: passport/drivers licence /other							
Fee paid: Receipt No:							
Date application submitted to Director of Quarantine: / /20							

FORM 1 DOG MANAGEMENT AND CONTROL (IMPORT) REGULATIONS 2021

Date applicant informed or decision by Director of	/	/20					
DECISION							
Application is: Approved / Rejected							
Director of Quarantine	Date:	/	/20				