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ANNEX II

COUNTRY: UNITED STATES OF AMERICA

Veterinary certificate to EU

Part I : Details of dispatched consignment

I.1. Consignor
Name JANE DOE
Address
123 ABC STREET
ANYTOWN, TX 78701
Tel. 888-555-5555

I.2. Certificate reference No

I.2.a.

I.3. Central competent authority
APHIS-VS

I.4. Local competent authority
VS-TX

I.5. Consignee
Name JANE DOE
Address
GERMANY
Postal code
Tel.

I.6.

I.7. Country of origin
US

ISO code **US-0**

I.8.

I.9.

I.10

I.11.

I.12.

I.13.

I.14.

I.15.

I.16.

I.17. No(s) of CITES N/A

I.18. Description of commodity
CATS

I.19. Commodity code (HS code)
010619

I.20. Quantity
2

I.21.

I.22.

I.23.

I.24.

I.25. Commodities certified for:
Pets ☒

I.26.

I.27.

I.28. Identification of the commodities

Species (Scientific name)	Identification system	Date of application of the microchip or tattoo [dd/mm/yyyy]	Identification number	Date of birth [dd/mm/yyyy]
Felis catus	microchip	02/11/2011	981123456789123	30/07/2010
Felis catus	microchip	30/01/2012	981123456789456	30/07/2011

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COUNTRY: UNITED STATES OF AMERICA

Non-commercial movement of five or less dogs, cats or ferrets

Part II: Certification

II. Health information	II.a. Certificate reference No	II.b.

I, the undersigned official veterinarian of …UNITED STATES OF AMERICA…. (*insert name of third country*) certify that:

II.1. 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. 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)]*either* [II.3. 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)]*or* [II.3. 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. the details of the current anti-rabies vaccination and the date of sampling are the following:

Microchip or tattoo number of the animal	Date of vaccination [dd/mm/yyyy]	Name and manufacturer of vaccine	Batch number	Validity [dd/mm/yyyy]		Date of the blood sample [dd/mm/yyyy]
				From	To	
981123456789123	02/11/2011	IMRAB 3 MERIAL	12345	02/11/2011	02/11/2015	N/A
981123456789456	30/01/2012	NOBIVAC PFIZER	S123456	30/01/2012	30/01/2013	N/A

[(3)]*either* [II.5. the dogs have not been treated against *Echinococcus multilocularis*;]

[(3)]*or* [II.5. 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. 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:

Microchip or tattoo number 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 capital), stamp and signature
		(7)	
		(8)	
		(8)	
		(8)	
		(8)	

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II. Health information	II.a. Certificate reference No	II.b.

II.7. I have a written declaration signed by the owner or the natural person responsible for the animals on behalf of the owner, stating that:

DECLARATION

I, the undersigned ……JANE DOE……..

[owner or the natural person responsible for the animals described above on behalf of the owner]

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.

Place and date: Signature:

AUSTIN, TX
2 JULY 2012 JANE DOE

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

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II. Health information	II.a. Certificate reference No	II.b.

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 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.

Official veterinarian

Name (in capital letters): ACCREDITED VETERINARIAN, DVM

Qualification and title: TX LIC# 1234
USDA ACCR# 000000

Date: 2 JULY 2012

Signature: ACCREDITED VETERINARIAN, DVM

Stamp:

USDA ENDORSEMENT WILL GO HERE