

# AVI AUTHORIZATION FORM

For Pets (Dog, Cat, Rabbit, Hamster, Ferret)

(Effective June 2019)

All details must be completed by Origin



| Check item  |  | Details                  |                          |                          |
|---|--|--------------------------|--------------------------|--------------------------|
| <b>Transportation Detail</b>  |  |                          |                          |                          |
| 1   | AWB number   |                          |                          |                          |
| 2   | Origin/ Destination  |                          |                          |                          |
| 3   | Planned itinerary  |                          |                          |                          |
| 4   | Planned Total Transportation Time  |                          |                          |                          |
| 5   | Total transit time in DXB  |                          |                          |                          |
| <b>PET Detail</b>   |  |                          |                          |                          |
| 6   | Breed ( Mandatory for PETS)  |                          |                          |                          |
| 7   | Common name / Scientific name  |                          |                          |                          |
| 8   | Nick name ( Mandatory for PETS )   |                          |                          |                          |
| 9   | AVI Date of Birth  |                          |                          |                          |
| 10  | Last Rabies Vaccine date & expiry ( Mandatory for PETS )   |                          |                          |                          |
| 11  | Number of animals / individual weights   |                          |                          |                          |
| 12  | Individual ages and sex  |                          |                          |                          |
| 13  | LAR container requirement  |                          |                          |                          |
| 14  | Temperature tolerance / requirement – MIN & MAX  |                          |                          |                          |
| 15  | 24hrs emergency contact number   |                          |                          |                          |
| Check item  |  | Yes                      | No                       | N/A                      |
| 16  | Is the SBHR updated with all the above and other information, and the temperature requirements?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17  | Is the shipment in compliance with the aircraft weight restriction as per D16 of CMHM  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18  | Is there sufficient ventilation on aircrafts operating on both sectors?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19  | Is the aircraft operating on both sectors able to maintain the required temperature  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20  | Consignee Acceptance received  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21  | Transit station Approval received (if any)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22  | Is the pet under medication (tick appropriate)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes to the above please provide the following Certificates / documents |  |                          |                          |                          |
| a   | Certificate from qualified veterinarian is provided, describing the medication and dosage.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b   | Medication will not cause sedation or tranquilization effect and the medication intake period will not affect the health of the pet if not administered on time. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c   | Certificate mentioning that the animal is fit to travel for the duration of the flight in the cargo hold.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d   | If the medicine is required to be administered during Transit.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e   | Micro Chip is implanted / Tattoo Number ( Mandatory for PETS )   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes. Micro Chip / Tattoo number  |  |                          |                          |                          |

Additional Information: