

Veterinary certificate to EU

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.6 Person responsible for load in EU	
I.5. Consignee Name Address Country Phone		
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 Address Approval number	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. Identification of container/Seal number		
I.25. Commodity certified as: Pets		
I.26. For transit to 3rd Country by EU	I.27. For import or admission into EU	
I.28. Identification of the commodity <hr/> Species (scientific name) Identification system Date of application of the microchip or tatoo (dd/mm/yyyy) Identification number Date of birth (dd/mm/yyyy)		

Part II: Certification	II. Health information	II.a. Certificat reference number	II.b. TRACES reference number		
	<p>(3) Keep as appropriate. Where the certificate states that certain statements shall be kept as appropriate, statements which are not relevant may be crossed out and initialled and stamped by the official veterinarian, or completely deleted from the certificate.</p> <p>(4) The rabies antibody test referred to in point II.3:</p> <ul style="list-style-type: none"> - 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; - must be performed by a laboratory approved in accordance with Article 3 of Council Decision 2000/258/EC designating a specific institute responsible for establishing criteria necessary for standardising the serological tests to monitor the effectiveness of rabies vaccines (list of approved laboratories available at http://ec.europa.eu/food/animal/liveanimals/pets/approval_en.htm); - needs not 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. <p>(5) A certified copy of the official report from the approved laboratory on the results of the rabies antibody tests referred to in point II.3 shall be attached to the certificate.</p> <p>(6) The treatment against <i>Echinococcus multilocularis</i> referred to in point II.5. must:</p> <ul style="list-style-type: none"> - 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 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 <i>Echinococcus multilocularis</i> in the host species concerned. <p>(7) This date must precede the date the certificate was signed.</p> <p>(8) This information may be entered after the date the certificate was signed for the purpose described in point (e) of the Notes and in conjunction with footnote (6).</p> <p>The signature and the stamp must be in a different colour to that of the printing.</p>				
<p>Official veterinarian or official inspector</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Name (in Capital):</p> <p>Local Veterinary Unit:</p> <p>Date:</p> <p>Stamp</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Qualification and title:</p> <p>LVU N°:</p> <p>Signature:</p> </td> </tr> </table>				<p>Name (in Capital):</p> <p>Local Veterinary Unit:</p> <p>Date:</p> <p>Stamp</p>	<p>Qualification and title:</p> <p>LVU N°:</p> <p>Signature:</p>
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