



# CDC Dog Import Form

FORM APPROVED  
OMB NO. 0920-1383  
EXP DATE 5/31/2027

This form does not replace either the required vaccination form or the reservation at a CDC-registered animal care facility required for foreign-vaccinated dogs from high-risk countries for dog rabies.

Fill out one form for each dog you are importing.

Required \*

- New Import Application     Make changes to an existing import form

## Section A - Person Importing the Animal

First Name \*

Middle Name/Initial

Last Name \*

The person listed above is the: \*

- Owner     Consignor (shipper)     Flight Parent     Other

Email \*

Confirm Email \*

\*You will be sent a receipt at the email address you provide. You must present the receipt to the airline (if dog is traveling by air) and to U.S. Customs and Border Protection on arrival in the United States. Please check that your email address is correct.

Physical address where dog will be located in the United States (cannot be PO box)

Consignee/Recipient of dog \*

Street Address (No P.O. Box) \*

City \*

State \*

Zip Code \*

Phone Number \*

Email Address \*

## Section B - Animal Information

Animal Name \*

Age - Year \*

Month \*

Sex \*

Breed \*

Color/Markings \*

Microchip (Please enter max 3 characters for each box, 15 digits max total)

Microchip #:

Required \*

Attach a photo (1 mb max) of your dog taken no more than 90 days before travel (dogs under 1 year of age should have photo taken no more than 15 days before travel). Photo must be of face and body (see example below).

Upload a photo of dog (Accepting .jpg, .jpeg, or .png image type) \*

No files uploaded



Limit to 1 photo and 1 mb max

Importation Purpose \*

- Commercial (rescue, resale, adoption, or other commercial purpose)
- Government-owned animal
- Education, Exhibition, or Research
- Personal Pet (this includes emotional support animals)
- Service Animal

## Section C - Travel Information

Please verify using the link [High-Risk Countries for Dog Rabies](#). Has the dog been in any of the high-risk countries in the past six months?

Required \*

- Yes  No

## Section D - Signature

I attest that the dog associated with this import form has only been in the countries listed in Section C of this form in the six months prior to arriving in the United States, and the information given in this application is complete and true to the best of my knowledge.

I acknowledge there may be additional requirements for entry that must be met at the time of entry.

I understand that CDC reserves the right to request additional documentation (e.g., veterinary medical records, vaccine records, etc.) verifying this information upon arrival in the United States.

I understand that any false statement made in connection with the application may subject me to criminal penalties under 18 U.S.C. § 1001.

I will comply with all applicable CDC import regulations and requirements.

I understand that I may be convicted of a crime if I don't comply with these import requirements. Among other penalties, I could be sentenced to 1 year in jail and/ or a maximum fine of \$100,000 if the violation doesn't result in a death or a maximum fine of \$250,000 if the violation does result in a death. Violations by an organization are punishable by a maximum fine of \$200,000 per violation (if no death) and \$500,000. These penalties are provided for under 42 U.S.C. §264 and 42 U.S.C. §271 (as enhanced by 18 U.S.C. §§ 3559 & 3571).

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance \*

Legal Signature: Typed First, Middle Initial and Last Name \*

Signed Date \*

*displayed in Eastern time zone*

Public reporting burden of this collection of information is estimated to average 7 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-1383