



**REPUBLIC OF PANAMA
MINISTRY OF HEALTH
DEPARTMENT OF ZONOSIS CONTROL**

Quarantine Request

Panama, _____ (dd/mm/yy)
Department of Zoonosis Control
I, _____, ID/N° Passport _____
Address (Panama) _____
Telephone _____, E-mail _____
Province _____, District _____

I submit this formal request for the Quarantine of the pet(s) as described

Animal (dog-cat)	Breed	Name	Age	Sex	Country of origin

Country of arrival _____, Flight N° _____
Airline company _____
Day _____ (dd/mm/yy), time of arrival _____

Indicate with and if it complies with the requirements.

Health Certificate for small animals issued by the Health Authority from the country of origin, that certifies that the pet is healthy and the rabies vaccine valid, dated for dogs/cats of three (3) months of age or older.

Health Certificate for small animals shall have been legalized by the official Seal (Apostille) of the recognize authority or authenticated by the Panamanian Consulate from the country of origin.

CONTACT AND SCHEDULE OF ATTENTION TO THE PUBLIC

Schedule: Monday to Sunday: from 7:00 am. to 3:00 pm. and from 3:00 pm. to 11:00 pm.

Phone: 507-238-3855, 507-238-4059 E-mail: cam@minsa.gob.pa
