



Dr. Nonie Couatts BVSc (Hons) Syd. MRVCS
 Veterinary Surgeon and Physician
 BAHRAIN
 Tel: 17 245515 Fax: 17274970

EXPORTING AN ANIMAL FROM BAHRAIN

Client Name:.....

Animal Type, Name & Breed.....

Approx Date of Export:.....**& to which country**.....

Contact Telephone:.....**& Fax:**.....

****Client to provide letter/e-mail permitting credit card to be charged & appointing Dr. Nonie Couatts Veterinary Surgery to act on their behalf - see Page 2****

Activity	Cost	Requirements	Actioned
Import Permit		<ul style="list-style-type: none"> Client to arrange 	
Fabricate travel box	BD 30 to BD70	<ul style="list-style-type: none"> Animal to be measured and box custom built. Cats can sometimes travel in plastic travel cages. Owner supplying own box YES/NO 	
Freight quotation	BD20	<ul style="list-style-type: none"> Animal and travel box transported from surgery to airline cargo office for measurement, cargo quotation and approval. 	
Freight payment & documents delivered in advance to airline.	BD30 + freight charges	<ul style="list-style-type: none"> Submit documentation to airline, pay freight charges, obtain airline stickers, etc 	
Export Permit - within 7 days of travel date. 1 st animal 1 st animal (UK)	BD 20 BD 26	<ul style="list-style-type: none"> Visit (with animal) to Govt. Vet from surgery for health check. Govt. vet to provide export document, seals, etc (UK/Aus/NZ) Client to provide up to date vaccination book (original) and blood test documents(as required) 	
Additional Animal Additional Animal (UK)	BD 15 BD 21		
Sign Documents, Flea, Tick, Worm. (U.K/Aus/N.Z.)	BD 33 to 40 - per animal	<ul style="list-style-type: none"> Nonie Couatts to complete export documents and treatments where necessary. E.g for UK , Australia 	
Airport Transfer (for first hour)	BD60	<ul style="list-style-type: none"> Deliver animal to airport for flight from surgery to Airport. Per hour 	
Additional time	BD20		



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Date: _____

To Whom It May Concern:

I hereby authorise Dr Nonie Coutts Veterinary Surgery to act on my behalf for the import/export of my pet(s):

Cat/Dog/Other: _____ Name: _____

Cat/Dog/Other: _____ Name: _____

I give permission for Dr Nonie Coutts Veterinary Surgery to deduct any charges to my credit card.

Credit card: Visa/Mastercard/American Express/Other: _____

Card No: _____ Expiry: _____

Yours faithfully,

Signature: _____

Name: _____

Address: _____

Address: _____

Address: _____

Telephone: _____ Telephone 2: _____

Email: _____