

## Animal Importation Form

HKUST Consignee /Receiver Information	
Principle Investigator name:	
User/Responsible personnel name:	
Contact mobile phone number:	

Source/Consignor Information	
Name of Institute/vendor:	
Country and city of institute/vendor:	
Veterinarian name and email responsible for animals to be shipped:	

Animal Importation Information					
Species:					
Seq.	Strain	Animal Quantity & Age			
		Male	Age	Female	Age
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Animal Importation Information	
Courier Name:	
Mode of transport:	
Expected date of shipment:	

\* Date of Health report approved by AV: \_\_\_\_\_

\* Total Number of Animals intended for Import: \_\_\_\_\_

**Please send this completed form, along with Service Request Form and ONE YEAR OF HEALTH SURVEILLANCE REPORTS LEADING UP TO SHIPMENT DATE, WITH THE MOST RECENT REPORT GENERATED NO MORE THAN 90 DAYS OF SHIPMENT, to [apcf@ust.hk](mailto:apcf@ust.hk).**