

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
ATLANTA, GEORGIA 30333
NOTICE TO OWNERS AND IMPORTERS OF DOGS**

(Please print)

POINT OF ENTRY - CITY		DATE (mm/dd/yyyy)
OWNER'S NAME	PASSPORT No.	
OWNER'S COMPLETE ADDRESS &, TELEPHONE No.	DRIVER'S LICENSE No.	STATE ISSUED
	ADDRESS WHERE DOG(S) WILL BE CONFINED	

The following dog(s) (number, type, age, and description): _____

which arrived on _____
(Kind of conveyance - Name of Ship; Flight No. of plane; Tag No. of Vehicle)

from _____, is/are admitted to the United States, subject to restrictions of section 71.51 of Public Health Service Foreign Quarantine Regulations checked below:

1. "Confinement" for _____ days, which will complete a 30 day period from the date of the antirabies vaccination (§ 71.51 (c) (2) (i).)
2. "Confinement" until three months of age; then antirabies vaccination to be followed by confinement for 30 days. (§ 71.51 (c) (2) (ii).)
3. "Confinement" until antirabies vaccination at destination to be followed by "confinement" for 30 days. (§ 71.51 (c) (2) (iii).)

The above restrictions are imposed under section 71.51 Title 42, Code of Federal Regulations, and compliance is necessary before legal quarantine control of the animal(s) is relinquished.

"Confinement" as used above means "restriction of an animal by the owner or his agent to a building or other enclosure in isolation from other animals and from persons except for contact necessary for its care, or, if it is allowed out of such enclosure, muzzling the animal and keeping it on leash."

NOTICE TO OWNER: Criminal penalties may be imposed for violating regulations enacted under 42 USC § 264. Under 18 U.S.C. §§ 3559 & 3557, individuals may be fined up to \$250,000 if a violation of the regulation results in the death of a person, or up to \$100,000 if a violation of the regulation does not result in a death.

(Signature of Government Officer)

(Name: Please print or type)

(Title)

Statement to U.S. Government Officer

I certify that I am the owner, or authorized representative of the owner, of the above listed dog(s). I further certify that I acknowledge and will comply with the restrictions checked above. Also, I will be responsible for complying with any additional measures that may be required by health departments or other authority in the State of destination.

Copy sent to:

State health officer in
state of destination

(Signature of Owner or Representative)

(Date -mm/dd/yyyy)

U.S. Quarantine Station
(See reverse side)