

Date:

Agri-Food and Veterinary Authority of Singapore
Quarantine and Inspection Department
5 Maxwell Road, #02-03 Tower Block
MND Complex
Singapore 069110

Dear Sir / Madam,

Letter of Authorisation

This letter serves to inform you that **PET MOVERS (S) PTE LTD** (Pet Agent Name) has been authorised to handle the *importation / exportation / transhipment of my pet(s) on my behalf.

| Description of Pet(s) | First Pet | Second Pet | Third Pet |
|-----------------------|-----------|------------|-----------|
| Pet's Name | | | |
| Dog / Cat | | | |
| Species | | | |
| Date of Birth | | | |
| Colour | | | |
| Sex | | | |
| Microchip Number | | | |

- The pet agent will act on my behalf for:
- The handling of the documentation for *import / export / transhipment
 - The clearance at port of entry for *import / export / transhipment
 - The pet while it is in quarantine
 - The discharge of the pet from quarantine (for import only)

The payment of the quarantine fees and other charges billed by AVA pertaining to my pet(s) will be borne by the *pet agent/ myself. All invoices for all related charges will be billed to the party indicated above.

Thank you.

Yours Sincerely,



(signature of the owner)

(authorised signature and name of pet agent)

Name of owner: _____

NRIC/Passport No./FIN: _____

Address: _____

Email: _____

Contact number: _____

- Please tick ✓ where applicable
- * Please delete where applicable


RESERVATION FOR QUARANTINE OF DOGS AND CATS

NOTE: For reservation of quarantine space(s), please submit your application to the following address:

**Quarantine and Inspection Department
5 Maxwell Road, #02-03 Tower Block MND Complex, Singapore 069110
Tel: (65) 6227 0670 Fax: (65) 6227 6305
Email: AVA_Import&Export_Animals@ava.gov.sg**

1. Details of APPLICANT (Owner / Importer or Representative in Singapore):

Mr/Mrs/Ms: _____
 Address (in Singapore): _____
 Telephone: _____ (Home) _____ (Office) _____ (H/P)
 Fax: _____ Email: _____


PET MOVERS (S) PTE LTD
 ...towards purrfection and paws in order...
 4 Pasir Ris Farmway 2, Singapore 519318 to
 61 Pasir Ris Farmway 2, Singapore 518232
 Tel: (65) 6581 3688 Fax: (65) 6581 3735
 Email: info@petmovers.com.sg <http://www.petmovers.com.sg>

IMPORTANT: Please provide VALID contact / e-mail in the form. Space(s) will be forfeited if AVA is unable to contact you at either the e-mail address or the phone number provided. Incomplete forms will not be processed.

2. Details of ANIMAL(S):

| | |
|---------------------------------|--|
| Country of Export: _____ | Category of Export: C1 / C2 / D |
|---------------------------------|--|

| No | Dog / Cat | Breed | Age |
|----|-----------|-------|-----|
| | | | |
| | | | |
| | | | |

3. Details of RESERVATION:

Estimated Date of Arrival: _____

| | |
|---|--|
| Total number of KENNEL: <input type="checkbox"/> Basic kennel (with fan) <input type="checkbox"/> Air-conditioned kennel | Total number of CATTERY: <input type="checkbox"/> Basic cattery (with fan) <input type="checkbox"/> Air-conditioned cattery |
|---|--|

* Space(s) is/are reserved based on availability

| | |
|--|------|
| Signature of applicant/owner/authorized representative | Date |
|--|------|

| | |
|---|------|
| For Official Use: ACKNOWLEDGEMENT OF RECEIPT | Date |
| Quarantine Reservation Code (QRC): _____ | |

IMPORTANT: A code will be given upon receipt of the quarantine reservation form. Please quote code for future reference. Acknowledge receipt of quarantine reservation form **DOES NOT** guarantee or confirm a quarantine space. It is expected the waiting time could be up till 3 months during peak period.

Quarantine of dogs and cats will be carried out at Sembawang Animal Quarantine Station (SAQS)
 10 Lorong Chencharu Road Singapore 769197 Tel: (65) 6482 2724

ACCEPTANCE FOR QUARANTINE OF DOGS AND CATS

NOTE: Please complete [Part A, B and C] and attach to the online application for permit to import. Alternatively, you can fax to Fax: (65) 6227 6305 or Email: AVA_Import&Export_Animals@ava.gov.sg

Part A

1. Applicant details

Details of APPLICANT (Owner / Importer or Representative in Singapore):

Mr/Mrs/Ms: _____

Singapore NRIC (if applicable) Or Passport Number: _____

Address (in Singapore): _____

Postal Code _____

Telephone: _____ (Home) _____ (Office) _____ (H/P)

Fax: _____ Email: _____

Relationship of applicant to animal (e.g. owner) _____

| 2. Description of animal | | | Date of Arrival: | |
|--------------------------|------------------|----------|-------------------|---------|
| No | Microchip Number | Pet Name | Breed / age / sex | Species |
| | | | | |
| | | | | |
| | | | | |

3. History of medical condition(s)

| Medical condition(s) | Type of Medication(s) | Dosage |
|----------------------|-----------------------|--------|
| | | |

4. Remark(s) from the owner (e.g. feeding requirement, special care). Please state:

5. Quarantine Reservation Code (QRC): _____

In consideration for allocating a quarantine space at Sembawang Animal Quarantine Station (SAQS) or Changi Animal and Plant Quarantine (CAPQ) for the animal(s) described on the above QRC, I agree to the terms and conditions on the 4th page of this set of documents. The Agri-Food & Veterinary Authority may impose any other conditions WITHOUT prior notification for the purpose of proper management and operation of the quarantine services.

I declare that the animal(s) which I am importing (as detailed in 2. above) is/are not pregnant at the time of export to Singapore.

I declare that to the best of my knowledge and belief all the above information is true and correct.

| | |
|--|------|
| Signature of applicant/owner/authorized representative | Date |
|--|------|

For official use: Reservation Yes Kennel No: _____ Cattery No: _____