



Imported animal clearance

To be completed by Importer or Agent of Importer

Full Name of Importer:

Flight Number: Date of Arrival:

ETA: AWB:

Physical Address:

Phone (hm): Phone (wk): Phone (mob):

Email:

Name of Owner (if not importer):

Name of Exporter: Country of Export:

Port of Loading: Port of Unloading:

Number and Type/Breed of Animal/s

Number	Age (of animal)	Description – Type/Breed
.....
.....
.....

Reason for Importation (please select)

Commercial Private Breeding/Event/Showing

Customs Value or Price Paid: NZ\$ Freight Costs: NZ\$

Please complete 1 or 2 below as applicable

1. Animals belonging to Returning Residents (who have been overseas for more than 21 months) and/or Immigrants ONLY

Owner's Passport Number:

Owner's Nationality:

Owner's date of arrival in New Zealand:

Length of animal ownership (ie date of purchase):

2. Other

Length of stay of animal (if imported temporarily):

Length of animal ownership (ie date of purchase):

Important Note – GST may be payable on the above animal.

This form can be faxed to to obtain pre-clearance/assessment.

Signature of Importer:

Customs Use only

GST Payable before Delivery: NZ\$ Entry No:

SUBJECT TO THE REQUIREMENTS OF THE MINISTRY FOR PRIMARY INDUSTRIES



Declaration under the Customs and Excise Act 2018

I, (full name):

of:

hereby declare that on: ex flight number:

I imported a: and to the best of my knowledge and

belief this: is not one of the following breeds or

type of dogs, their semen, or embryo:

- a. American Pit Bull Terrier
- b. Brazilian Fila
- c. Dogo Argentino
- d. Japanese Tosa
- e. Perro de Presa Canario.

Date: / / Signature of applicant:

Registered Veterinary Breed Declaration

Client/s : _____

Pet/s Name/s: _____

Breed/s: _____

I, _____ being a registered Veterinarian, certify in respect of the animal/s described above, that:
After due inquiry and/or physical examination of the animal/s for export, to the best of my knowledge and belief the dog/s is/are not one of the following breeds or types: American Pit Bull Terrier, Japanese Tosa, Brazilian Fila, Dogo Argentino, Perro de Presa Canario. (including a cross of one or more of these breeds or types)

Signature of Registered Veterinarian: _____

Printed Name: _____

Official Vet stamp here please

Hospital/Clinic Name: _____

Address: _____

Country: _____ Telephone: _____

Please ensure that this form is endorsed with your veterinarians stamp or letter head