

APPLICATION FOR IMPORT OR TRANSIT AUTHORIZATION FOR LIVE ANIMALS (1)

F.A.V.V. Federaal Agentschap voor de veiligheid van de Voedselketen
DEPARTMENT OF TRADE AND AGRICULTURE

DG 5
Veterinary Service

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Species and breed : Gender : Age : Date of rabies vaccination : (write month in full) Micro Chip Identification : (type + number) Optional		
Quantity		
Applicant : Name and address		
Phone number		Fax:
E-mail address		
Destination : Name and address		
Purpose		
Country of origin		Country of export :
Border inspection post (EU) (1)		
Date and name of applicant		

(1) The intended border post of entry into the European Union.

Please use one form for each pet