ESTADO LIBRE ASOCIADO DE
PUERTO RICO
Departamento de Agricultura

DAPR
Servicios Veterinarios

IMPORTED ANIMAL TEST ASSIGNMENT

Permit Number: _____ Date Assigned: _____

Consignee's Name, Address: _____

_____

Consignor's Name, Address: _____

_____

Animal Species: _____

Breed: _____

Number of Animals: _____

State of Origin: _____

Shipping Company: _____ Date of Departure: _____

Date of Arrival: _____

Remarks: _____

_____