

Veterinary Certificate of Free Pratique Application

Applicant Information

Name of Applicant

Organization

Phone

Email

Address

Animal/Shipment Details

Species

Breed

Age

Number of Animals

Identification/Tag Number

Purpose of Import/Export

Transport Information

Type of Transport

Vessel/Flight Number

Country of Origin

Country of Destination

Expected Date of Arrival

Port/Place of Entry

Health Information

Vaccination Details

Previous Veterinary Certificates

Declaration

Name

Date

Signature