



DEPARTMENT OF AGRICULTURE  
 VETERINARY SERVICES UNIT  
 DARVILLE'S COMPLEX, GLADSTONE & MUNNINGS ROADS,  
 NASSAU, N.P., THE BAHAMAS  
 Telephone: 1(242)-397-7450/1 Fax: 1(242)-325-3960  
 Website: [www.bahamas.gov.bs/agriculturemarine](http://www.bahamas.gov.bs/agriculturemarine)

**APPLICATION FOR PERMIT TO IMPORT DOMESTIC ANIMALS\***  
**INTO THE COMMONWEALTH OF THE BAHAMAS**

(PLEASE PRINT CLEARLY AND COMPLETE THE ENTIRE FORM PER TYPE OF ANIMAL TO PREVENT PROCESSING DELAYS)

OWNER NAME: \_\_\_\_\_

CONSIGNEE NAME AND/OR COMPANY NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL)

FAX No.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TYPE OF ANIMAL: \_\_\_\_\_ NUMBER OF ANIMALS: \_\_\_\_\_ BREED: \_\_\_\_\_

AGE: \_\_\_\_\_ years \_\_\_\_\_ months SEX:  MALE  FEMALE NEUTERED?  YES  NO

HOMEAGAIN  AVID  DESTRON  TROVAN  OTHER: \_\_\_\_\_ MICROCHIP No. \_\_\_\_\_

INITIAL COUNTRY OF EXPORT (including Country of Origin if animal was in transit to The Bahamas): \_\_\_\_\_

INITIAL PORT OF ENTRY INTO THE BAHAMAS (ISLAND, NAME AND ADDRESS): \_\_\_\_\_

COUNTRY OF BIRTH OF ANIMAL(S): \_\_\_\_\_ ANTICIPATED DATE OF ARRIVAL (d/m/y): \_\_\_\_\_

PURPOSE OF IMPORTING ANIMAL(S):  Pet  Vacation  Service Animal  Re-Sale  Other (Please state): \_\_\_\_\_

EXPECTED ISLAND, PORT OF ENTRY NAME AND PHYSICAL ADDRESS IN THE BAHAMAS: \_\_\_\_\_

EXPECTED ISLANDS VISITING WHILE IN THE BAHAMAS (for vacation and service animals visiting): \_\_\_\_\_

EXPECTED DURATION OF STAY IN THE BAHAMAS (days) \_\_\_\_\_

\*DOMESTIC ANIMALS MEANS PETS (DOGS, CATS, BIRDS, GUINEA PIGS, HAMSTERS, RABBITS AND FRESHWATER TURTLES).

NB: IF IN DOUBT, PLEASE CONTACT THE DEPARTMENT OF AGRICULTURE VETERINARY OFFICERS FOR CLARIFICATION ON DOMESTIC ANIMAL SPECIES ALLOWED TO BE IMPORTED

PROCESSING FEE: USD/BSD \$10.00 per permit PLUS 12% VAT OF PROCESSING FEE (total of USD/BSD \$11.20 per permits)

PLEASE NOTE: NO PERSONAL CHEQUES OR CASH IN THE MAIL. WE ARE NOT RESPONSIBLE FOR CASH LOST IN THE MAIL. INTERNATIONAL MONEY ORDER ONLY

SUBMISSION OPTIONS: BY POSTAL MAIL  
 BY COURIER (FEDEX, DHL, UPS)  
 BY HAND (NEW PROVIDENCE OFFICE, FAMILY ISLAND OFFICES OR FAMILY ISLAND ADMINISTRATOR'S OFFICE)

MAILING ADDRESS: DEPARTMENT OF AGRICULTURE,  
 DARVILLE'S COMPLEX,  
 GLADSTONE AND MUNNINGS ROAD,  
 P.O. BOX N-3704  
 NASSAU, NEW PROVIDENCE, THE BAHAMAS.

NB: OFFICE HOURS – 9AM-5PM EST FROM MONDAY-FRIDAY (except public holidays)

COMPLETE APPLICATIONS CAN TAKE UP TO 48 BUSINESS HOURS TO PROCESS.

SUPPORTING DOCUMENTS (IN ENGLISH) TO SUBMIT ALONG WITH THIS APPLICATION FORM:

- (A) HEALTH RECORDS/ SANITARY CERTIFICATES FOR THE ANIMAL(S)
- (B) COLOR PHOTOGRAPH OF THE ANIMAL(S)
- (C) ANY OTHER SUPPORTING DOCUMENTATION AS AUTHORISED OFFICERS REQUIRE

NB: OFFICIAL INSPECTION MAY BE REQUIRED IN THE BAHAMAS BY GOVERNMENT AUTHORISED VETERINARIANS AND FEES MAY BE APPLIED AS VERIFIED BY AUTHORISED VETERINARIANS

**IMPORTER DECLARATION** Please note that this application will not be processed without completing this Declaration..

- I/We:
- **Declare** that the information provided in this application is true, correct and accurate to the best of my/our knowledge;
  - **Agree** to pay the processing fee regardless of issue status and all costs associated with the importation of the animals listed on this application; and
  - **Agree** that the responsible Government Agency in The Bahamas reserves the right to deny any application where reasonable grounds have determined the import will be detrimental to the health and welfare of animals, the public, or non-compliant with international or national laws and regulations.

DATE (d/m/y): \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

OFFICIAL USE ONLY  APPROVED  DENIED  ON HOLD BY: \_\_\_\_\_ REASON: \_\_\_\_\_

Rev. June 2019 DATE (d/m/y): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_