**Application for pet arrival accompanied by the displaced persons from Ukraine to the Republic of Croatia**

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|  Owner Information  |
| First name: |  |
| Last name: |  |
| Nationality: |  |
| Passport number: |  |
| e-mail address: |  |
| Cell phone number: |  |
|  Pet information |
| Species (*tick the box*): | Dog Cat Other (*specify the species*)□ □ □ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| Identification mark (*microchip, tatoo*) |  |
| Vaccinated against rabies (*circle the correct answer*) | DA NE |
| Antibody titer to rabies (*circle the correct answer*) | DA NE |
|  Residence |  |
| Address (*street, number, city*) |  |
|  |  |
| Application date(*day, month, year*) |  |
| Signature of the owner: |  |