



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

IMPORTING AN ANIMAL INTO BAHRAIN

Client Name:.....

Approx Date of Import:.....& from which country.....

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

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

| Activity | Cost | Requirements | Actioned |
|--|--|--|----------|
| Import Permit for first animal. Two animals Three animals Etc <u>**Import Permits valid for 30 days</u> | BD 20 BD 35 BD 50 | <ul style="list-style-type: none"> ▪ Clear copy of vaccination book indicating details of animal and vaccinations ▪ Animal must have rabies vacc. Within 12 months and at least 30 days before travel date ▪ Dogs & cats must have routine vaccs. e.g FE3 or DHLPPi ▪ Rabies Blood Test Results YES/NO ▪ Permission to charge Credit card & for Nonie Coutts to act on their behalf ▪ Fax no. to send import permit | |
| Govt. quarantine charges (optional) | BD 15 | <ul style="list-style-type: none"> ▪ If applicable YES/NO ▪ Sometimes animals are required to go to quarantine and have a rabies saliva test. Animals are released when the results are back from the lab | |
| Airport clearance (for first hour) Additional time (per hour) Customs/ Clearance costs | BD 60 BD 20 BD 30 | <ul style="list-style-type: none"> ▪ Meet animal with original import permit ▪ Transport to quarantine/owners residence/our kennels - if required YES/NO ▪ Transport travel cage to surgery for safe-keeping ▪ Settle animal into kennel ▪ Customs & clearance costs if coming as cargo with airway bill number. | |
| Quarantine care | BD 10 | <ul style="list-style-type: none"> ▪ Visit animal daily at quarantine kennels ▪ Feed animal ▪ Clean kennel ▪ Exercise animal (if necessary) | |



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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: _____