DEPARTMENT OF AGRICULTURE, GOVERNMENT OF GUAM
192 Dairy Road Mangilao, Guam 96913

APPLICATION for ENTRY PERMIT

THIS DOCUMENT IS NOT AN ENTRY PERMIT AND MAY NOT BE USED AS SUCH

OWNER'S NAME: , <*(Last)* <*(First)* <*(Middle)*

ADDRESS OFF ISLAND:

POINT OF ORIGIN:

ADDRESS IN GUAM:

DATE OF ARRIVAL: *(mm/dd/yyyy)* DATE APPLIED *(mm/dd/yyyy)*

CARRIER (AIRLINE) NAME & FLIGHT NUMBER **(Example. Continental 001)**

TELEPHONE NUMBERS

OFF ISLAND

HOME ( ) –

WORK ( ) –

ON ISLAND

HOME ( ) - -

WORK ( ) - -

NAME OF QUARANTINE FACILITY(IES) SELECTED

1. 2.

Note: you must attach a letter from the quarantine facility(ies) you have selected verifying your reservation.

DESCRIPTION OF EACH ANIMAL TO BE IMPORTED									FOR DEPT. OF AGRICULTURE DO NOT WRITE BELOW	
TYPE OF BREED	DOG/CAT OTHER	AGE	SEX M/F	WEIGHT	COLOR	PET NAME (IF ANY)	MARKINGS TATTOOS, TAG NO, ID, ETC		FACILITY WHERE LOCATED	KENNEL NO.
								>		
								>		
								>		

Having the intention of importing the above described animal(s) into the Territory of Guam, the undersigned hereby agrees to pay to the **Treasurer of Guam** the prescribed sum of **U.S. $60 per animal**, and to comply with all quarantine rules and regulations of the Department of Agriculture, Government of Guam.

DATE PAID: *(mm/dd/yyyy)* AMOUNT U.S. $ CHECK OR MONEY ORDER NO.

SIGNATURE OF APPLICANT:

FOR DEPARTMENT OF AGRICULTURE USE ONLY. DO NOT WRITE BELOW

1. Health and other documents current and valid: YES ☐ NO ☐
2. Quarantine exempted: YES ☐ NO ☐ If no, quarantine required for _____ days.
3. Entry fee: Total Amount U.S. $_____.00 Date Paid: ____/____/____; Field Receipt No:_____
4. Date to be quarantined: ____/____/____, Scheduled date of release: ____/____/____.

Entry permit status:

☐ Approved
☐ Disapproved

STEVEN NUSBAUM, Territorial Veterinarian

Date