

## Sovernment of the United States Virgin Islands Department of Agriculture



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ST. JOHN: #11 Estate Carolina, Coral Bay, V.I. 00830 • T: (340) 776-6274 • F: (340) 693-5065

## HORSE IMPORT APPLICATION

VIDA Division of Veterinary Services

Shinmont to:	St. Croix		St. John		C+	Thomas	
Shipment to:			3t. Joini		Ji.	Illomas	
Date of Entry:		Port of Entry:					
CONSIGNOR							
Name:							
Mailing Address:							
	5:						
Phone Number: Email Address:							
OWNER AND LOCAL ADD	RESS						
Name:						<u>-</u>	
Mailing Address:							
Physical Address:							
hone Number: Email Address:							
Premise Number: Owner's Signature:							
it is released. Horse     Horses must not ha     The horse must be s     A negative Coggins     Horses must be vac  This Import Permit is not tra	S: ertificate must accompany thes must arrive during regular to been exposed to or involving sprayed with a solution of US test results will be accepted cinated for Eastern and West ansferable or assignable and above. Change of ownership	business hours or yed in any zoonot SDA accepted inse if performed with tern Equine Encel expires immediat ip must be registe	nly.  c disease outbreak  cticide at specified  in one (1) year bef  bhalomyelitis and \  ely upon arrival of  cred in VIDA per 15	within the d levels. Fore shipme West Nile d horse in th	e past six i ent. lisease e United S	months.	
NAME OF HORSE	TATTOO/MICR	ROCHIP	BREED	AGE	SEX	COLOR	

PLEASE FILL OUT THIS DOCUMENT COMPLETELY, SIGN, AND MAIL TO

For Official Use Only

Date:

Initials:

Receipt #:

Paid: