DECLARATION FORM

(for import/re-import of pets under baggage rule or License)

OFFICIAL HEALTH CERTIFICATE (AS APPLICABLE) AND VACCINATION BOOK IS MANDA owner/authorized representative (authorization of owner is mandant) holding passport no. /aadhar card no. solemnly affirms to sole	
Sr. Species & Name & Age/DOB Colour Sex County of County of Pried Microchip No. OFFICIAL HEALTH CERTIFICATE (AS APPLICABLE) AND VACCIMATION BOOK IS MANDATON B	
Sr. Species & Name & Age/DOB Colour Sex County of County of No. Breed Microchip No. (M/F/N) Origin visit duri 2 years stay abroad, visa, employment detail. Travelier 13/2013 attach proof, journey ticket, local address; for baggage rule 25/2013 attach AQCS	
Sr. Species & Name & Age/DOB Colour Sex County of County of No. Breed Microchip No. (M/F/N) Origin visit duri 2 years stay abroad, visa, employment detail. Travelier 13/2013 attach proof, journey ticket, local address; for baggage rule 25/2013 attach AQCS	
owner/authorized representative (authorization of owner is molding passport no. /aadhar card no	untries ited ing past ears
holding passport no. /aadhar card no	ATORY
Purpose of import/re-import: attach passport of owner, visa, return ticket, proof of purpose of visit, local temporary and contact details) Date of departure(if any): Port of Departure: 2. I will present myself along with pet at the time of entry into India and during return from at the respective AQCS station and cooperate with AQCS regarding the submission information/document and the verification of place of holding of pet, temporary stay other issue whenever required. 3. I will comply and carry out all directions regarding deportation/ destruction/Chuarantin other issue in respect of the above Pet(s) as directed by AQCS at my own cost. 4. I will not seek any damages or other compensations whatsoever from Official of ACC.	nse- nor cial, gift saggage ansfer of sary visit location of any and any and any and any and any
may arise due to import/re-import/deportation/destruction/return of pet(s) as the case may undertake that the information provided in this declaration is true and complete to the my knowledge and belief. I will be fully responsible in case any information and do	ay be. e best o

Signature of importer/owner/authorized representative Name, Designation with Address & contact No.