



Lourdes A. Leon Guerrero
Governor

Joshua F. Tenorio
Lt Governor

Department of Agriculture Dipattamenton Agrikottura

163 Dairy Road, Mangilao, Guam 96913

Director's Office 300-7965/66, Fax 734-6569
Agricultural Development Services 300-7973/72/67
Plant Nursery 300-7974
Aquatic & Wildlife Resources 735-3955/56, Fax 734-6570
Forestry & Soil Resources 300-7976
Plant Inspection Facility 475-1426/27, Fax 477-9487
Animal Health Section 300-7965/66, Fax 734-6569



Chelsea Muna-Brecht
Director

Deputy Director

Application for Entry Permit

Owner Name _____	<u>Contact number on island</u>						
	Home _____						
	Cell _____						
Address on Island _____							
Note: If NONE, c/o Name of Boarding Facility to be registered at or Sponsor							
ORIGIN: _____ (Where animals are coming from)	EMAIL ADDRESS						
ARRIVAL DATE: _____ If not confirmed, give estimate							
Date Applied: _____							
CARRIER: _____ FLT _____ (If United Airlines 201, Delta 96 or 292, KE111, or other)							
NAME OF QUARANTINE FACILITY REGISTERED/WILL BE REGISTERED AT:							
Harper Valley Kennels	<input type="checkbox"/>						
Andersen Pet Boarding Facility (Military Only)	<input type="checkbox"/>						
Animal Medical Clinic	<input type="checkbox"/>						
IDENTIFICATION OF EACH ANIMAL TO BE IMPORTED							
Breed	Dog/Cat	Age	Weight	Sex	Color	Name	Indentification Number
<p>Having the intention of importing the above animal(s) into the Territory of Guam, the undersigned hereby agrees to pay to the Treasurer of Guam the prescribed sum of 60.00 per animal entry permit and 5.00 per licensed year per pet license according vaccine duration as noted and to comply with all quarantine rules and regulations of the Department of Agriculture Government of Guam.</p>							
_____ Applicant Name Signature				_____ Date			
For Official use only							

Request for FAVN-OIE Rabies Antibody Test



DoD Food Analysis and Diagnostic Laboratory
ATTN: Diagnostic Receiving
Public Health Command Region - South
2899 Schofield Road, Suite 2630
JBSA Ft Sam Houston, TX 78234-7583
Phone: (210) 295-4605/4010/4387 (DSN: 421-XXXX)
Fax: (210) 635-1025
Website:
<http://phc.amedd.army.mil/topics/labsciences/fad/Pages/FADLFormsandDocuments.aspx>

Date/Time Received
2020 FEB -6 A 9 36
DOD VETERINARY DIAGNOSTIC LAB
Lab Accession Number
C-M20 - 0869

OFFICIAL FORM: Print/type ALL information below

Pet Destination: _____

Owner Information

Name of Owner: 36 SECURITY FORCE
Address: 123 Arc Light Rd Phone: _____
City: Andersen AFB State: GU Zip: 96542
Email Address: _____

Animal Information

Pet's Name: HARRY 91 Microchip No. 981100004079491
 Dog Cat Breed: BELGIAN MALINOIS Age: 6 Y Sex: M F
Color/Unique Markings: SABLE Tattoo: X170

Submitting Veterinarian

Veterinary Clinic: Andersen Air Force Base Veterinary Service
Address: Unit 14050
City: APO State: AP Zip: 96543
Phone: 671-366-3205 Fax: 671-366-5199
Email Address: alecia.e.agner.mil@mail.mil
Date Serum Collected: 04 Feb 2020 Clinic Code (if known): _____
Name of Veterinarian: AGNER,ALECIA ELAINE
Signature of Veterinarian: *[Signature]*
Signature acknowledges identity of pet, microchip number and owner's DOD beneficiary status

Results of Test - Lab Use Only

Result Titer: ≥4.56 IU/ml
C-M20-0869 MICROCHIP # 981100004079491

A titer of 0.5 IU/ml or greater indicates that the dog or cat has an acceptable rabies antibody level for the purpose of export. A titer of less than 0.5 IU/ml is considered a failure.

Joseph S Ndu
Joseph S Ndu
Microbiologist

02/13/2020
Date

RABIES VACCINATION CERTIFICATE

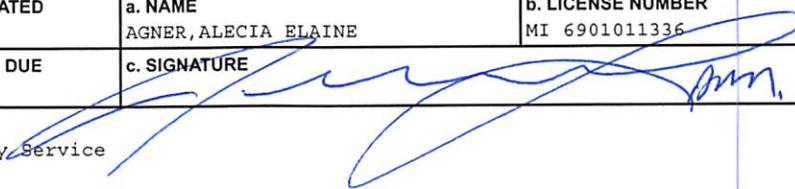
PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive 6400.4, DoD Veterinary Services Program; AR 40-905, SECNAVIST 6401.1B, AFI 48-131, Veterinary Health Services; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): The personal information will facilitate and document your animal's rabies vaccination status.

ROUTINE USE(S): Used by veterinarians and other health authorities to request and record the ownership, identity, and vaccination status of the described animal. The information may also be used to aid in Federal, state, and local preventive health and communicable disease control programs; compile statistical data; conduct research; teach; and assist in law enforcement; to include investigations and litigation.

DISCLOSURE: Voluntary; however, if the requested information is not furnished, the animal cannot be maintained on any military installation and comprehensive health care may not be possible.

1. OWNER'S NAME (Last, First, Middle Initial) 36 SECURITY FORCE		2. TELEPHONE NUMBER (Include Area Code) H: W: 671-366-5436		
3. ADDRESS (Number, Street, City, State, ZIP Code) 123 Arc Light Rd Andersen AFB GU 96542				
4. ANIMAL				
a. NAME HARRY 91 X170		b. MICROCHIP NUMBER(S) 981100004079491		c. SPECIES CANINE
d. SEX Male				
e. AGE 6 Y	f. WEIGHT 85.6	g. PREDOMINANT BREED BELGIAN MALINOIS		h. COLOR(S) SABLE
5. VACCINE				
a. PRODUCER (First 3 letters) ZOE		b. LOT NUMBER 350886A		c. EXPIRATION DATE 06 Oct 2020
d. VIRUS TYPE Nobivac 3-Rabies (killed)				
e. ADMINISTRATION SITE Sub Q RHIP				
6. VACCINATION			7. VETERINARIAN	
a. RABIES TAG NUMBER 20-00711		b. DATE VACCINATED 04 Feb 2020		a. NAME AGNER, ALECIA ELAINE
b. LICENSE NUMBER MI 6901011336				
c. VACCINATION DURATION 3 Y		d. VACCINATION DUE 04 Feb 2023		c. SIGNATURE 
8. FACILITY ADDRESS (Street, City, State, ZIP Code) Andersen Air Force Base Veterinary Service Unit 14050 APO AP 96543 GUM				

INSTRUCTIONS

1. OWNER'S NAME. Self-explanatory.
2. TELEPHONE NUMBER. Self-explanatory.
3. ADDRESS. Self-explanatory.
4. ANIMAL.
 - a. NAME. Self-explanatory.
 - b. MICROCHIP NUMBER(S). List all scannable microchips implanted in this animal.
 - c. SPECIES. Self-explanatory.
 - d. SEX. Self-explanatory; indicate if spayed or neutered.
 - e. AGE. Self-explanatory.
 - f. WEIGHT. Self-explanatory.
 - g. PREDOMINANT BREED. List only the predominant breed. If not purebred, followed by the word "mix".
 - h. COLOR(S). Self-explanatory.
5. VACCINE.
 - a. PRODUCER. The first three letters of the company name of the company that produced the vaccine.
 - b. LOT NUMBER. Production lot number of the vaccine used.
 - c. EXPIRATION DATE. Expiration date of the vaccine used.
 - d. VIRUS TYPE. Virus type of the vaccine used (e.g., killed, modified live, recombinant).
 - e. ADMINISTRATION SITE. Location and method of administration of the vaccine used (e.g., SQRS - subcutaneous over right shoulder).
6. VACCINATION.
 - a. RABIES TAG NUMBER. Self-explanatory.
 - b. DATE VACCINATED. Self-explanatory.
 - c. VACCINATION DURATION. Length of time in years that the vaccination is valid for.
 - d. VACCINATION DUE. Date that next rabies vaccination is due.
7. VETERINARIAN.
 - a. NAME. Name of the veterinarian responsible for the vaccination.
 - b. LICENSE NUMBER. Veterinary medical license number, to include two letter state of issuance, of the responsible veterinarian.
 - c. SIGNATURE. Self-explanatory.
8. FACILITY ADDRESS. Self-explanatory.