



Dog Import Form

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

Fill out one form for each dog you are bringing into the United States.

Has the dog been in a country that is considered a high-risk country for dog rabies in the last six months?
Please verify using the link [High-Risk Countries for Dog Rabies](#).

Required *

Yes No

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

Identification Type *

- Passport Number
 Drivers License Number
 Air Waybill/Bill of lading number

Date of Birth (mm/dd/yyyy) *

Email *

Confirm Email *

Phone Number *

*You will be sent a receipt at the email address you provide. You must present the receipt to U.S Customs and Border Protection and to the airline if your dog is traveling by air.

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

Consignee/Recipient of dog *

Email Address *

Street Address (No P.O. Box) *

City *

State *

Zip Code *

Pleas... ▼

Section B - Animal Information

Animal Name *

Age - Year

Month

Sex

▼

▼

▼

Breed

Color/Markings

▼

Importation Purpose *

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

Section C - Travel Information

Section D - Signature

The information given in this application is complete and true to the best of my knowledge.

I acknowledge there are additional requirements that must be met at the time of entry for dogs that have been in high-risk countries six months prior to entering the United States.

I understand that CDC reserves the right to request additional documentation 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 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 *

Signature Date (mm/dd/yyyy) *

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