香港特別行政區政府
漁農自然護理署
九龍長沙灣道 303 號
長沙灣政府合署五樓

THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION
AGRICULTURE, FISHERIES AND CONSERVATION DEPARTMENT
Cheung Sha Wan Government Offices
303 Cheung Sha Wan Road
5th Floor, Kowloon, Hong Kong.

輸入殘疾人士輔助犬
殘疾人士聲明書
IMPORTATION OF DISABILITY ASSISTANCE DOGS INTO HONG KONG
DISABLED PERSON'S DECLARATION

請用**正楷**填寫，填妥後將表格送回九龍長沙灣道303號5樓10 號櫃位漁農自然護理署簽証及認証分組。
詳細資料可瀏覽本署網頁http://www.afcd.gov.hk.或於辦公時間內致電2150 7063查詢
Please complete in **BLOCK LETTERS** and return to : Permit & Certification Unit, Agriculture, Fisheries and Conservation Department, Counter No.10, 5th Floor, Cheung Sha Wan Government Offices, No.303, Cheung Sha Wan Road, Kowloon, Hong Kong.
For detailed information, please visit http://www.afcd.gov.hk or enquiry at 21507063 during office hours

甲部：個人資料 *(本聲明書須連同特別許可證申請表一併交予漁農自然護理署)*
SECTION A：PERSONAL PARTICULARS *(This declaration should be submitted to Agriculture, Fisheries and Conservation Department together with the application for the Special Permit.)*

1. 申請人姓名： * 先生 / 太太 / 女士〔中文〕 〔英文〕
   Name of Applicant：* Mr. / Mrs. / Ms (Chinese) _____ (English) _____
2. 申請人身份 Identification of Applicant： #☐ 殘疾人士輔助犬的使用者Person who uses the disability assistance dog
   #☐ 該人的照顧者 That person's carer
3. * 香港身份證號碼HK Identity Card /護照號碼及簽發國家/地方 Passport No. and issuing country/place ：_____
4. 指定地址The Nominated Address：_____
5. 電話Tel No.:_____ 傳真號碼Fax No.:_____ 電郵 Email Address：_____

乙部：殘疾人士輔助犬的鑑別資料
SECTION B：IDENTIFICATION OF THE DISABILITY ASSISTANCE DOG

微型晶片鑑別編號
Microchip Identification Number：

犬隻名字 Dog Name：_____ 品種 Breed：_____ 毛色／花紋 Colour/ Marking：_____

性別 Sex： #☐雄性Male #☐ 雌性Female #☐ 已絕育Neutered 出生日期 Date of Birth：_____ 年齡 Age：_____

丙部：檢疫監察條件
SECTION C：CONDITIONS OF QUARANTINE SURVEILLANCE

在許可證指明的檢疫監察期內，有關犬隻須遵守的條件：
During the period covered by the Permit for release under quarantine surveillance：

1. 在指定地址的處所內不得有其他貓狗，但處所內居民擁有的其他殘疾人士輔助犬除外。本人明白此等犬隻與有關的入口犬隻均須遵守相同的檢疫條件。
   No other cats or dogs will be present at the Nominated Address, except any other disability assistance dog/s owned by the resident(s) at the Nominated Address. I understand that any such dog(s) is/are subject to the same quarantine conditions as the imported dog.
2. 當該殘疾人士輔助犬離開上述指定地址，便須時刻繫著狗帶，並且受到本人的直接控制。
   The disability assistance dog will remain leashed and under my direct control at all times when it is not confined at the Nominated Address.
3. 如有關犬隻患病，本人會立即通知漁農自然護理署。本人如攜同該犬隻尋求獸醫治理，便會告知主診獸醫犬隻現正接受檢疫監察，並須向漁護署提交獸醫報告。
   I will promptly inform Agricultural, Fisheries & Conservation Department (AFCD) of any illness of the dog. If I seek

veterinary treatment of the dog I will advise the attending veterinarian that the animal is under quarantine surveillance and that a veterinary report for AFCD is required.

4. 本人明白漁護署人員在犬隻接受檢疫監察期間可隨時前往上述指定地址視察，並同意就此事與有關人員合作。
   Acknowledge that an AFCD Officer may visit the Nominated Address at any time while the dog is under quarantine surveillance and, agree to co-operate in this matter with the AFCD officer.
5. 本人明白該犬隻須要按許可證所列明，接受為期 60 天的檢疫監察，或漁護署人員可能指定的更長時間。
   Acknowledge that the dog will remain under quarantine surveillance for 60 days as specified in the release under quarantine surveillance, or such greater period as an AFCD Officer may decide.
6. 本人明白漁護署人員可行使《公眾衞生(動物及禽鳥)條例》(第 139 章)所賦予的權力，包括規定有關犬隻須接受檢驗、治療、測試或移往動物檢疫站。
   Acknowledge and understand that an AFCD Officer may exercise powers under the Public Health (Animals and Birds) Ordinance (Cap 139), including requiring the dog to be inspected, treated, tested or removed to an animal quarantine station.
7. 在建議的檢疫監察期完結當日，本人必須攜同該犬隻往漁護署的檢驗中心接受獸醫檢查。本人須先致電 21507141 預約時間。
   On proposed end date of quarantine surveillance I will take my dog to an AFCD inspection center for examination by an AFCD veterinarian. I will call 21507141 for an appointment in advance.

丁部：*殘疾人士輔助犬的使用者/ 該人的照顧者聲明

SECTION D：DECLARATION OF *PERSON WHO USES THE DISABLITY ASSISTANCE DOG / THAT PERSON'S CARER

本人謹此聲明I declare that：

i. 本人證實上述甲部及乙部所提供的資料正確無誤。
   I certify that the information provided in part A and B is correct.

ii. 本人已閱畢及明白上述丙部所列的檢疫監察條件，並承諾予以遵守，而本人確知必須遵守有關條件，才可讓該犬隻接受檢疫監察，作為其抵港後的檢疫程序。
   I have read and understood the conditions of quarantine surveillance detailed as listed in part C above and I undertake to comply with these conditions, acknowledging that compliance is necessary for the post-arrival quarantine to be served as quarantine surveillance.

iii. 位於上述地址(指定地址)的處所適宜遵行上述丙部所列的檢疫監察條件。
   The premises at the address shown above (the Nominated Address) is suitable for compliance with these conditions of quarantine surveillance detailed as listed in part C above.

iv. 本人／有關殘疾人士使用該犬隻至少已有六個月。
   The dog has been in my/ the disabled person's service for at least six months.

v. 如有需要，本人同意繳付所有與檢疫監察期有關的費用。
   I agree to pay all quarantine fees associated with the quarantine surveillance period if required.

簽署 Signature ： _____
(*殘疾人士輔助犬的使用者 Person who uses the disability assistance dog / 該人的照顧者 That person's carer)

姓名正楷 Name ： _____

日期 Date ： _____
(日／月／年) (dd/mm/yy) ：

戊部：本欄只供本署職員填寫
SECTION E—FOR OFFICIAL USE ONLY(to be signed by an AFCD officer / Veterinary Officer on receipt of application)

Signature ： _____

Designation： _____

Date ： _____

Official Stamp：

***** 請刪去不適用者 Please delete as appropriate。#請在適當空格加 ☑號。
正本 *Original copy*：由漁護署保存 *To be kept by AFCD*
副本 *Duplicate copy*：交予有關狗主 *To be given to the dog owner*