



Government of the United States Virgin Islands  
**Department of Agriculture**

ST. CROIX: #1 Estate Lower Love, Kingshill, V.I. 00850 • T: (340) 778-0997 • F: (340) 778-0997  
ST. THOMAS: #7944 Estate Dorothea, St. Thomas, V.I. 00802 • T: (340) 774-5182 • F: (340) 774-1823  
ST. JOHN: #11 Estate Carolina, Coral Bay, V.I. 00830 • T: (340) 776-6274 • F: (340) 693-5065



## HORSE INTERSTATE/INTERTERRITORY IMPORT PERMIT

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**VIDA Division of Veterinary Services**

Permit # \_\_\_\_\_

All spaces below on this form must be filled in.

Shipment to: St. Croix ☐ St. Thomas ☐ St. John ☐

Date of Entry: \_\_\_\_\_ Port of Entry: \_\_\_\_\_

### CONSIGNOR

Name (Legal Owner): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical/Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### CONSIGNEE AND LOCAL ADDRESS

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

GPS coordinates of Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

*This Import Permit is not transferable or assignable and expires immediately upon arrival of horse in the United States Virgin Islands.*

**Change of ownership must be registered in VIDA per 19 V.I.C. Ss 2616**

**PLEASE ALLOW 48 HOURS FOR COMPLETION AND ISSUANCE OF PERMIT**

NAME OF HORSE	TATTOO/MICROCHIP	BREED	AGE	SEX	COLOR

### For Official Use Only

Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

PLEASE FILL OUT THIS DOCUMENT COMPLETELY, SIGN, AND EMAIL TO [VETERINARYSERVICES@DOA.VI.GOV](mailto:veterinaryservices@doa.vi.gov), OR MAIL TO  
VI DEPARTMENT OF AGRICULTURE, ATTN: DIRECTOR OF VETERINARY SERVICES, 10345 GROVE PLACE, KINGSHILL, VI 00850.

THE \$100 APPLICATION FEE IS PAYABLE VIA MONEY ORDER OR CREDIT CARD BY PHONE AT 340-642-7320.

Revised Sept 2025.



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## HORSE INTERSTATE/INTERTERRITORY IMPORT APPLICATION (cont) Page 2/2

Horse Name: \_\_\_\_\_ Owner: \_\_\_\_\_

### PERTINENT REGULATIONS:

- An official Health Certificate (APHIS 7001 form or VS FORM 1740) performed by a licensed and accredited veterinarian must accompany this permit, written within 30 days of arrival in USVI.
- The horse must be sprayed with a solution of USDA accepted insecticide at specified levels within 7 days of departure, and product and date of administration indicated on the health certificate. The health certificate accompanying the animal needs to be updated prior to departure if the date of administration is after the date of processing this import permit. An omission of this procedure on the health certificate can be cause for quarantine upon arrival.
- The horse must be treated with a full dose of Quest® or a similar product within 30 days of departure, and product and date of administration indicated on the health certificate.
- A negative Coggins test performed within one (1) year before shipment must be indicated on the health certificate, with date of sampling, laboratory, and accession number included.
- Horses must be currently vaccinated for Eastern and Western Equine Encephalomyelitis and West Nile disease, indicated on the health certificate.
- This statement must be written on the health certificate: *The animals examined and listed on this CVI show no evidence of communicable disease and are not known to have been exposed to any communicable disease in the last 30 days.*
- Upon arrival, the animal **MUST** be inspected by VIDA staff before it is released. Horses must arrive during regular business hours only.
- Horses must arrive in a trailer or other container that is safe for transport, contains the animal effectively, and does not pose a risk of causing injury to the animal under normal conditions for transport and handling.

Failure to complete all requirements, or the arrival of a horse deemed by VIDA staff as unhealthy or unfit for travel, or an animal arriving in a container or trailer deemed by VIDA staff as unsafe for transport, may result in impounding or quarantining of the horse and possibly any other horses included in the same shipment. In the event of an impound or quarantine for disease or health purposes, and depending on the issue or disease at hand, VIDA may opt for euthanasia at their discretion pursuant to V.I. Code tit. 19, § 2706 (2019) and V.I. Code tit. 19, § 2718 (2019). All fees associated with impound, quarantine, treatment, and/or euthanasia will be at the **consignee's** expense.

\_\_\_\_\_  
Consignee Signature (acknowledging the above stipulations)

\_\_\_\_\_  
Date

### APPROVAL

\_\_\_\_\_  
Director of Veterinary Services, VIDA

\_\_\_\_\_  
Date

\_\_\_\_\_  
Commissioner of Agriculture

\_\_\_\_\_  
Date