

**REPUBLIC OF MAURITIUS**  
**MINISTRY OF AGRO-INDUSTRY & FOOD SECURITY**  
**DIVISION OF VETERINARY SERVICES - REDUIT**  
**TEL NO: 466 6662 FAX: (230) 464 2210 EMAIL: moa-dvs@govmu.org**

Date: .....

**APPLICATION FORM FOR IMPORT PERMITS**  
**Pet animals (Dogs/Cats) & Others**

Name of Importer	
Address	
Phone No./Fax No.	
Email Address	
Local Contact - Phone/Fax No.	
Species of animal (dog/cat) or others	
No. of animal(s)	
Name of animal(s)	
Country of origin	
Age or date of birth	
Sex	
Breed	
Colour	
Coat type & marking/ distinguished mark	
Identification No./Microchip	
Expected date of arrival	

.....  
Signature of applicant

\*\*\*\*\*

**For Official Use**

Certificate of Entry No.	
Date of Landing	
Quantity/Number landed	
Date of release	

.....  
Signature of Veterinary Officer