# Model animal health certificate for imports into the Union of dogs, cats and ferrets

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| **COUNTRY:** **Veterinary certificate to EU** | | | | | | | | | | | | | |
| **Part I : Details of dispatched consignment** | I.1. Consignor  Name: Ivanov I.I.  Address: Moscow Leninsky Prospekt 1-111  Country: RUSSIA  Tel. 8-901-111-11-11 | | | | I.2. Certificate reference No **177№0259365** | | | | | | | I.2.a. | |
| I.3. Central competent authority  **FEDERAL SERVICE FOR VETERINARY ANDPHYTOSANITARY SURVELLANCE** | | | | | | | | |
| I.4. Local competent authority  **REGIONAL OFFICE OF ROSSELHOZNADZOR FOR MOSCOW, MOSCOW AND TULA REGIONS** | | | | | | | | |
| I.5. Consignee  Name: Petrov P.P.  Address: Pfalzburger Strase 10, 10719 Berlin  Country: Germany  Tel.: +49-222-222--2222 | | | | I.6. | | | | | | | | |
| I.7. Country of origin | ISO code | I.8. |  | I.9. Country of destination | | | ISO code | | I.10. Region of destination | | | Code |
| **RUSSIA** | **RUS** | **Germany** | | | | **DE** | Berlin | | | 276 |
| I.11. Place of origin  Name: Ivanov I.I.  Approval  Addres: Moscow Leninsky Prospekt 1-111  Name Approval number  Address | | | | I.12. Place of destination  Name: Petrov P.P.  Approval number  Address: Germany, Pfalzburger Strase10, 10719 Berlin | | | | | | | | |
| I.13. Place of loading  **Russia, Moscow-Sheremetevo** | | | | I.14. Date of departure **16.04.2020** | | | | | | | | |
|  | I.15. Means of transport  Aeroplane ☒ Ship  Railway wagon   Road vehicle  Other   Identification BY AIR SU 2684  Documentary references awb **555-2347 6226** | | | | I.16. Entry BIP in EU  **Germany, Berlin** | | | | | | | | |
| I.17. | | | | | | | | |
|  | I.18. Description of commodity  1. Dog / female / Mixed / 01.10.2018 / CHIP 643094100646683 | | | |  | | I.19. Commodity code (HS code)  **010619** | | | | | | |
|  | | | | | | I.20. Quantity  **1 (ONE)** | | |
|  | I.21. | | | | | | | | | | I.22. Number of packages  **1 (ONE)** | | |
|  | I.23. Seal/Container No | | | | | | | | | | I.24. | | |
|  | I.25. Commodities certified for:  Others 🖵 Pets ⮽ Approved bodies 🖵 | | | | | | | | | | | | |
|  | I.26. | | | | | I.27. For import or admission into EU 🖵 | | | | | | | |
|  | I.28. Identification of the commodities  Species Identification system Identification number Date of birth | | | | | | | | | | | | |
|  | (Scientific name) [dd/mm/yyyy]  ***Canis lupus familiaris*** ***ISO MICROCHIP*  643094100646683 01.10.2018**  Dog | | | | | | | | | | | | |
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|  |  | **COUNTRY Imports into the Union of dogs, cats, ferrets** | | | | | | | | | | | | |  |
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|  |  | **II. Health information** | | | | | **II.a. Certificate reference** No **177№0259365** | | | | | | **II.b.** | | |
|  |  | I, the undersigned official veterinarian of ………………… RUSSIA **Sidorov S.S.** (*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~~~~(5)~~ ~~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:~~ | | | | | | | | | | | | | |
| **Part II: Certification** |  |
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|  | **Transponder or tattoo** | | | | **Date of vaccination [dd/mm/yyyy]** | **Name and manufacturer of vaccine** | | | **Batch number** | | **Validity of vaccination** | | | **Date of blood sampling [dd/mm/yyyy]** | |
|  | **Alphanumeric code of the animal** | | **Date of implantation and/or reading (6) [dd/mm/yyyy]** | |
| **From [dd/mm/yyyy]** | **to [dd/mm/yyyy]** | |
| **643094100646683** | | 11.10.2019 | | 21.10.2019 | NOBIVAC RL | | | A138A03  08-2021 | | 21.10.2019 | 21.10.2020 | | - | |
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|  |  | | *(1) either* [II.4. are dogs destined for a Member State listed in Annex I to Commission Delegated Regulation (EU) No 2018/878 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 2018/772(7) (8) are provided in the table below.]  *(1) or* [II.4. ~~have not been treated against~~ *~~Echinococcus multilocularis.~~*~~]~~ | | | | | | | | | | | | |
|  | **Transponder or tattoo alphanumeric code of the dog** | | | **Anti-echinococcus treatment** | | | | | | **Administering veterinarian** | | | | | |
| **Name and manufacturer of the product** | | | | **Date [dd/mm/yyyy] and time of treatment [00:00]** | | **Name in capitals, stamp and signature** | | | | | |
| **M/c** **643094100646683** | | | **Milbemax** | | | | **14.04.2020 / 14:00** | | Volkov V.V. | | | | | |
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|  |  | | **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.  *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;  - 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/animals/pet-movement/approved-labs_en>);  - 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) By certifying this result, the official veterinarian confirms that he has verified, to the best of his ability and where necessary with contacts with the laboratory indicated in the report, the authenticity of the laboratory report on the results of the antibody titration test referred to in point II.3.1.  (6) In conjunction with footnote (3), the marking of the animals concerned by the implantation of a transponder or by a clearly readable tattoo applied before 3 July 2011 must be verified before any entry is made in this certificate and must always precede any vaccination, or where applicable, testing carried out on those animals.  (7) The treatment against *Echinococcus multilocularis* referred to in point II.4 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 878/2018;  - 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.  (8) 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 878/2018. | | | | | | | | | | | | |
|  |  | | Official veterinarian  Name (in capital letters): **Sidorov S.S.** Qualification and title: Official inspector  Date: **15.04.2020** Signature:  Stamp: | | | | | | | | | | | | |

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