



UNITED STATES MILITARY TRAINING MISSION
TO SAUDI ARABIA
MEDICAL SERVICES
APO AE 09803

USMTM-MS

20 May 2003

Animal Entry Requirements for the Kingdom of Saudi Arabia

Personnel who desire to bring a pet into the Kingdom of Saudi Arabia must plan ahead and follow strict guidelines as outlined below. This information was compiled by the Chief, Preventive Medicine/Veterinary Services, USMTM.

1. First, a veterinary health certificate must be obtained certifying that the animal is in good health and free from communicable disease. The animal must also have a rabies vaccination that is between 31 days and one year old. This vaccination must have proper documentation. For personnel eligible to use military veterinary treatment facilities, this is the easiest way to accomplish the health certificate and rabies vaccine. Acceptable forms for the health certificate include DD 2209, DD Form 2621 and APHIS Form VS-7001 (see attached forms). The health certificate **is valid for 10 days**.

2. IF YOU ARE BRINGING A DOG (any breed) INTO THE KINGDOM, YOUR HEALTH CERTIFICATE MUST STATE THAT THE ANIMAL IS A “GUARD DOG.”

3. Your next step is to have your health certificate certified by the USDA-Animal Plant Health Inspection Service, State Area Veterinary Service Office. Your local veterinarian can assist you in locating your USDA-APHIS veterinary office, or use www.aphis.usda.gov. Bring your health certificate and rabies vaccination certificate to the office. You should ask for and receive the following:

- a. An official Veterinary Health Certificate. This certificate is **valid for 30 days (please confirm this with the USDA-APHIS office issuing the certificate)**.
- b. Certification that the veterinarian issuing the rabies vaccine is licensed in that state, and that the vaccine is USDA approved (see attached Forms).
- c. Statement that the animal is a guard dog, if the state office uses a different document than the initial health certificate.
- d. Obtain 3 copies of each document with raised USDA seal.

4. After you have the required documentation from the USDA, the U.S. State Department must authenticate all documents. You can do this individually or through a processing office, such as TRAVISIA: 2122 P Street NW, Washington, D.C. 20037; telephone, 202-463-6166; fax, 202-293-1112; web, www.travisia.com. Please call for appropriate fees. They can take your documents that you have certified by the USDA and complete the process. Please remember, as with most organizations, not all customers are completely satisfied with the services they receive.

5. Should you decide to complete the process on your own, you must first send or carry your USDA certified documents to the U.S. State Department Office of Authentication (www.state.gov/m/a/auth/) at:

State Department Authentication Division
Columbia Plaza
518-23rd Street, NW
Washington, DC 20520

Phone: 202-647-5002 or 1-800-688-9889
Fax: 202-663-3636
E-mail: AOPRGSMAUTH@STATE.GOV
Fee: \$5.00 per set of documents

6. Next, the paperwork must be sent to the Royal Embassy of Saudi Arabia, Consular Section. The Authentications Office can do this for you. You must supply a transmittal letter; the appropriate fee; and a pre-addressed, stamped envelope for return of the documents. The current fee is \$8.00 per set of documents, payable by money order to the Royal Embassy of Saudi Arabia.

You may elect to send or walk your documents through the Consular Section yourself. The fee still applies. There are four Consulate addresses to choose from:

WASHINGTON, D.C.

601 New Hampshire Ave., NW
Washington, DC 20037
Tel: 202-944-3126
Fax: 202-337-4084

HOUSTON, TX

5718 Westheimer, Suite 1500
Houston, TX 77057
Tel: 713-785-5577
Fax: 713-785-1163

LOS ANGELES, CA

2045 Sawtelle Blvd.
Los Angeles, CA 90025
Tel: 310-914-9011/479-6000
Fax: 310-479-2752

NEW YORK, NY

866 United Nations Plaza, Suite 480
New York, NY 10017
Tel: 212-752-2740
Fax: 212-751-7000

Contact information for the Information Office, Royal Embassy of Saudi Arabia, Washington is:

E-mail: info@saudiembassy.net; web: www.saudiembassy.net
Tel: 202-337-4076 or 202-337-4134
Fax: 202-944-5983

7. The decision whether to carry out these processes or to use a processor is ultimately up to you. Please consider your available time, monetary constraints, and location when making your decision. You also have a wealth of contact information at your disposal, and the USMTM veterinarian will gladly assist you with any concerns you may have. You may contact him at DSN: (318) 435-7001; Cmc1: 011-966-1-478-1100x435-7001; Cell: 011-966-5-496-2179. Good luck with your travels, and enjoy your stay in the Kingdom of Saudi Arabia.

VETERINARY HEALTH CERTIFICATE

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - See Reverse)

TYPE OR PRINT NAME OF OWNER <i>(Last, First, MI)</i>					
COMPLETE ADDRESS <i>(Include Zip Code)</i>				SPECIES <input type="checkbox"/> DOG <input type="checkbox"/> CAT	
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE <input type="checkbox"/> 3 MO. TO 12 MO. <input type="checkbox"/> 12 MO. OR OLDER	SIZE <input type="checkbox"/> UNDER 20 LBS. <input type="checkbox"/> 20 - 50 LBS. <input type="checkbox"/> OVER 50 LBS.	PREDOMINANT BREED	COLOR(S)	
NAME OF ANIMAL			TAG NUMBER		
PRODUCER <i>(First 3 letters)</i> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>				RABIES IMMUNIZATION DATA <input type="checkbox"/> 1 YR. LIC./VACC. <input type="checkbox"/> 3 YR. LIC./VACC. <input type="checkbox"/> OTHER	MODIFIED <input type="checkbox"/> CEO <input type="checkbox"/> TCO <input type="checkbox"/> CLO
KILLED <input type="checkbox"/> MURINE <input type="checkbox"/> CAPRINE					
<p>This is to certify that the above described animal has been examined by me on the date below and was found free of any communicable disease. To the best of my knowledge this animal has not been exposed to rabies and did not originate from a rabies quarantine area.</p>					
NAME, GRADE AND ORGANIZATION OF VETERINARIAN			SIGNATURE	DATE	

DD Form 2209, AUG 79

REPLACES DD FORM 2071, APR 77, WHICH IS OBSOLETE.

**VETERINARY VACCINATION AND TRILINGUAL HEALTH CERTIFICATE
CERTIFICAT DE VACCINATION VETERINAIRE ET DE SANTE
TIERAERZTLICHE IMPFUNGS-UND GESUNDHEITBESCHEINIGUNG**

Privacy Act Statement

AUTHORITY: Title 10, United States Code, Sections 3013, 5013 and 8013
PRINCIPLE PURPOSE(S): The personal information will facilitate and document your animal's registration and health care.
ROUTINE USE(S): Used by veterinarians and other health authorities to request and record the ownership, identity, and vaccination status of the Described animal and to provide verification of normal physical health. The information may also be used to: aid in preventive Health and communicable disease control program; report medical conditions required by law to Federal, state, and local Agencies; compile statistical data; conduct research; teach; assist in law enforcement, to include investigations and litigation, And evaluate the care provided.
DISCLOSURE: Voluntary; however, if the requested information is not furnished, the animal cannot be maintained on the military Installation and comprehensive health care may not be possible.

1. OWNER OF ANIMAL/PROPRIETAIRE DE L'ANIMAL/BESITZER DES TIERES

a. NAME (Last, First, Middle Initial) / NOM (Nom de famille, prenom) / NAME (Nachname, Vorname)	b. GRADE/GRADE/RANK	c. SSN/ IDENTIFICATION/NUMERO MATRICULE/IDENTITE/KENNZEICHEN
d. ORGANIZATION/SERVICE/DIENSTSTELLE	e. ADDRESS (APO) / ADRESSE /ANSCHRIFT	
f. TELEPHONE NUMBER/NO. DE TEL./TEL NR.		

2. IDENTIFICATIO OF ANIMAL/DESCRIPTION DE L'ANIMAL/BESCHREIBUNG DES TIERS

a. SPECIES/ ESPECE/ ART	b. BREED/ RACE / RASSE	c. AGE/ AGE/ ALTER	d. SEX/ SEXE/ GESCHLECHT	e. WEIGHT/ POIDS GEWICHT
f. NAME/ NOM / NAME	g. COLOR/ COULEUR/ FARBE	h. BRAND # / # DE MARQUE/ BRANDZEICHEN NR.	i. OTHER INF. /RENSEIGNEMENTS COMPLEMENTAIRES/ WEITERE ANGABEN	

3. RABIES, DISTEMPER AND OTHER IMMUNIZATIONS / VACCINATION CONTRE LA RAGE, MALADIE DES CHIENS ET AUTRES IMMUNISATIONS / TOLLWUT, STAUPE UND ANDERE IMPFUNGEN

Type of vaccine or serum Type Du Vaccin Ou Serum Art Der Impfung Oder Des Serums a.	Date Date Datum b.	Lot No. No Du Lot Reg Nr. c.	Amount Quantite Menge d.	Vacc. Tag No. Mo De La Plaque De Vaccination Impfungsschild Nr. e.	Manufacturer Fabricant Hersteller f.	Signature Signature Unterschrift g.

4. HEALTH CERTIFICATION / ATTESTATION DE SANTE / GESUNDHEITBESCHEINIGUNG

ABOVE DESCRIBED ANIMAL WAS PHYSICALLY EXAMINED ON DATE BELOW AND FOUND APPARENTLY FREE FROM ALL EVIDENCE OF INFECTIONS OR CONTAGIOUS DISEASE INCLUDING SKIN LESIONS, DIARRHEA, EMACIATION, AND SYMPTOMS INVOLVING THE NERVOUS SYSTEM AS NOTED BELOW:
L'ANIMAL DECRIT CI-DESSOUS A ETE EXAMINE PHYSIQUEMENT A LA DATE-DESSOUS ET PARAIT ETRE SANS AUCUN SIGNE D'INFECTIONS OU DE MALADIES CONTAGIEUSES, Y COMPRIS LESIONS DE LA PEAU, JAUNISSE, DIARRHEE, AMAIGRISSEMENT ET SYMPTOMES AFFECTANT LE SYSTEME NERVEUX A L'EXCEPTION DE CE QUI EST INDIQUE CI-DESSOUS:
DAS OBEN BESCHREIBENE TIER WURDE AN DEM UNTEN BEZEICHNETEN DATUM UNTERSUCH UN DEM ANSCHEIN NACH WURDEN EINE ANSTECKENDEN KRANKHEITEN WIE HAUTKHEITEN, GELBSUCHT, DURCHFALL, ABMAGERUNG, UND SYM

a. REMARKS / REMARQUES / VERMERK

**THIS IT TO CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
IL EST CERTIFIE QUE LES DECLARATIONS CI-DESSUS SONT EXACTES POUR AUTANT QUE JE PUISSE LE SAVOIR.
ES WIRD HIERMIT BESTAETIGT, DASS DIE OBEN GEMACHTEN ANGABEN MEINES WISSENS RICHTIG SIND.**

b. TYPED NAME / NOM ECRIT DE MACHINE/ NAME (Mit Schreibmaschine geschrieben)	a. GRADE / GRADE RANG	d. SIGNATURE / SIGNATURE /	e. DATE / DATE / DATUM
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e. OFFICIAL DESIGNATION / OFFICIELLE / AMTLICHE BEZEICHNUNG US Army Veterinary Service, Veterinary Treatment



**United States
Department of
Agriculture**

Marketing and
Regulatory
Programs

Animal and
Plant Health
Inspection
Service

4700 River Road
Riverdale, MD 20737

This is to certify that the person herein is a veterinarian located in the State shown. Rabies vaccine produced in the United States for national distribution is manufactured in establishments that conduct tests for safety and potency in the manner acceptable to

Veterinarian:

State:

Owner:

Type of Animals:

IN WITNESS WHEREOF:

I have hereunto caused the Seal of the
United States Department of Agriculture
to be affixed and subscribed my name.

This _____ day of _____ 20__

Area Veterinarian in Charge
USDA, APHIS, Veterinary Services



APHIS - Protecting American Agriculture

An Equal Opportunity Employer