Import permit number:

Animal medical declaration

Section A: General information

Purpose of this form

For pet owners (importers) whose cats and dogs are required to isolate at the Post-Entry Quarantine Facility to declare medication requirements. The declaration must be completed by the:

- importer (as listed on the import permit) or a person who the importer has authorised to act as their agent while the animal is in quarantine
- veterinarian preparing the animal for import into Australia.

A separate declaration is required for each animal.

Before applying

Ensure you understand:

- the department's guidelines for medicating animals in quarantine
- the information about cats and dogs travelling to Australia with special care requirements
- the impact that importing may have on an animal with a medical condition
- your responsibilities as the person in charge of the animal.

Labelling requirements

All medications must be clearly labelled by a veterinarian in English and include:

- details of the veterinarian and veterinary clinic
- animal's name
- owner's surname
- name of the medication
- dose rate
- frequency
- route of administration (oral, topical, ear or eye drops)
- date when medication was dispensed.

To complete this form

Electronically

Save the form to your desktop or device. Open and complete the form using the latest version of Adobe Acrobat Reader. Do not work on the form in your web browser.

Download the Adobe Acrobat Reader mobile app for your smartphone or tablet.

Manually

Use black or blue pen.

Print in BLOCK LETTERS.

Mark boxes with a tick or a cross.

To submit your form

The importer must either:

- upload the completed form to the animal's Post-Entry Biosecurity System reservation, or
- email the completed form to PEQservices@aff.gov.au.

More information

Post Entry Quarantine Branch
Department of Agriculture, Fisheries and Forestry
GPO Box 858
Canberra ACT 2601

Email PEQservices@aff.gov.au
Phone 1800 900 090 (within Australia)
+61 3 8318 6700 (outside Australia)

Web agriculture.gov.au/biosecurity-trade/cats-dogs

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Section B: Person in charge of the animal

The pet owner (importer) may give written permission for a pet transport agency, family member or friend to act as their authorised agent while the animal is in quarantine.

1 Importer

Title | Given names | Family name

Work phone (include area code) | Mobile phone (include area code)

Email | Fax

2 Person in charge of the animal during quarantine

Authorised agent ☐ Go to question 3.

Importer ☐ Go to question 4.

3 Authorised agent details

Title | Given names | Family name

Work phone (include area code) | Mobile phone (include area code)

Email | Fax

4 Emergency contact in Australia (if same as question 3, insert 'AS ABOVE')

Title | Given names | Family name

Work phone (+61) | Mobile phone (+61)

Email | Fax

Section C: Animal details

To be completed by the person in charge identified in question 2.

5 Animal details

☐ Cat

☐ Dog

Name | Age (years/months) | Weight (kg)

Breed

Microchip number (as listed on the import permit) | Import permit number

Section D: Importer declaration

To be completed by the importer named in question 1.

I declare that the information I have provided is true and correct. I understand that it is a criminal offence under the *Criminal Code Act 1995* to knowingly give false or misleading information to a Commonwealth officer exercising powers under Commonwealth law. This offence carries a maximum penalty of 12 months' imprisonment.

If I have nominated an authorised agent in Section B, I declare that I have given them permission to:

- receive information about the animal identified in Section C
- authorise private veterinary treatment if required.

I have informed the authorised agent about their responsibilities and functions. I understand that I am responsible for all costs associated with private veterinary treatment.

I have read and understood the privacy notice.

Signature (type or sign your name) | Date (dd/mm/yyyy)

Full name

Section E: Veterinarian details

To be completed by the veterinarian preparing the animal for import into Australia.

6 Veterinarian

Title | Given names | Family name

Work phone (include area code) | Mobile phone (include area code)

Email | Fax

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7 Veterinarian practice details

Name of veterinary practice

Street address (PO Box will not be accepted)

Suburb/town/city | State/territory/province | Postcode

Country

Section F: Medication

To be completed by the veterinarian listed in Section E. Before answering question 11, see Labelling requirements in Section A.

8 Does the animal require cytotoxic or chemotherapy medication?

No ☐

Yes ☐ ▶ We do not administer these medications in post-entry quarantine. Seek advice from your veterinarian.

9 The facility administers medication between 08:00 and 16:00 hours. Does the animal's medication dosing schedule fall outside these hours?

No ☐ ▶ Go to question 11.

Yes ☐ ▶ Go to question 10.

10 Can the treatment schedule be adjusted to fall within 08:00 and 16:00 hours?

No ☐ ▶ Seek advice from your veterinarian.

Yes ☐

11 List current medications. (attach more pages if necessary)

Diagnosis (e.g. osteoarthritis)	**Medication and active ingredient** (e.g. Rimadyl [Carprofen 100 mg])	**Dose** (e.g. 1 tablet)	**Schedule** (e.g. twice daily or once daily)	**Route of administration** (e.g. oral)	**Time of dose** (e.g. 14:45 hours)

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12 Provide details of the animal's medical condition and any relevant medical history. (maximum 100 words)

Section G: Veterinarian declaration

To be completed by the veterinarian named in Section E.

I declare that:

- I have read and understood the information about cats and dogs travelling to Australia with special care requirements
- I have read and understood the information on medicating animals in quarantine
- I have examined the animal identified in Section C of this form, reviewed their medical history and considered all relevant risks relating to the animal's medical conditions and health status in the context of international travel and quarantine
- I have discussed the relevant risks with the person in charge of the animal, and they have confirmed that they understand.

I have read and understood the privacy notice.

Signature (type or sign your name)

Date (dd/mm/yyyy)

Full name

Section H: Privacy notice

'Personal information' means information or an opinion about an identified individual, or an individual who is reasonably identifiable.

By completing and submitting this form you consent to the collection of all personal information contained in this form.

The Department of Agriculture, Fisheries and Forestry collects your personal information (as defined in the *Privacy Act 1988*) in relation to this form as required under the *Biosecurity Act 2015* for the purposes of assessing your application and related purposes. If you fail to provide some or all of the personal information requested in this form, the department will be unable to process your application.

The department may disclose your personal information to Australian, state or territory government agencies, persons or organisations where necessary for the purposes described, provided the disclosure is consistent with relevant laws, particularly the Privacy Act. Your personal information will be used and stored in accordance with the Australian Privacy Principles.

Learn more about our Privacy Policy, including how to access or correct personal information or make a complaint. Alternatively, email our Privacy Officer at privacy@aff.gov.au.

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