



Australian Government

Australian Quarantine
and Inspection Service

Application for Permit to Import Quarantine Material
COMMONWEALTH QUARANTINE ACT 1908, Section 13

Giving false or misleading information is a serious offence

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Application to Import Disability Assistance Dogs	AQIS Ref./ Import Permit No.
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Importer details

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Company name	ABN or ACN (companies only)	Attention/Contact person
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address line 1 (Must be a physical address. P.O. Box will not be accepted.)

Address line 2

Address line 3

Suburb	State/Territory	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country	Email
<input type="text"/>	<input type="text"/>

Work phone	Home phone	Fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Exporter details

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Company name	Attention/Contact person
<input type="text"/>	<input type="text"/>

Address line 1

Address line 2

Address line 3

Suburb	State/Territory/Province	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country	Email
<input type="text"/>	<input type="text"/>

Work phone	Home phone	Fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICATION TO IMPORT DISABILITY ASSISTANCE DOGS

Animal details

Animal name Age (in years) or date of birth (dd/mm/yyyy)

Breed (for mixed breed animals, indicate the breed/s which the animal most closely resembles)

Sex
 Male (entire) Female (entire) Male desexed Female desexed

If female (entire), will the animal be pregnant on arrival in Australia? Yes No

If 'Yes', please provide the expected date of birth (dd/mm/yyyy):

Does your pet have any ongoing veterinary problems or require any medication? Yes No

If 'Yes', please provide a veterinary letter detailing your animals condition and any current medications:

Microchip details

AQIS cannot issue an Import Permit until this information is provided. Note: this information is not required for animals from Norfolk Island.

Microchip number

Microchip type
 Avid Destron Trovan Other ISO compatible:

Other details

Country of export

Australian port of arrival Estimated date of arrival (dd/mm/yyyy)

Supporting documentation

Have you attached documents supporting:

- The handler's disability? Yes No
- The handler's requirements for an assistance dog? Yes No
- The specialised training of the assistance dog? Yes No

Approved Import Permit

Please indicate your Import Permit delivery preference (please select only one option):

Email* Post Fax

*To receive an Import Permit via email, you must accept the Terms and Conditions:

I acknowledge that AQIS will send Commercial in Confidence emails and accept any risks associated.

Importer declaration

I hereby apply for permission to import the animal/s detailed in this application. I declare that the animal/s will be managed in accordance with all quarantine restrictions and conditions as specified in any Import Permit that may be issued as a result of this application. I declare that the information that I have provided is true and accurate to the best of my knowledge.

Signature _____

Name Date (dd/mm/yyyy)

Note: In accordance with the *Quarantine Service Fees Determination 2005*, Import Permit fees do not apply for Application to Import Disability Assistance Dogs.



Disability Assistance Dog Declaration

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Disability Assistance Dog Declaration

Declaration

I, _____ (Full name in capital letters)

Being the person who uses the disability assistance dog identified below, or that person's carer, declare that:

- The dog has been in my / the disabled person's service for at least six months.
- I understand the conditions detailed below and undertake to comply with these conditions, acknowledging that compliance is necessary for the post-arrival quarantine to be served as quarantine surveillance.
- The premise at the nominated address (shown below) is suitable for compliance with the conditions detailed below.

Animal details

Microchip number

Name of animal

Age or date of birth (dd/mm/yyyy)

Breed

Sex

Male (entire)
 Female (entire)
 Male de-sexed
 Female de-sexed

Nominated address

Address line 1

Address line 2

Address line 3

Suburb

State/Territory

Postcode

Phone

Fax

Email

DISABILITY ASSISTANCE DOG DECLARATION

Conditions of Quarantine surveillance

During the period covered by the Import Permit for release under quarantine surveillance:

1. No other cats or dogs will be present at the Nominated Address, except any other disability assistance dog/s owned by the resident/s at the Nominated Address. I understand that any such dog/s is/are subject to the same quarantine conditions as the imported dog.
2. The disability assistance dog will remain leashed and under my direct control at all times when it is not confined at the Nominated Address.
3. I will promptly inform AQIS of any illness of the dog. If I seek veterinary treatment of the dog I will advise the attending veterinarian that the animal is under quarantine surveillance and that a veterinary report for AQIS is required.
4. I acknowledge that a Quarantine Officer may visit the Nominated Address at any time while the dog is under quarantine surveillance and, agree to co-operate in this matter with the Quarantine officer.
5. I acknowledge that the dog will remain under quarantine surveillance for 30 days or 60 days as specified in the release under quarantine surveillance, or such greater period as a Quarantine Officer may decide.
6. I acknowledge/understand that a Quarantine Officer may exercise powers under the *Quarantine Act 1908* including requiring the dog to be inspected, treated, tested or removed to an animal quarantine station.
7. On proposed end date of quarantine surveillance I will:
 - a) Take the dog to a registered veterinarian for examination; and
 - b) After examination, the registered veterinarian must complete the 'Report to AQIS on the health of a Disability Assistance Dog completing post arrival quarantine surveillance' form, and return it to AQIS by fax for consideration for release from quarantine surveillance.

Signature of the Disabled Person/Person's Carer

Date (dd/mm/yyyy)

AQIS Officer to complete on receipt of this declaration

Signature of AQIS Veterinary Officer

Date (dd/mm/yyyy)

Official Stamp



Australian Government
 Australian Quarantine and
 Inspection Service

Rabies Vaccination and Rabies Neutralising Antibody Titre Test (RNATT) Declaration

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Official Veterinarian declaration

The RNATT Declaration must be completed when importing animals from a [category 4 or 5 country](#). The declaration must be completed, signed and stamped by an Official Veterinarian of the Government of the exporting country. An Import Permit will not be issued if any part of this declaration is blank.

I, _____ (Name of Official Veterinarian),
 employed by _____

 (Address of Official Veterinarian)

declare that I have sighted the rabies vaccination certificate and the RNATT report.

The date of the last rabies vaccination is recorded as: _____ (day/month/year).

The animal's age at the last rabies vaccination was: _____

The laboratory reporting the RNATT is government-approved: **Yes**

Name of government-approved laboratory: _____

Address of government-approved laboratory: _____

The microchip number that appears on the RNATT report is: _____

Blood samples taken for RNATT were drawn on: _____ (day/month/year)

The RNATT result is recorded as: _____ International Units/mL in animal's serum

Note: the RNATT result must be at least 0.5IU/mL

Signature of Official Veterinarian

Date Signed
 (day/month/year)

Government stamp of Exporting Country

Note: Faxed applications must bear the ink of the Government stamp rather than a raised seal

- Prior to forwarding to AQIS, please ensure that this document is:
- signed and stamped by an Official Veterinarian of the government of the country of export Yes
 - accompanied by an application to import cats and/or dogs (including disability assistance dogs) Yes
 - accompanied by a copy of the RNATT laboratory report Yes