



**GOVERNMENT OF THE TURKS AND CAICOS ISLANDS  
ENVIRONMENTAL HEALTH DEPARTMENT  
VETERINARY AND ANIMAL CONTROL UNIT  
DUNSCOMBE ALLEY, GRAND TURK  
TEL: (649) 946-2801; FAX (649) 946-2411  
e-mail: [tc.envhealth@tcipay.tc](mailto:tc.envhealth@tcipay.tc)**

**APPLICATION FOR THE IMPORTATION OF ANIMALS INTO THE TURKS  
AND CAICOS ISLANDS**

Application must be completed {block letters or type} and returned with copies of all required documents before import permit is issued. A minimum of 48 hrs. is required for processing.

**SECTION I – Applicant information.**

NAME OF APPLICANT \_\_\_\_\_

FOREIGN ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

Email Address \_\_\_\_\_

Local address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**SECTION II – Animal information**

Number of animals \_\_\_\_\_ Identity of Animals \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

Description \_\_\_\_\_

Country of Origin \_\_\_\_\_ Exporting Country \_\_\_\_\_

**SECTION III – Additional information**

Carrier / Flight # \_\_\_\_\_ Expected Port of Entry \_\_\_\_\_

Proposed Date of Arrival \_\_\_\_\_ Proposed Time of Arrival \_\_\_\_\_

Date of previous visit of animal to TCI. \_\_\_\_\_

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**DATE OF ARRIVAL** \_\_\_\_\_ **TIME OF ARRIVAL** \_\_\_\_\_

**PORT OF ENTRY** \_\_\_\_\_

**CONDITIONS OF ENTRY** \_\_\_\_\_

**APPROVAL GRANTED/DENIED** \_\_\_\_\_ **DATE** \_\_\_\_\_

\_\_\_\_\_  
**VETERINARY OFFICER, DVM**