



REPUBLIC OF PANAMA
MINISTRY OF HEALTH
DEPARTMENT OF ZOOONOSIS 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 (dogs-cats- ferrets)	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.

Animal Health Certificate for exportation of dogs, cats or ferrets 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.

Animal Health Certificate for exportation of dogs, cats or ferrets, shall have been legalized by the Apostille of the recognize authority or authenticated by the Panamanian Consulate from the country of origin.

The fullfill document sent it back through cam@minsa.gob.pa, or by telefax 507-238-3855, 507- 238-4059, 507-512-9338, or in person to the offices of the Ministry of Health (Ancon, Gorgas Street, 265 blg and/or International Tocumen Airport, S.A.

Observation: The fee needs to be cancelled in cash.

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