REPUBLIC OF PANAMA



HEALTH MINISTRY DEPARTMENT OF ZOONOSIS CONTROL

HOME QUARANTINE REQUEST

Date of reques	st (d/m/y):		·····			
To: Departme	ent of Zoonosis C	ontrol				
l,			_ passport #		· · · · · · · · · · · · · · · · · · ·	
Address (in Pa	anama)					
Province:		Disrict _				
Phone (in Panama):		, email				
I elevate forma	al request for the I BREED	lome Quarantine NAME	e of the pet(s) above d AGE	escribe: SEX	RABIES VACCINE	COUNTRY OF
DOG/CAT			Months or years	F/M	DATE (d/m/y)	ORIGIN
	a flight from					
	of airli					
The day		(d/m/y) F	lour:	_ (a.m. / p	p.m.)	
			ing requirements and	d docum	ents demand. Mark in	the box with an
x The do	cuments that wil	l be presented.				
Zoosar	nitary Exportation	Certificate issu	ie by the Sanitary Aut	nority from	n the country of origin t	hat certifies that
Zoosanitary Exportation Certificate issue by the Sanitary Authority from the country of origin that certifies that the animal is healthy, if it's a puppy that has all the vaccines demand at least 30 days before travel. If it's an						
adult, has all the vaccines demand on valid date.						
Authentication of the Zoosanitary Exportation Certificate with "Apostille" by Chancellor Authority or Consularized by the Panamanian Consulate and be on valid date (30 days).						
	Panamanian Con	sulate and be of	n valid date (30 days).			
Pay, at the arrival in the airport, the Health Ministry - home quarantine fee of \$130.00 dollars cash each pet.						
IMPORTANT NOTE: If NOT FULFILL the requirements demand, the animal will be hold and/or send back by the						
Airline used in the arrival to the country.						

Please fill this form and send it back to: **cam@minsa.gob.pa** and **camzoonosis@gmail.com** <u>Schedule of public attention</u>: Monday to Sunday, from 8:00 a.m. to 10:00 p.m