PAYS/*COUNTRY*: **Certificat vétérinaire vers l'UE/*Veterinary certificate to EU***

Partie I: Renseignements concernant le lot expédié

I.1. Expéditeur/*Consignor*
Nom/*Name*
Adresse/*Address*
Tél/*Tel*.

I.2. N° de référence du certificat/ *Certificate reference No* | I.2.a.

I.3. Autorité centrale compétente/*Central competent authority*

I.4. Autorité locale compétente/*Local competent authority*

I.5. Destinataire/*Consignee*
Nom/*Name*
Adresse/*Address*
Code postal/*Postal Code*
Tél/*Tel*.

I.6.

I.7. Pays d'origine/*Country of origin* | Code ISO/*ISO Code* | I.8.

I.9. | I.10

I.11.

I.12.

I.13.

I.14.

I.15.

I.16.

I.17. Numéro(s) CITES/*No(s) of CITES*

I.18. Description des marchandises/*Description of commodity*

I.19. Code marchandise (code SH)/*Commodity code (HS code)*
010619

I.20. Quantité/*Quantity*

I.21.

I.22.

I.23.

I.24.

I.25. Marchandises certifiées aux fins de/*Commodities certified for*:
Animaux de compagnie/*Pets* ☐

I.26.

I.27.

I.28. Identification des marchandises/*Identification of the commodities*

Espèce/*Species* (nom scientifique) *(Scientific name)*	Méthode d'identification/ *Identification system*	Date d'application de la puce électronique ou du tatouage [jj/mm/aaaa]/ *Date of application of the microchip or tattoo [dd/mm/yyyy]*	Numéro d'identification/ *Identification number*	Date de naissance [jj/mm/aaaa]/ *Date of birth [dd/mm/yyyy]*

PAYS/*COUNTRY*

Mouvement non commercial d'un nombre de chiens, de chats ou de furets inférieur ou égal à cinq/*Non-commercial movement of five or less dogs, cats or ferrets*

Partie II:Certification/*PartII: Certification*

II. Renseignements sanitaires/*Health information*	II.a. N° de référence du certificat/*Certificate reference No*	II.b.

Je soussigné, vétérinaire officiel de/*I, the undersigned official veterinarian of* ……. (*nom du pays tiers/insert name of third country*) certifie que/*certify that*:

II.1. sur la base de la déclaration au point II.7, les animaux répondent à la définition d'«animaux de compagnie» établie à l'article 3, point a), du règlement (CE) n° 998/2003/ *based on the declaration in point II.7, the animals satisfy the definition of 'pet animals' as provided for in point (a) of Article 3 of Regulation (EC) No 998/2003*;

II.2. vingt-et-un jours au moins se sont écoulés après la vaccination primaire antirabique(1) pratiquée conformément aux exigences définies à l'annexe Ib du règlement (CE) n° 998/2003 et toute revaccination a été administrée au cours de la période de validité de la vaccination antérieure(2), et que les données concernant la vaccination actuelle sont fournies dans le tableau au point II.4/ *at least 21 days have elapsed since the completion of the primary vaccination against rabies(1) carried out in accordance with the requirements set out in Annex Ib to Regulation (EC) No 998/2003 and any subsequent revaccination was carried out within the period of validity of the preceding vaccination(2) and details of the current vaccination are provided in the table in point II.4*;

(3) [II.3. les animaux proviennent d'un pays tiers ou d'un territoire figurant à l'annexe II, partie B, section 2, ou partie C du règlement (CE) n° 998/2003/ *the animals come from a third country or territory listed in Section 2 of Part B or in Part C of Annex II to Regulation (EC) No 998/2003*;]

(3)*ou/or* [II.3. les animaux proviennent d'un pays tiers ou territoire ne figurant pas dans l'annexe II du règlement (UE) n° 998/2003 de la Commission ou doivent transiter par un tel pays tiers ou territoire et que, depuis les dates indiquées dans le tableau au point II.4, auxquelles un vétérinaire habilité par l'autorité compétente a prélevé sur chacun des animaux, trente jours au moins après la vaccination, des échantillons sanguins dont les titres en anticorps, déterminés par un test de neutralisation du virus de la rage effectué dans un laboratoire agréé(4)(5), sont supérieurs ou égal à 0,5 UI/ml, trois mois au moins se sont écoulés et toute revaccination éventuelle a été administrée au cours de la période de validité de la vaccination précédente(2)/ *the animals come from or are scheduled to transit through a third country or territory not listed in Annex II to Regulation (EC) No 998/2003 and since the dates indicated in the table in point II.4 when blood samples were taken not earlier than 30 days after vaccination from each of the animals by a veterinarian authorised by the competent authority which subsequently proved antibody titres equal to or greater than 0.5 IU/ml in a virus neutralisation test for rabies carried out in an approved laboratory(4)(5) at least 3 months have elapsed and any subsequent revaccination was carried out within the period of validity of the preceding vaccination(2)*;]

II.4. les données concernant l'actuelle vaccination antirabique et les date d'échantillonnage sont les suivantes/ *the details of the current anti-rabies vaccination and the date of sampling are the following*:

Numéro de puce électronique ou de tatouage de l'animal/ ***Microchip or tattoo number of the animal***	**Date de vaccination [jj/mm/aaaa]/** ***Date of vaccination [dd/mm/yyyy]***	**Désignation et fabricant du vaccin/** ***Name and manufacturer of vaccine***	**Numéro du lot/** ***Batch number***	**Validité [jj/mm/aaaa]/** ***Validity [dd/mm/yyyy]***		**Date de prélèvement de l'échantillon sanguin [jj/mm/aaaa]/** ***Date of the blood sample [dd/mm/yyyy]***
				Du/*From*	**Au/*To***	

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II.	Renseignements sanitaires/*Health information*	II.a.	N° de référence du certificat/*Certificate reference No*	II.b.

[(3)] [II.5. les chiens n'ont pas été traités contre *Echinococcus multilocularis/ the dogs have not been treated against Echinococcus multilocularis*;]

[(3)]*ou/or* [II.5. les chiens ont été traités contre *Echinococcus multilocularis* et les données détaillées concernant le traitement sont consignées dans le tableau au point II.6/ *the dogs have been treated against Echinococcus multilocularis and the details of the treatment are documented in the table in point II.6*;]

II.6. les données relatives au traitement administré par le vétérinaire conformément à l'article 7 du règlement délégué (UE) n° 1152/2011 de la Commission[(6)] sont les suivantes/ *the details of the treatment carried out by the administering veterinarian in accordance with Article 7 of Commission Delegated Regulation (EU) No 1152/2011[(6)] are the following*:

Numéro de puce électronique ou de tatouage de l'animal/ ***Microchip or tattoo number of the dog***	**Traitement contre l'échinocoque/** ***Anti-echinococcus treatment***		**Vétérinaire administrant le traitement/** ***Administering veterinarian***
	Désignation et fabricant du produit/ ***Name and manufacturer of the product***	**Date [jj/mm/aaaa] et heure du traitement [00 h 00]/** ***Date [dd/mm/yyyy] and time of treatment [00:00]***	**Nom (en lettres majuscules), cachet et signature/** ***Name (in capital), stamp and signature*****:**
		(7)	
		(8)	
		(8)	
		(8)	
		(8)	

II.7. J'ai en ma possession la déclaration suivante signée par le propriétaire ou la personne physique responsable des animaux pour le compte du propriétaire/ *I have a written declaration signed by the owner or the natural person responsible for the animals on behalf of the owner, stating that,*

DÉCLARATION/*DECLARATION*

Je soussigné/*I, the undersigned*…….

[propriétaire ou personne physique responsable des animaux décrits ci-dessus au nom du propriétaire/ *owner or the natural person responsible for the animals described above on behalf of the owner*]

déclare que les animaux sont accompagnés par moi-même, leur propriétaire, ou par la personne physique que j'ai désignée comme responsable des animaux en mon nom et qu'ils ne sont pas destinés à être vendus ni à être cédés à un autre propriétaire/*declare that the animals will accompany me, the owner, or the natural person that I have designated to be responsible of the animals on my behalf and are not intended to be sold or transferred to another owner*.

Lieu et date/*Place and date*: Signature:

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II.	Renseignements sanitaires/*Health information*	II.a.	N° de référence du certificat/*Certificate reference No*	II.b.

Notes

(a) The original of each certificate shall consist of a single sheet of paper, or, where more text is required it must be in such a form that all sheets of paper required are part of an integrated whole and indivisible.

(b) The certificate shall be drawn up at least in the language of the Member State of entry and in English. It shall be completed in block letters in the language of the Member State of entry or in English.

(c) If additional sheets of paper or supporting documents are attached to the certificate, those sheets of paper or document shall also be considered as forming part of the original of the certificate by the application of the signature and stamp of the official veterinarian, on each of the pages.

(d) When the certificate, including additional sheets referred to in (c), comprises more than one page, each page shall be numbered, (page number) of (total number of pages), at the end of the page and shall bear the certificate reference number that has been designated by the competent authority at the top of the pages.

(e) The certificate is valid for 10 days from the date of issue by the official veterinarian until the date of the checks at the EU travellers' point of entry and for the purpose of further movements within the Union, for a total of 4 months from the date of issue of this certificate or until the date of expiry of the anti-rabies vaccination, whichever date is earlier.

(f) The competent authorities of the exporting third country or territory shall ensure that rules and principles of certification equivalent to those laid down in Directive 96/93/EC are followed.

Part I:

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

Box I.28.: *Identification system* : Select of the following : microchip or tattoo

Date of application of the microchip or tattoo : The tattoo must be clearly readable and applied before 3 July 2011

Identification number : Indicate the microchip or tattoo number

Date of birth : Indicate only if known

Part II:

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

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

(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.

(4) The rabies antibody test referred to in point II.3:

- 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.

(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.

(6) The treatment against *Echinococcus multilocularis* referred to in point II.5 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

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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 *Echinococcus multilocularis* in the host species concerned.

(7) This date must precede the date the certificate was signed.

(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).

The signature and the stamp must be in a different colour to that of the printing.

Vétérinaire officiel/*Official veterinarian*

Nom/*Name* (en lettres capitales/*in capital letters*):

Qualification et titre/

Qualification and title:

Date:

Signature:

Cachet/*Stamp*: