## DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE CENTERS FOR DISEASE CONTROL ATLANTA, GEORGIA 30333

## NOTICE TO OWNERS AND IMPORTERS OF DOGS

(Please print)			
POINT OF ENTRY - CITY		DATE (mm/dd/yyy)	
OWNER'S NAME	PASSPORT No.		
OWNER'S COMPLETE ADDRESS &, TELEPHONE No.	DRIVER'S LICENSE No.	STATE ISSUED	
	ADDRESS WHERE DOG(S) WILL BE CO	NFINED	
The following dog(s) (number, type, age,and descr	iption):		
which arrived on		_	
(Kind of conveyance - N	ame of Ship; Flight No. of plane; Tag No. of Vehicle)		
	54 of Dublic Health Service Foreign Overcentine	, is/are admitted	
to the United States, subject to restrictions of section 71.5	or or Public Health Service Poleigh Quarantine	Regulations checked below.	
1 "Confinement" fordays, which will comp (§ 71.51 (c) (2) (i).)	plete a 30 day period from the date of the antirabie	s vaccination	
	tirabies vaccination to be followed by confinement t	for 30 days.	
(§ 71.51 (c) (2) (ii).)			
3. "Confinement" until antirabies vaccination at des (§ 71.51 (c) (2) (iii).)	tination to be followed by "confinement" for 30 day	S.	
The above restrictions are imposed under section 71.5 legal quarantine control of the animal(s) is relinquished.	1 Title 42, Code of Federal Regulations, and co	impliance is necessary before	
"Confinement" as used above means "restriction of an from other animals and from persons except for contact ranimal and keeping it on leash."			
U.S.C. §§ 3559 & 3557, indivi	posed for violating regulations enacted under 42 iduals may be fined up to \$250,000 if a violation of the regulation does not re	of the regulation results in the	
(Signature of Government Officer)	(Name: Pleas	se print or type)	
		(Title)	
Statement to U.S. Government Officer			
I certify that I am the owner, or authorized represent and will comply with the restrictions checked above. Als required by health departments or other authority in the	so, I will be responsible for complying with any ac	-	
Copy sent to:			
State health officer in state of destination	(Signature of Owner or Personnelline)	/Data mm/dd/mm/	
U.S. Quarantine Station	(Signature of Owner or Representative)	(Date - mm/dd/yyyy)	
(See reverse side)			