Health certificate /
Imports of dogs, cats, ferrets and non-commercial movements into the Union of more than five dogs, cats or ferrets
Uvoz psov, mačk in belih dihurjev ter netrgovski premiki v Unijo več kot petih psov, mačk ali belih dihurjev
Veterinary certificate to EU/ *Veterinarsko spričevalo EU*

I.1 Consignor/*Pošiljatelj* **Name/*Ime:*** **Address/*Naslov:*** **Tel. N°/*Tel;*:**	**I.2 Certificate Reference Number/*Referenčna številka spričevala*** **1.2a** **I.3 Central Competent Authority/*Osrednji pristojni organ*** **I.4 Local Competent Authority/*Lokalni pristojni organ***
I.5 Consignee/*Prejemnik* **Name/*Ime:*** **Address/*Naslov:*** **Postal Code/*Poštna številka:*** **Tel. N°/*Tel:***	**I.6**
I.7 Country of origin / ***Država izvora*** — **ISO code** / ***Oznaka ISO***: UNITED STATES — CA; **I.8**	**I.9 Country of destination** / **Namembna država** — **ISO code** / ***Oznaka ISO***; **I.10 Region of destination** / ***Namembna regija*** — **Code** / ***Oznaka***
I.11 Place of origin/*Kraj izvora* **Name/*Ime:*** **Address/*Naslov:*** **Name/*Ime*:** **Address/*Naslov:***	**I.12**
I.13 Place of loading/*Kraj natovarjanja*	**I.14 Date of departure/*Datum pošiljanja***
I.15 Means of transport/*Prevozno sredstvo* **Aeroplane** ☐ **Ship** ☐ **Identification/*Identifikacija*:** **Documentary references/*Dokumentarne reference*:**	**I.16 Entry BIP in EU/*Mejna kontrolna točka vstopa v EU*** **I.17**
I.18 Description of commodity/*Opis blaga*	**I.19 Commodity code (HS code)/*Oznaka blaga (oznaka HS)*** ***010619*** **I.20 Quantity/*Količina***
1.21	**I.22 Number of packages/*Število pakiranj***
I.23 Identification of container/seal number/*Številka zalivke/kontejnerja:*	**I.24**
I.25 Commodities certified for/*Blago s spričevalom za:* **Pets/*Hišne živali*** ☐	**Approved bodies/*Odobreni organi*** ☐
I.26	**I.27 For import or admission into EU** ☒ ***Za uvoz ali vstop v EU***

I.28 Identification of the commodities/*Identifikacija blaga*

Species/*Vrsta* (Scientific name/ *znanstveno ime)*	Identification system/ *Sistem identifikacije*	Date of application of the microchip or tattoo (dd/mm/yyyy)/ *Datum namestitve mikročipa ali vtetoviranega znamenja [dd/mm/llll]*	Identification number/ *Identifikacijska številka*	Date of birth (dd/mm/yyyy)/ *Datum rojstva [dd/mm/llll*

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I, the undersigned official veterinarian of/ *Podpisani uradni veterinar* …….…. certify that/ *potrjujem, da:*

II.1. the clinical examination carried out on each of the animals within 24 hours of scheduled dispatch by a veterinarian authorised by the competent authority showed the animals to be fit to be transported on the intended journey at the time of inspection;

II.1. je bil v 24 urah pred načrtovanim odpošiljanjem opravljen klinični pregled vsake izmed živali, ki ga je opravil veterinar, pooblaščen s strani pristojnega organa, in pri katerem je bilo ugotovljeno, da so bile živali ob času pregleda primerne za načrtovani prevoz;

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.

II.2 je minilo najmanj 21 dni od zaključka primarnega cepljenja proti steklini[(1)], izvedenega v skladu z zahtevami iz Priloge Ib k Uredbi (ES) št. 998/2003, in da je bilo kakršno koli obnovitveno cepljenje izvedeno v obdobju veljavnosti predhodnega cepljenja[(2)] ter da so podrobnosti o trenutnem cepljenju navedene v tabeli iz točke 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, and if transiting another third country or territory, are scheduled to transit through, a third country or territory listed in Part 1 of Annex II to Commission Regulation (EU) No 206/2010 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)].]

[(3)] *bodisi [II.3. živali prihajajo iz tretje države ali ozemlja s seznama iz oddelka 2 dela B ali iz dela C Priloge II k Uredbi (ES) št. 998/2003;]*

[(3)]*ali [II.3. živali prihajajo iz, v primeru tranzita čez drugo tretjo državo ali ozemlje pa so namenjene za tranzit skozi tretjo državo ali ozemlje s seznama iz dela 1 Priloge II Uredbe Komisije (EU) št. 206/2010, ter da so minili najmanj 3 meseci od datuma iz točke II.4. v tabeli, ko je pri vsaki izmed živali najmanj 30 dni po cepljenju opravil odvzem vzorcev krvi veterinar, pooblaščen s strani pristojnega organa, ki je nato z nevtralizacijskim testom za odkrivanje virusa stekline v odobrenem laboratoriju[(4)(5)] ugotovil, da so titri protiteles najmanj 0,5 IU/ml, kakršno koli obnovitveno cepljenje pa je bilo izvedeno v obdobju veljavnosti predhodnega cepljenja[(2)];]*

II.4. the details of the current anti-rabies vaccination and the date of sampling are the following:

II.4. *podrobnosti o trenutnem cepljenju proti steklini in datumu vzorčenja so naslednje:*

Microchip or tattoo number of the animal ***Številka mikročipa ali vtetoviranega znamenja živali***	**Date of vaccination (dd/mm/yyyy)** ***Datum cepljenja[dd/mm/llll]***	**Name and manufacturer of vaccine** ***Ime in proizvajalec cepiva***	**Batch number** ***Serijska številka***	**Validity (dd/mm/yyyy)** ***Veljavnost [dd/mm/llll]***		**Date of the blood sample (dd/mm/yyyy)** ***Datum vzorca krvi [dd/mm/llll]***
				From / ***Pošiljatelj***	**To /** ***Poslano v***	

[(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.]

[(3)] *bodisi [II.5. psi niso bili zdravljeni zaradi Echinococcus multilocularis;]*

[(3)]*ali [II.5. psi so bili zdravljeni zaradi Echinococcus multilocularis, podrobnosti zdravljenja pa so navedene v točki II.6. tabele;]*

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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:

II.6. podrobnosti zdravljenja s strani veterinarja, ki ga je opravil, v skladu s členom 7 Delegirane uredbe Komisije (EU) št. 1152/2011[(6)] so naslednje:

Microchip or tattoo number of the animal ***Številka mikročipa ali vtetoviranega znamenja psa***	**Anti-echinococcus treatment** ***Zdravljenje zaradi ehinokoka***		**Administering veterinarian** ***Lečeči veterinar***
	Name and manufacturer of the product ***Ime in proizvajalec zdravila***	**Date (dd/mm/yyyy) and time of treatment (00:00)** ***Datum[dd/mm/llll] in čas zdravljenja [00:00]***	**Name (in capital), stamp and signature** ***Ime (z velikimi tiskanimi črkami), žig in podpis***
		(7)	
		(8)	
		(8)	
		(8)	
		(8)	
		(8)	
		(8)	
		(8)	
		(8)	
		(8)	

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 in at least one of the official languages of the Member State of the border inspection post of introduction of the consignment into the Union and of the Member State of destination. However, those Member States may authorise the certificate to be drawn up in the official language of another Member State, and accompanied, if necessary, by an official translation.*;*

(c) If for reasons of identification of the items of the consignment (schedule in point I.28), 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 schedules 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 shall be valid for 10 days from the date of issue by the official veterinarian, except for a non-commercial movement into the Union of more than five dogs, cats and ferrets in which case the certificate is valid 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.

Opombe

(a) Originalni izvod vsakega spričevala vsebuje en sam list papirja, pri daljšem besedilu pa so vse potrebne strani povezane v nedeljivo celoto.

(b) Spričevalo se pripravi v vsaj enem uradnem jeziku države članice, v kateri je mejna kontrolna točka za vnos pošiljke v Unijo, in v vsaj enem uradnem jeziku namembne države članice. Vendar navedene države članice lahko odobrijo, da se spričevalo pripravi v uradnem jeziku druge države članice in ga po potrebi spremlja uradni prevod.

(c) Če so zaradi identifikacije kosov v pošiljki (seznam v točki I.28) spričevalu priloženi dodatni listi papirja ali podporna dokumentacija, se šteje, da so navedeni listi ali podporna dokumentacija sestavni del originalnega izvoda spričevala, če jih na vsaki strani podpiše in ožigosa uradni veterinar.

(d) Kadar spričevalo, vključno z dodatnimi seznami iz točke (c), vsebuje več kot eno stran, se vsaka stran na dnu strani oštevilči, (številka strani) od (skupnega števila strani), in na vrhu strani označi z referenčno številko spričevala, ki jo je določil pristojni organ.

(e) Spričevalo je veljavno 10 dni od datuma, ko ga izda uradni veterinar, razen v primeru netrgovskih premikov v Unijo več kot petih psov, mačk in belih dihurjev, ko spričevalo velja za nadaljnje premike znotraj Unije skupno 4 mesece od datuma izdaje tega spričevala ali do datuma poteka cepljenja proti steklini, kar koli je prej.

(f) Pristojni organi tretje države izvoznice zagotovijo, da se upoštevajo pravila certificiranja, enakovredna tistim iz Direktive 96/93/ES.

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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

Del I:

Rubrika I.11: Kraj izvora: ime in naslov odpremnega obrata. Navesti številko odobritve ali registracije.

Rubrika I.28: Sistem identifikacije: izbrati: mikročip ali vtetovirano znamenje.
Datum namestitve mikročipa ali nanosa vtetoviranega znamenja: vtetovirano znamenje mora biti čitljivo in vtetovirano pred 3. julijem 2011.
Identifikacijska številka: navesti številko mikročipa ali vtetoviranega znamenja.
Letnica rojstva: navesti le, če je znana.

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 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).

Del II:

(1) Kakršno koli obnovitveno cepljenje se šteje za primarno cepljenje, če ni opravljeno v obdobju veljavnosti predhodnega cepljenja.

(2) Spričevalu je treba priložiti overovljeno kopijo z navedbo vrste in podrobnostmi cepljenja zadevnih živali.

(3) Neustrezno črtati. Kadar je v spričevalu navedeno, da se nekatere navedbe uporabljajo, če je to primerno, se neustrezne navedbe lahko prečrtajo, kar parafira in ožigosa uradni veterinar, ali pa se popolnoma črtajo iz spričevala.

(4) Test na protitelesa proti steklini iz točke II.3:

- *opravljen mora biti na vzorcu, ki ga odvzame veterinar, pooblaščen s strani pristojnega organa, vsaj 30 dni po datumu cepljenja in tri mesece pred datumom uvoza;*
- *izmeriti mora stopnjo nevtralizacijskih protiteles proti steklini v serumu, ki mora znašati vsaj 0,5 IU/ml;*
- *opraviti ga mora laboratorij, odobren v skladu s členom 3 Odločbe Sveta 2000/258/ES o imenovanju posebnega inštituta, pristojnega za uvajanje meril, ki so potrebna za standardizacijo seroloških testov za nadzorovanje učinkovitosti cepiva proti steklini (seznam odobrenih laboratorijev je na voljo na http://ec.europa.eu/food/animal/liveanimals/pets/approval_en.htm);*
- *ni ga treba ponoviti pri živali, ki je bila po testu z zadovoljivimi rezultati ponovno cepljena proti steklini v obdobju veljavnosti predhodnega cepljenja.*

(5) Overovljena kopija uradnega poročila iz odobrenega laboratorija o rezultatih testov protiteles iz točke II.3 se priloži spričevalu.

(6) Zdravljenje zaradi Echinococcus multilocularis iz točke II.5 mora:

- *opraviti veterinar v obdobju največ 120 ur in najmanj 24 ur pred načrtovanim vstopom psov v eno od držav članic ali njihovih delov s seznama iz Priloge I k Delegirani uredbi Komisije (EU) št. 1152/2011;*
- *pri njem se mora uporabiti odobreno zdravilo, ki vsebuje ustrezno dozo prazikvantela ali farmakološko aktivnih snovi, ki same ali skupaj dokazano zmanjšujejo obremenitev z odraslimi in nezrelimi črevesnimi oblikami Echinococcus multilocularis pri zadevnih gostiteljskih vrstah.*

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(7) *Ta datum mora biti pred datumom podpisa spričevala.*

(8) *Te informacije se lahko vnesejo po datumu podpisa spričevala za namen, opisan v točki (e) opomb, in v povezavi z opombo (6).*

Official veterinarian/ *Uradni veterinar*

Name (in capitals):
Ime (s tiskanimi črkami):

Address*:*
Naslov

Date:
Datum:

Signature:
Podpis:

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

APHIS veterinarian

Name (in capitals):
Ime (s tiskanimi črkami):

Qualification and title:
Izobrazba in naziv:

Date:
Datum:

Signature:
Podpis:

Stamp:
Žig:

The signature and the stamp must be in a different colour to that of the printing.
Barva podpisa in žiga se mora razlikovati od barve tiska.