

**APPLICATION FOR A PERMIT TO IMPORT HORSES FOR DETENTION
IN QUARANTINE.**

A. This form should be completed by the owner of the animal or an authorized representative and sent to the Chief Veterinary Officer, Animal Health, Ministry of Agriculture, Land and Marine Resources, St. Clair Circle, St. Clair, Port of Spain, telephone (868) 622-1221-5 Ext. 2059 or 2061 FAX (868) 628-1289 or Senior Veterinary Officer, Caroni North Bank Road, Centeno Trinidad, West Indies 642-0063-4.

B. Please complete this form in BLOCK LETTERS ONLY.

Name, Age, Description _____

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2. Country from which animal is to be imported into Trinidad and Tobago

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3. Purpose of Importation

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4. Name and address (in T&T) of the owner of the animal

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TEL: _____ FAX: _____ EMAIL: _____

I the undersigned, apply for a permit to land the animal referred to above and declare that to the best of my knowledge and belief all the particulars given above are true.

I declare that: (tick the appropriate box)

The animal is my property

I have authority from the owner to sign this form as his/her agent.

I acknowledge that the Ministry of Agriculture, Land and Marine Resources, Trinidad and Tobago is in no way liable to me for the loss, death or sickness of any animal while in transit or in quarantine detention in Trinidad and I agree to ensure that the terms and condition on the permit, when issued are fully satisfied.

Signature _____ Date _____

OFFICIAL USE ONLY

Quarantine

Import Permit Duration: