

PETAIR MALAYSIA APPLICATION FORM

(Please fill in the form in **BLOCK** letters)

M	EXPOR	ТТО			
o'/ Datin/ Prof./ Assoc. Prof	./ Dr./ Mr.	./ Mrs./ M	iss/ Ms. (Plo	ease circle	one)
			ocument)		
	_ Citizens	hip:			
(Please attach a photoco	ppy of IC o	r Passport	·)		
	_ H/P	:			
	_ Fax	:			
	Office	: <u></u>			
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	o'/ Datin/ Prof./ Assoc. Prof.	o'/ Datin/ Prof./ Assoc. Prof./ Dr./ Mr. oper/ Consignor's name to appear on s Citizens (Please attach a photocopy of IC o	o'/ Datin/ Prof./ Assoc. Prof./ Dr./ Mr./ Mrs./ M oper/ Consignor's name to appear on shipping de Citizenship: (Please attach a photocopy of IC or Passport H/P : Fax :	o'/ Datin/ Prof./ Assoc. Prof./ Dr./ Mr./ Mrs./ Miss/ Ms. (Please attach a photocopy of IC or Passport) H/P : Fax :	o'/ Datin/ Prof./ Assoc. Prof./ Dr./ Mr./ Mrs./ Miss/ Ms. (Please circle oper/ Consignor's name to appear on shipping document) Citizenship: (Please attach a photocopy of IC or Passport) H/P : Fax :



PET'S INFO

Name :	Date of Birth :					
Species:						
Breed :	c	olour:	Sex:	Sex:		
Age :	P	Pet De-Sexed :				
Weight :	ht :		pe :			
	Da	ate Microchip Given	:			
Country of Birth:	Date imp	ort into Malaysia	:	-		
Vaccine Record	Date Given	Due Date	Vaccine Name	Batch No.:		
Canine/ Feline						
Rabies						
Others (specify)						
(Please attach a copy o	of vaccination record	d)				



Consignee Name:		_Tel. No.:		
(Pet receiver's name to appear on ship	oping document)	(Contact Number for country of destination)		
Shipping Address :				
(Export country - owner or				
Quarantine station address)				
Landing Airport Name/ State:	Airport Code:			
Required shipping date/ month/ year:				
Do you require us to book CARGO?	YES	NO		
Cage Dimension :	(W)	_(H)(L)	(cm) or (inches)	
Cage weight :	(kg)			
(Empty cage)				

Please ensure bowl, water bottle and towel is available for the cage. Food is not required.



(Please make copies for more than one pet)
