

**Regulatory Impact Analysis and Initial Regulatory Flexibility
Analysis**

Proposed Rule

Importation of Dogs

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Summary

This analysis examines impacts for U.S. small entities of a rule that would amend the Animal Welfare regulations to prohibit, with certain exceptions, the importation of dogs for purposes of resale, research, or veterinary treatment, unless they are in good health, have all necessary vaccinations, and are 6 months of age or older. The vaccinations are rabies vaccination (which is already required by HHS' Centers for Disease Control and Prevention (CDC) for imported dogs in most instances) and DHLPP vaccination.¹ The rule would include limited exceptions for (1) dogs imported for certain research studies or veterinary treatment, and (2) dogs lawfully imported into the State of Hawaii from the British Isles, Australia, Guam, or New Zealand in compliance with applicable regulations of the State of Hawaii, provided the dogs are not transported out of the State of Hawaii for resale at less than 6 months of age.

The rule would promote the humane treatment of certain imported dogs and benefit most U.S. dog importers and dealers by ensuring that these dogs are in good health, vaccinated, and not too young. In addition, there could be a positive economic impact for U.S. commercial dog breeding facilities, given that puppies currently imported at less than 6 months of age compete for the same market, but at lower prices. The only entities that may be adversely affected are those that currently import dogs, or purchase imported dogs, that do not meet the new requirements, particularly those that import or purchase from importers dogs that are less than 6 months of age.

The requirements of this proposed rule may mean additional costs for vaccines, veterinary care and paperwork for some entities. The cost of a complete series of DHLPP vaccinations could be between \$50 and \$105 per dog. Because rabies vaccinations are already

¹ DHLPP stands for the diseases that this vaccine protects the dog against. Each letter stands for a disease: D = distemper, H = hepatitis, L = leptospirosis, P = parainfluenza, and P = parvovirus.

required in most instances by CDC, we do not expect increased costs associated with that requirement. The cost of vaccinations is negligible when compared to the costs that can result from importing a diseased dog. The costs associated with a single rabid dog recently imported from Iraq, for example, are estimated to have totaled more than \$28,000. Veterinary care and vaccinations are regular responsibilities of owning a companion animal in the United States and these requirements of the proposed rule are therefore normal for the care of a dog.

According to the U.S. Bureau of Census, the United States imported an average of about 17,000 dogs per year between 2005 and 2010. Assuming that none of these imported dogs received DHLPP vaccinations and all were at least 6 months of age, and the range of vaccination costs above, the total cost of providing the vaccinations required under this proposed rule could have ranged from \$850,000 to \$1.8 million. APHIS believes, however, that many of the dogs affected by this rule already receive the DHLPP vaccination as a matter of course and so will not bear any additional costs as a result of this rule. Although there may be costs associated with obtaining a health certificate, providing the required vaccinations is likely to be the largest additional cost associated with the rule. Because shipments with a fair market value of less than \$2,000 are not included in these statistics, the number of dogs potentially covered by this rule may be underestimated.

The Small Business Administration (SBA) has established guidelines for determining firms considered to be small under the Regulatory Flexibility Act. Importers of live dogs for resale, research, and veterinary treatment would be directly affected by this proposed rule. While the exact number and size of affected entities is not known, in 2007 there were about 12,600 establishments in the generalized category of *other miscellaneous nondurable goods merchant wholesalers* (NAICS 424990), which includes importers of dogs, and about 99 percent

of those establishments were considered small.² Importers may face increased vaccination and care costs abroad, unless they already vaccinate against DHLPP (as mentioned, rabies vaccinations are already required in most instances by CDC) or they qualify for the narrow exceptions for dogs imported for certain research studies or veterinary treatment. Any increase in costs for importers may be passed on to entities buying the imported dogs. On the other hand, such entities might be positively affected due to the greater assurance that an imported dog is in good health and of an eligible age.

Theoretically, any change in the number of imported dogs into the United States could affect the demand for foreign veterinary services and domestic veterinary services, dog products and dog food. However, we expect that any impact of the proposed rule on these industries would be negligible. Imported dogs comprise a very small fraction of the U.S. dog population, well under one percent. It is therefore highly unlikely that any change in the number of imported dogs would significantly affect those domestic markets.

We believe that the benefits of this rule, including the unquantifiable enhancement of animal welfare, justify the costs. Benefits of the rule include promoting the humane treatment of covered imported dogs in keeping with the requirements of the Animal Welfare Act (AWA) and with standard health practices for dogs in the United States. The rule could potentially also yield benefits by preventing the spread of diseases in the United States. Unvaccinated dogs imported into the United States could potentially spread communicable diseases to other dogs or human beings.

Because there is uncertainty surrounding the number of dogs potentially covered by this rule and the cost of providing the necessary vaccines and health certificates for imported dogs, APHIS welcomes information that the public may provide on the number of imported dogs and

² U.S. Department of Commerce. Bureau of the Census. 2007 Economic Census.

possible impacts of the rule. Similarly, there are no available data regarding the age of dogs that are currently imported for resale, so we are unable to estimate the effects of the AWA prohibition on the importation, for resale purposes, of dogs less than 6 months of age. We welcome any information that potentially affected entities or the general public could provide in that regard.

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Introduction

This analysis examines impacts for U.S. small entities of a rule that would amend the Animal Welfare regulations to prohibit, with certain limited exceptions, the importation of dogs for purposes of resale, research, and veterinary treatment, unless they are in good health, have all necessary vaccinations, and are 6 months of age or older. The vaccinations are rabies vaccination (which is already required by HHS' Centers for Disease Control and Prevention (CDC) for imported dogs in most instances) and DHLPP vaccination.³ The rule would include limited exceptions for (1) dogs imported for certain research studies or veterinary treatment and (2) dogs lawfully imported into the State of Hawaii from the British Isles, Australia, Guam, or New Zealand in compliance with applicable regulations of the State of Hawaii, provided the dogs are not transported out of the State of Hawaii for resale at less than 6 months of age.

The proposed rule would promote the humane treatment of certain imported dogs and benefit most U.S. dog importers and dealers by ensuring that these dogs are in good health, vaccinated, and not too young. In addition, there could be a positive economic impact for U.S. commercial dog breeding facilities, given that puppies currently imported at less than 6 months of age compete for the same market, but at lower prices. The only entities that may be adversely affected are those that currently import dogs, or purchase imported dogs, that do not meet the new requirements, particularly those that import or purchase from importers dogs that are less than 6 months of age.

³ DHLPP is the acronym for the diseases that this vaccine protects against: distemper, hepatitis, leptospirosis, parainfluenza, and parvovirus. There are also other vaccine combinations. Some veterinarians, for example, prefer to include a vaccine for canine corona virus, while others leave out the leptospirosis vaccine.

Benefits and costs of the rule are examined in accordance with Executive Orders 12866 and 13563, and the benefits are expected to justify the costs. Possible impacts on small entities are considered in accordance with the Regulatory Flexibility Act.

As background, we provide a brief overview of dogs and the U.S. economy and the import trade in live dogs. This is followed with a description of the costs and benefits of the rule. We then describe the expected impact on small entities.

Dogs and the U.S. Economy

According to the U.S. Bureau of Census, foreign trade statistics, the U.S. imported an average of 16,967 dogs per year between 2005 and 2010, valued at \$14.6 million.⁴ This data source contains all shipments brought into the United States with a fair market value of at least \$2,000. The age of these imported dogs is not indicated. In 2010, dogs were imported from 40 different countries with an average value of \$926, and ranging in price from \$82 (Mexico) to \$11,500 (China). The majority of dogs were imported from a relatively small number of countries. The Netherlands, Columbia, Germany, Mexico and Australia accounted for nearly three-quarters of the imports. About 90 percent of dog imports in 2010 were from countries that were not declared canine-variant rabies free.

The CDC estimated that about 287,000 dogs were brought into the United States in 2006, and about 25 percent of this total were not vaccinated.⁵ However, this total covers all types of dogs, including companion animals, which are not intended for resale. Because this

⁴ United States import statistics, HS code 0106199020, Dogs Live. Global Trade Information Services, Inc.

⁵ J. H. McQuiston, T. Milson, S. Harris, R. M. Bacon, S. Shapiro, I. Trevino, J. Sinclair, G. Galland and N. Marano, Importation of dogs into the United States: risks from rabies and other zoonotic diseases, *Zoonoses and Public Health*, Vol. 55, 2008, pp.421-426.

proposed rule would primarily cover dogs imported for resale, we focus on the import number reported by the Census Bureau, as cited above.⁶

The proposed rule would strengthen animal welfare requirements and enhance public confidence that the covered live dogs imported into the United States are in good health and have received DHLPP and rabies vaccinations before they enter the country. These diseases are contagious and some are deadly, especially rabies.

Although CDC already requires rabies vaccination in most cases, this rule would extend that coverage to some imported dogs where rabies vaccination has not been previously required. While the other diseases for which vaccination would be required have not shown a declining trend in the United States, human deaths from canine rabies have fallen from about 100 cases per year in the early 1900s to one or two cases a year now. This decline has been largely due to widespread canine vaccinations in the 1950s and 1960s and current wildlife rabies surveillance and vaccination programs.⁷ The U.S. has been declared canine rabies free since 2007.⁸ One estimate of the annual cost of rabies prevention in the United States is about \$300 million. According to the CDC, these costs include wildlife surveillance and control programs, the vaccination of companion animals, maintenance of rabies laboratories, and costs incurred for rabies post-exposure prophylaxis (PEP), i.e. treatment taken to prevent rabies after exposure.⁹

Although there have been no rabies reported cases attributable to indigenously acquired canine rabies virus variant in the continental United States in recent years, there have been instances of rabies of import origin. These include an unvaccinated puppy flown from Puerto

⁶ Note that this number does not include shipments with a fair market value of less than \$2,000.

⁷ Christopher J. Finnegan, Aharon M. Brookes, Nicoles Johnson, Jemma Smith, Karen L. Mansfield, Victoria L. Keene, Lorraine M. McElhinney and Anthony R. Fooks, Rabies in North America and Europe, *Journal of the Royal Society of Medicine*, Vol. 95 No.1 (January 2002): 9-13.

⁸ CDC, U.S. Declared Canine-Rabies free (http://www.cdc.gov/news/2007/09/canine_rabies.html)

⁹ CDC, The Cost of Rabies Prevention (<http://www.cdc.gov/rabies/location/usa/cost.html>).

Rico to Massachusetts in May 2004; an unvaccinated puppy adopted from Thailand in June 2004; a puppy adopted from India in March 2007; and a dog imported from Iraq in June 2008. There were 37 persons who received PEP because of these four cases.¹⁰ There were 75 reported cases of rabies in dogs in 2008, and all but one were reported as having terrestrial rabies virus variants other than canine rabies.¹¹ The one exception, mentioned above, was a dog imported from Iraq and found to be infected with a canine rabies virus variant.¹² Now that the United States is free of canine rabies, continued strengthening of dog importation regulations is necessary to reduce the risk for reemergence of the canine rabies virus in the United States.

Costs and Benefits of the Rule

Costs

The requirements of this proposed rule may mean additional costs for vaccines, veterinary care and obtaining an original health certificate for some entities. The benefits from prohibiting the importation of dogs for resale, research, or veterinary treatment that are not in good health, appropriately vaccinated, and at least 6 months of age include an unquantifiable enhancement of animal welfare. The benefits also include the avoided costs of potential disease outbreak. We focus here on the benefits of disease prevention. The rabies and DHLPP vaccinations are for contagious diseases that can be contracted through exposure to the feces, urine, blood, saliva, or nasal discharge of infected dogs. Dogs are prone to these diseases because they use their noses to evaluate their surroundings. These viruses are very serious and in some cases they are deadly. The required vaccinations are among those recommended by the

¹⁰ CDC, Morbidity and Mortality Weekly Report, Vol. 57/No. 39, (October 3, 2008):1076-8 (<http://www.cdc.gov/mmwr/PDF/wk/mm5739.pdf>).

¹¹ Jesse D. Blanton, Kis Robertson, Dustyn Palmer, and Charles E. Rupprecht, Rabies Surveillance in the United States during 2008, Journal of American Veterinary Medical Association, Vol. 235, No. 6 (September 2009): 676-689.

¹² CDC, Morbidity and Mortality Weekly Report, Vol. 57/No. 39, (October 3, 2008):1076-8 (<http://www.cdc.gov/mmwr/PDF/wk/mm5739.pdf>).

American Animal Hospital Association (AAHA) and the American Veterinary Medical Association (AVMA).¹³

The guidelines (both AAHA and AVMA) classify dog vaccinations into core and noncore categories, with all dogs needing core vaccines, while noncore vaccines are situation dependent. The importance of vaccinating for a noncore disease could depend on age, breed, the health status of the dog, the potential exposure of the dog to an animal that has disease, and how common the disease is in the geographic area where the dog lives or may visit. Distemper, hepatitis, parvovirus, and rabies are among the core vaccines, while leptospirosis and parainfluenza are noncore vaccines. Owners of companion animals who regularly take their animals for veterinary office visits are likely to have their dogs vaccinated according to the AAHA and AVMA guidelines. Importers are likely to follow the same procedures once their animals arrive to the United States. Animals that meet the requirements of the proposed rule abroad would not have to be revaccinated upon arrival. Therefore, the requirements of this proposed rule are not in addition to accepted health practices.

Importers would bear the costs of any necessary tests, treatments, transport, quarantine and veterinary supervision, vaccinations, and obtaining the required veterinarian issued health certificate. We assume the cost structures in exporting countries would be somewhat lower, except in Europe where it would be similar to the United States. Also, these services may be more conveniently available in some countries than in others. APHIS requests comment on the costs associated with obtaining and retaining the veterinary certificates required by this rule.

¹³ Donald J. Klingborg, David R. Hustead, Elizabeth A. Curry-Galvin, Nigel R. Gumley, Steven C. Henry, Fairfield T. Bain, Michael A. Paul, Dawn M. Boothe, K. Shawn Blood, David L. Huxsoll, Donald L. Reynolds, M. Gatz Riddell Jr., James S. Reid and Charles R. Short, AVMA Council on Biologic and Therapeutic Agents' report on cat and dog vaccines, JAVMA, Vol. 221, No. 10 (November 15 2002), pp; 1401-1407; M.A. Paul, M. Appel, R. Barrett, L.E. Carmichael, H. Childers, S. Cotter, A. Davidson, R. Ford, D. Keil, M. Lappin, R.D. Schultz, E. Thacker, J.L. Trumpeter, and L. Welborn, Report of the American Animal Hospital Association (AAHA) canine vaccine task force: executive summary and 2003 canine vaccine guidelines and recommendations, J. Am. Anim. Hosp. Assoc. 39 (2003), pp. 119-131.

Obtaining the required vaccinations is likely to be the largest additional cost associated with the rule. The cost of vaccinations varies widely in the United States depending on whether the vaccinations are done individually or in combination, and whether they are provided through a public city or county shelter or at a private practice. Costs also depend on whether the vaccinations are given as part of a normally scheduled visit, during a vaccination clinic, or after regular business hours due to an emergency. There are regional cost differences as well. Prices for DHLPP vaccinations range from \$16 to \$35.¹⁴ DHLPP is given to puppies at 6-8 weeks of age as an initial stimulus of antibodies and is given two more times at 2-3 week intervals for a complete series of 3 injections.¹⁵ Administration of the DHLPP vaccinations may involve veterinary office visit charges. According to a recent study, the median base cost of a regular office visit was \$51 (range: \$42 to \$56).¹⁶ However, typically in the United States these vaccinations are administered by the breeders themselves. Assuming that these vaccination costs are representative, the cost of a complete series of DHLPP vaccinations is estimated to be between \$50 and \$105 per dog (excluding veterinary office visit charges).

While we anticipate that any increase in costs for importers may be passed on to entities buying the imported dogs, this is not an additional burden, since regular veterinary care and vaccinations are standard veterinary practice and are normal responsibilities of owning a companion animal in the United States. We note again that rabies vaccinations are already required for imported dogs, so any additional vaccination costs would fall to those importers that

¹⁴ A limited internet search for DHLPP prices included the following results: http://www.marvistavet.com/html/about_our_hospital.html; <http://www.luvmypet.com/prices.html>; www.buttecounty.net/publichealth/animal/Canine%20Distemper.pdf; http://mtnvvet.com/plans_and_packages.htm; <http://www.kaawsclinic.com/vaccinations-1539>.

¹⁵ www.buttecounty.net/publichealth/animal/Canine%20Distemper.pdf

¹⁶ Jason B. Coe, Cindy L. Adams, and Brenda N. Bonnett, "Prevalence and nature of cost discussions during clinical appointments in companion animal practice," *Journal of American Veterinary Medical Association*, Vol. 234, No. 11 (June 1, 2009): 1418-1424. The median cost given in Canadian dollars was converted to U.S. dollars using an exchange rate of \$0.9341 to C\$1 (The exchange rate was for October 29, 2009). We are assuming that U.S. veterinary office visit costs are comparable to those of Canadian costs.

do not already provide DHLPP vaccinations prior to export. The total cost of providing DHLPP vaccinations for imported dogs could range from \$850,000 to \$1.8 million annually, based on the average number of dogs imported from 2005 through 2010, as recorded in the foreign trade statistics and assuming that none of these imported dogs already received DHLPP vaccinations and all were at least 6 months of age,. Because shipments with a fair market value of less than \$2,000 are not included in these statistics, the number of dogs potentially covered by this rule may be underestimated.

Because there is uncertainty surrounding the number of dogs potentially covered by this rule and the cost of providing the necessary vaccines and health certificates for imported dogs, APHIS welcomes information that the public may provide on the number of imported dogs and possible impacts of the rule. Similarly, there are no available data regarding the age of dogs that are currently imported for resale, so we are unable to estimate the effects of the AWA prohibition on the importation, for resale purposes, of dogs less than 6 months of age. We welcome any information that potentially affected entities or the general public could provide in that regard.

Benefits

APHIS expects the benefits from this rule to be derived from avoided disease prevalence in the United States and improved animal welfare. Requiring imported dogs to receive the DHLPP and rabies vaccinations will decrease the likelihood of outbreaks of those diseases in the United States.

As an example of the most severe scenario, we use rabies here as an example of the costs associated with disease spread. In most instances, rabies vaccination is already required by CDC for imported dogs. Those costs include the PEP of individuals exposed to a rabid dog,

quarantine measures and movement control of exposed animals, surveillance, and laboratory testing. According to a study undertaken to evaluate trends in the use of rabies PEP before, during, and following an epidemic of raccoon rabies in Massachusetts from August 1994 to December 1995, PEP use increased dramatically, from 1.7 per 100,000 population in 1991 (pre-epidemic) to 45 per 100,000 in 1995 (after the first stages of the epidemic). The median cost of the complete course of vaccines and immunoglobulin required for full rabies post-exposure treatment per patient was \$2,176 (2008 dollars) and ranged between \$836 and \$4,541 (2008 dollars).¹⁷ The median cost rose to \$3,141 and ranged between \$1,372 and \$5,879 (2008 dollars) when physician and emergency room charges were included. The total health care charges for PEP in Massachusetts in 1995 were estimated at between \$3.2 million and \$8.5 million (2008 dollars).¹⁸

In the case of importation of a rabid dog from Iraq, 13 persons were recommended to initiate rabies PEP. Using the above median PEP costs per patient, the costs of this incident fell between \$28,288 ($=\$2,176*13$) and \$40,833 ($=\$3,141*13$). These costs do not include the tracking of all animals and persons potentially exposed to the rabid dog, and testing and quarantining of exposed animals. Comparing the estimated cost per dog of the vaccinations to a lower-end cost of a single rabies incident yields a ratio of less than two-tenths of one percent ($=\$45/\$28,288$).¹⁹ While CDC already requires rabies vaccination in most cases, this rule would extend that coverage and also require the DHLPP vaccination that could reduce the spread of communicable animal diseases.

¹⁷ For conversion to 2008 dollars, see CPI Detailed Report: Data for September 2009 (<http://www.bls.gov/cpi/cpid0909.pdf>).

¹⁸ S. Kreindel, M. McGuill, M. Meltzer, C. Rupprecht, and A. DeMaria, The cost of rabies postexposure prophylaxis: one state's experience, *Public Health Reports*, Vol. 113, No. 3 (May-June 1998): 245-6.

¹⁹ \$215 does not include the cost of the office visit (about \$50). Even after including this expense, the costs of the rule per imported dog are less than one percent of the lower-end PEP costs incurred because of the rabid dog imported from Iraq ($\$265/\$28,288$).

The rule will also help to promote animal welfare by encouraging foreign suppliers to seek veterinary care for their animals.

Initial Regulatory Flexibility Analysis

The Regulatory Flexibility Act requires agencies to evaluate the potential effects of their proposed and final rules on small businesses, small organizations and small governmental jurisdictions. Section 603 of the Act requires agencies to prepare and make available for public comment an initial regulatory flexibility analysis that describes expected impacts of a proposed rule on small entities.

Reasons Action is Being Considered

APHIS regulates the importation of dogs to prevent the introduction of livestock pests and diseases, as authorized by the Animal Health Protection Act, and to ensure the humane transportation of dogs in commerce, as authorized by the Animal Welfare Act (AWA). Section 14210 of the 2008 Farm Bill amended the AWA by adding a new section concerning the importation of live dogs. The amendments became effective on June 18, 2008. Under the AWA, as amended, dogs may not be imported for resale purposes unless, as determined by the Secretary, they are 6 months of age or older (except for dogs lawfully imported into the State of Hawaii from the British Isles, Australia, Guam, or New Zealand in compliance with applicable regulations of the State of Hawaii, provided the dogs are not transported out of the State of Hawaii for resale at less than 6 months of age), are in good health, and have all necessary vaccinations. Exceptions also apply to animals imported for research purposes or veterinary treatment. This rule would implement these statutory changes.

Objectives of and Legal Basis for the Rule

The objective of the proposed rule is to amend 9 CFR part 2 to require, with certain limited exceptions, that dogs imported for purposes of resale, research, and veterinary treatment are at least 6 months of age and in good health and have been vaccinated for rabies and for DHLPP (distemper, hepatitis, leptospirosis, parainfluenza, and parvovirus) in the source country. The authority citations for part 2 are: 7 U.S.C. 2131–2159; 7 CFR 2.22, 2.80, and 371.7.

Potentially Affected Small Entities

The Small Business Administration (SBA) has established guidelines for determining firms considered to be small under the Regulatory Flexibility Act. Importers of live dogs for resale, research, and veterinary treatment would be directly affected by this proposed rule. Importers of dogs are included in the North American Industry Classification System (NAICS) subcategory *424990, other miscellaneous nondurable goods merchant wholesalers*. The SBA small-entity standard for merchant wholesalers, including importers, is not more than 100 employees.

While the exact number and size of affected entities is not known, in 2007 there were about 12,600 establishments in NAICS 424990, including importers of dogs, and about 99 percent of those establishments were considered small.²⁰ Importers may face increased quarantine and testing costs, unless they qualify for the limited exceptions provided for dogs imported for certain research studies or veterinary treatment. While any increase in costs for importers may be passed on to entities buying the imported dogs, such entities would be positively affected due to the greater assurance that an imported dog is in good health and of an eligible age. APHIS welcomes information that the public may provide concerning the number and size distribution of entities that breed and import dogs.

²⁰ U.S. Department of Commerce. Bureau of the Census. 2007 Economic Census.

Any change in the number of dogs imported because of the proposed rule could affect the demand for foreign veterinary services and domestic veterinary services, dog products and dog food. However, we expect that any impact of the proposed rule on these industries would be negligible, given the small number of dogs imported annually into the United States. For example, we note that imported dogs comprise a very small fraction of the U.S. dog population, less than four-tenths of one percent, based on an upper-end CDC estimate of the number of dogs imported.²¹

Projected Reporting, Recordkeeping, and Other Compliance Requirements

Reporting and recordkeeping requirements associated with the proposed rule are discussed in the rule under the heading "Paperwork Reduction Act."

Duplication, Overlap, or Conflict with Existing Rules and Regulations

APHIS has not identified any duplication, overlap, or conflict of the proposed rule with other Federal rules.

Alternatives to minimize Significant Economic Impacts of the Rule

Although, based on our review of available information, APHIS does not expect the proposed rule to have a significant economic impact on a substantial number of small entities, we considered two alternatives: (1) make no changes to the existing regulations; or (2) adopt the proposed vaccine regimen plus individual identification of the dogs by means of tattoos, collars, tags, microchip implants, or cage cards.

The first alternative would result in continued sporadic importation of unhealthy animals that pose risks of spreading disease among domestic animals and to humans. Importation of

²¹ The CDC estimated total of 287,000 imported dogs divided by the U.S. dog population of 72 million.

rabid dogs in recent years attests to the need to change current regulations.²² Also, international travelers are at risk from potentially diseased dogs being imported into the United States.

Finally, this alternative is inconsistent with the AWA, which directs the USDA to establish regulations restricting the importation of dogs from foreign countries into the United States.

The second alternative would be to adopt the proposed vaccine regimen plus individual identification of the dogs by means of tattoos, collars, tags, microchip implants, or cage cards. Verification of health certificates is essential to reduce fraudulent age, vaccination and health documentation claims. In order to verify that the APHIS permit and the APHIS-required health certificate and rabies vaccination certificate match to the corresponding dog, APHIS has determined that it is necessary to require identifying information about the dog and person intending to import the dog on the import permit, health certificate, and rabies vaccination certificate. This information can be cross-referenced and matched with the dog offered for entry into the United States. Individually identifying each dog is unnecessary provided that such documentation accompanies the animal at the port of entry.

²² These include, an unvaccinated puppy flown from Puerto Rico to Massachusetts in May 2004; an unvaccinated puppy adopted from Thailand in June 2004; a puppy adopted from India in March 2007; and a dog imported from Iraq in June 2008. In all these cases, of several people contacted for potential rabies exposure, 37 persons received post exposure prophylaxis (treatment).

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