Part I : Details of dispatched consignment

I.1. Consignor
Name
Address
Country
Phone

I.2. Certificate reference number

I.2.a. TRACES reference number :

I.3. Central Competent Authority

I.4. Local Competent Authority

I.5. Consignee
Name
Address
Country
Phone

I.6 Person responsible forthe consignment in the EU

I.7.Country of origin, ISO code

I.8. Region of origin, Code

I.9. Country of destination ISO code

I.10. Region of destination Code

I.11. Place of origin
Name Approval number
Address

I.12. Place of destination

I.13 Place of loading
Address Approval number

I.14 Date of departure

I.15. Means of transport
Aeroplane ☐ Ship ☐ Railway wagon ☐
Road vehicle ☐ Other ☐
Identification::
Document:

I.16. Entry BIP in EU
Name BIP unit no.:

I.17. No.(s) of CITES

I.21 Temperature of products

I.20.Quantity

I.22. Total Number of Packages

I.23. Seal / Container No.

I.25. Commodity certified as:

I.26. For transit to 3rd Country by EU

I.27. For import or admission into EU ☐
Definitive import ☐
Horses Re-entry ☐
Temporary admission horses ☐

I.28. Identification of the commodity

Part II: Certification

II. Health information	II.a. Certificate reference number	II.b. TRACES reference number

I, the undersigned official veterinarian of (insert name of third country) certify that the animals described in Box I.28:

II.1. come from holdings or businesses described in Box I.11 which are registered by the competent authority and are not subject to any ban on animal health grounds, where the animals are examined regularly and which comply with the requirements ensuring the welfare of the animals held;

II.2. showed no signs of diseases and were fit to be transported for the intended journey at the time of examination by a veterinarian authorised by the competent authority within 48 hours prior to the time of dispatch;

(1)either [II.3. are destined for a body, institute or centre described in Box I.12 and approved in accordance with Annex C to Council Directive 92/65/EEC, and come from a territory or third country listed in Annex II to Commission Implementing Regulation (EU) No 577/2013.]

(1)or [II.3. were at least 12 weeks old at the time of vaccination against rabies and at least 21 days have elapsed since the completion of the primary anti-rabies vaccination(2) carried out in accordance with the validity requirements set out in Annex III to Regulation (EU) No 576/2013 of the European Parliament and of the Council, and any subsequent revaccination was carried out within the period of validity of the preceding vaccination (3); and

(1)either [II.3.1. they come from a territory or third country listed in Annex II to Commission Implementing Regulation (EU) No 577/2013 and details of the current anti-rabies vaccination are provided in the table] ;

(1)or [II.3.1. they come from or are scheduled to transit through, a territory or third country listed in Annex I to Commission Decision 2004/211/EC or in Part 1 of Annex II to Commission Regulation (EU) No 206/2010, and a rabies antibody titration test(4), carried out on a blood sample taken by the veterinarian authorised by the competent authority not less than 30 days after the preceding vaccination and at least three months prior to the date of issue of this certificate, proved an antibody titre equal to or greater than 0.5 IU/ml and any subsequent revaccination was carried out within the period of validity of the preceding vaccination, and the details of the current anti-rabies vaccination and the date of sampling for testing the immune response are provided in the table below:]

Validity of vaccination

Transponder or tattoo alphanumeric code of the animal	Date of vaccination [dd/mm/yyyy]	Name and manufacturer of vaccine	Batch number	From [dd/mm/yyyy]	To [dd/mm/yyyy]	Date of blood sampling [dd/mm/yyyy]

;

(1)either [II.4. are dogs destined for a Member State listed in Annex I to Commission Delegated Regulation (EU) No 1152/2011 and have been treated against Echinococcus multilocularis, and the details of the treatment carried out by the administering veterinarian in accordance with Article 7 of Commission Delegated Regulation (EU) No 1152/2011(5) (6) are provided in the table below.] ;

(1)or [II.4. have not been treated against Echinococcus multilocularis:]

Anti-echinococcus treatment		Administering veterinarian	
Transponder or tattoo number of the dog	Name and manufacturer of the product	Date [dd/mm/yyyy] and time of treatment [00:00]	Name in capitals, stamp and signature

Notes

(a) This certificate is meant for dogs (Canis lupus familiaris), cats (Felis silvestris catus) and ferrets (Mustela putorius furo).

(b) This certificate is valid for 10 days from the date of issue by the official veterinarian. In the case of transport by sea, that period of 10 days is extended by an additional period corresponding to the duration of the journey by sea.

Part I:

Box I.11.: Place of origin: name and address of the dispatch establishment. Indicate approval or registration number.

Box I.12.: Place of destination: mandatory where the animals are destined for a body, institute or centre approved in accordance with Annex C to Council Directive 92/65/EEC.

Box I.25: Commodities certified for: indicate ‘others’ where the animals are moved in accordance with Article 5(4) of Regulation (EU) No 576/2013 of the European Parliament and of the Council.

Box I.28.: Identification system: select transponder or tattoo.

· In the case of a transponder: select date of application or reading

· In the case of a tattoo: select date of application and reading. The tattoo must be clearly readable and applied before 3 July 2011.

Identification number: indicate the transponder or tattoo alphanumeric code.

Part II:

(1) Keep as appropriate.

(2) Any revaccination must be considered a primary vaccination if it was not carried out within the period of validity of a previous vaccination.

(3) A certified copy of the identification and vaccination details of the animals concerned shall be attached to the certificate.

(4) The rabies antibody titration test referred to in point II.3.1:

- must be carried out on a sample collected by a veterinarian authorised by the competent authority, at least 30 days after the date of vaccination and three months before the date of import;
- must measure a level of neutralising antibody to rabies virus in serum equal to or greater than 0.5 IU/ml;

Part II: Certification

II. Health information	II.a. Certificate reference number	II.b. TRACES reference number

- must be performed by a laboratory approved in accordance with Article 3 of Council Decision 2000/258/EC (list of approved laboratories available at http://ec.europa.eu/food/animal/liveanimals/pets/approval_en.htm);
- does not have to be renewed on an animal, which following that test with satisfactory results, has been revaccinated against rabies within the period of validity of a previous vaccination.

A certified copy of the official report from the approved laboratory on the result of the rabies antibody test referred to in point II.3.1 shall be attached to the certificate.

(5) The treatment against Echinococcus multilocularis referred to in point II.3.2 must:

- be administered by a veterinarian within a period of not more than 120 hours and not less than 24 hours before the time of the scheduled entry of the dogs into one of the Member States or parts thereof listed in Annex I to Commission Delegated Regulation (EU) No 1152/2011;
- consist of an approved medicinal product which contains the appropriate dose of praziquantel or pharmacologically active substances, which alone or in combination, have been proven to reduce the burden of mature and immature intestinal forms of Echinococcus multilocularis in the host species concerned.

(6) The table referred to in point II.4 must be used to document the details of a further treatment if administered after the date the certificate was signed and prior to the scheduled entry into one of the Member States or parts thereof listed in Annex I to Commission Delegated Regulation (EU) No 1152/2011.

Official veterinarian or official inspector

Name (in Capital): Qualification and title:

Local Veterinary Unit: LVU N°:

Date: Signature:

Stamp