



BELIZE AGRICULTURAL HEALTH AUTHORITY

APPLICATION FORM FOR THE REGISTRATION OF VETERINARY DRUGS, VETERINARY PESTICIDE AND ANIMAL FEED

Reg. No. _____

Date: _____

1. Name of Applicant:
2. Address of Applicant:
3. Phone No./e-mail of Applicant:
4. Name of Registered establishment/Importer:
5. Address and Phone/e-mail of Registered establishment:
6. Trade Name of Product:
7. Active Ingredients of Veterinary Drug, Pesticide, Animal Feed:
8. Details of labels of the Veterinary Drug, Pesticide or Animal Feed (Attach sample): attached
9. Classification of Veterinary Drug/Pesticide/Animal Feed (tick appropriate):

(a) Over the counter : (b) Prescription only: (c) Restricted

10. Type of Product:
11. Category: (a) Veterinary Drug: (b) Veterinary Pesticide (c) Veterinary Biologic (d) Animal Feed (e) Veterinary Disinfectant
12. Species or target animal:
13. Indications:
14. Dosage:
15. Withdrawal periods in (a) Milk: (b) Meat: (c) Egg:
16. Route of Administration:
17. Country of Manufacture/Origin:
18. Name of Manufacturing Company/Laboratory:
19. Address of Manufacturing Company:

20. Any other countries where drug/pesticide/animal feed is registered:

21. Fees Included:
22. Declaration of applicant: I hereby declare that all the information provided in this application is true and correct to the best of my knowledge and belief, and I understand that if the Unit discovers that any information was fraudulent and misleading or that I have concealed material facts herein, the registration of the veterinary drug, veterinary pesticide or animal feed which I hereby apply for may be cancelled and the fee forfeited.

Signature of Applicant: _____

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1. Application received:
2. Fees Paid:
3. Application complete/incomplete:
4. Registration Status:
5. Other remarks:
6. Date:

Sign: _____

Registrar