

# 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	
		Male	Female
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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

**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).**