

Ministry of Agriculture, Fisheries, Food Security, Rural Development VETERINARY & LIVESTOCK SERVICES DIVISION





APPLICATION FOR VETERINARY IMPORT PERMIT

Chief Veterinary Officer Veterinary and Livestock Services Division Union, Castries 468-5621/5620/5623 Email: vlsdsec.agriculture@gmail.com

Eman: visasee.agriculture ginan.com	
	Importer:
	Address:
	Tel#:
	Date:
	Email:
Sir/Madam, I have the honour to apply for a Veterinary	Import Permit from (Country of Exportation)
, for the following Anim	nal/Animal Product(s):-

ORIGIN of Animal	QUANTITY	DESCRIPTION: Live Animals: specie, breed, age, sex, colour, name, Microchip #. Scientific name if applicable etc. Products: Type, Volume.						
		Specie Specie	Breed	Age	Sex	Color	Name/Scientific name	Microchip#
ORIGIN of Animal Product	QUANTITY	ТҮРЕ			VOLUM	Έ		

Tentative Date of Arrival:	
Port of Arrival:	. Name of Vessel: Flight#:
Status of Animal/Animal Product(s) in St. I	Lucia: :
(In the case of Broilers and layers please at	tach the list of persons receiving chicks)
Countries Visited During Last 12 Months:	
Date	Signature of Applicant/Authorized Agent
<u>O</u>	OFFICIAL REPLY
Application Not Approved	Animals Can Be Imported
Animals Not Crossed Out Can Be Imported	1
Attached are the conditions for importation	n of said items.
These animals/animal products must be im-	ported before (date):
DATE	CHIEF VETERINARY OFFICER