

# NSA Bahrain Veterinary Treatment Facility Pet Importation Checklist

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

Owner's Passport Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Anticipated Date of Arrival of Pet: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Species: (Select One) \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Age/Date of Birth: \_\_\_\_\_

Sex: (Select One) \_\_\_\_\_

Spayed/Neutered: (Select One) \_\_\_\_\_

Microchip Number: \_\_\_\_\_

Microchip Implantation Date: \_\_\_\_\_

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**CURRENT RABIES VACCINE [DOGS AND CATS]: (1-10 MONTHS PRIOR TO ARRIVAL)**

VACCINATION DATE: \_\_\_\_\_

**PRIOR RABIES VACCINE [DOGS AND CATS]: (NOT WITHIN 21 DAYS OF CURRENT VACCINE)**

VACCINATION DATE: \_\_\_\_\_

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**CURRENT DA2PP [DOGS] or FVRCP [CATS] VACCINE: (1-10 MONTHS PRIOR TO ARRIVAL)**

VACCINATION DATE: \_\_\_\_\_

**PRIOR DA2PP [DOGS] or FVRCP [CATS] VACCINE: (NOT WITHIN 21 DAYS OF CURRENT VACCINE)**

VACCINATION DATE: \_\_\_\_\_

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**CURRENT LEPTOSPIROSIS VACCINE [DOGS]: (1-10 MONTHS PRIOR TO ARRIVAL)**

VACCINATION DATE: \_\_\_\_\_

**PRIOR LEPTOSPIROSIS VACCINE [DOGS]: (NOT WITHIN 21 DAYS OF CURRENT VACCINE)**

VACCINATION DATE: \_\_\_\_\_

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\*Please complete one form per pet to be imported.

\*Please provide proof of all the above listed vaccinations, microchip implantation, as well as the most recent signed rabies certificate.

\*E-mail all documents, to include this checklist, to [NSABahrain.Vetclinic@gmail.com](mailto:NSABahrain.Vetclinic@gmail.com).