



DEPARTMENT OF AGRICULTURE
P.O. BOX N-3704
NASSAU, N.P., THE BAHAMAS

IMP1(B) Form

IMPORT PERMIT NO:

DATE (d/m/y):

TO WHOM IT MAY CONCERN:

This is to certify that I, Dr. _____, the
examining Veterinarian, of _____
(Registered Veterinary Clinic Name) have examined this animal and found it to
be six (6) months of age or older at the time of examination.

ie: HOMEAGAIN, Avid, Destron or Trovan Microchip# _____

To the best of my knowledge, this animal is free of any clinical disease(s); and
complies with all required tests and vaccinations against the diseases referred in
the IMP(1)A Form with any required to for dogs/ cats with Import Permit
No. as referenced above.

NB: The microchip number is a unique identifier and must be recorded on all
Health documents requested.

This Form is to be completed by the examining Veterinarian within 48 hours
prior to arrival in The Bahamas and can be extended upon request for those
entering by sea due to changes in the weather.

Examining Veterinarian's Signature

License Number

State

Date (d/m/y)

Clinic Telephone Number:

Clinic Email Address:
