## Model animal health certificate for the non-commercial movement into a Member State from a territory or third country of dogs, cats or ferrets in accordance with Article 5(1) and (2) of Regulation (EU) No 576/2013

OUNTRT: UNI	ieu Siales	>				veterin	ary certific	ate to EU		
I.1. Consignor Name Address				I.2. Certif	icate referenc		I.2.a.			
	Tel.					I.3. Central competent authority USDA APHIS Veterinary Services				
						I.4. Local competent authority				
I.5. Consignee Name Address	Name				I.6. Person responsible for the consignment in the EU					
Postal code Tel.										
Tel. I.5. Consignee Name Address Postal code Tel. I.7. Country of ISC origin United States I.11. Place of origin	D code I.8. Re oric	gion of C	ode	I.9. Coun destin	try of Pation	ISO code	I.10 Region of destination	on Code		
I.11. Place of origin				I.12. Place	e of destination	n				
I.13. Place of loading				I.14. Date	of departure					
I.15. Means of transp	I.15. Means of transport					I.16. Entry BIP in EU				
			-	I.17. No.(s) of CITES						
	1.18. Description of commodity         Dog       Cat         Ferret         1.21. Temperature of products         I.23. Seal/Container No					I.19. Comm	nodity code (HS c 010619			
<u> </u>							I.20. Quantity	/ number o		
							Package I.24. Type of	es		
I.25. Commodities ce Pets X	rtified for:									
I.26. For transit to 3 <sup>rd</sup>	I.26. For transit to 3 <sup>rd</sup> Country					admission in	to EU			
I.28. Identification of t	he commodities									
Species (Scientific name)	Sex	Colour	E	Breed	Identification	n number	Identification system	Date of birth [dd/mm/yyyy]		
								1		

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	570/2013									
	11.	Health	informati	on	II.a.	Certificat	te referen	ce No	II.b.	
						arian authorised by	the competer	nt authority <sup>(1)</sup> of	the United	States of
Part II: Certification	(1) c ( <del>1) c</del> ( <del>1) cithor</del> (1) or	Purpose/n II.1.	ature of jour the attache out the no animals de the owner days of hi during the [the owner [the natura animals or [the natura animals or the animal going to pa natural per [to attend s [with an as n of rabies va	ney atte ed decla n-comm scribed to carry s mover non-con d person behalf behalf s descrii s descrii s descrii s descrii s descrii con refe such eve sociatio accinatio	sted by the owner ration <sup>(2)</sup> by the ow ercial movement in Box I.28 will ar out the non-comm nent and are not nmercial movemer who has authoris of the owner;] designated by a- of the owner;] bed in Box I.28 are bed in Box I.28 are bed in Box I.28 are in competitions, erred to in point II. ent;] n organising such in and rabies antik	ner or the natural p of the animals on t ccompany the own nercial movement c subject to a move nt will remain under sation in writing fror carrier contracted b e moved in a numb exhibitions or sporti 1 has provided evid events;] pody titration test:	behalf of the our or the nature of the animals ment that aim ment that aim the responsite of the responsite of the owner to the owner the owner the owner the owner the owner to the owner	owner, supported ral person who has on behalf of the o so at their sale o polity of o carry out the non o carry out the non o carry out the non ocarry ocar	by evidence <sup>(3)</sup> , st as authorisation ir owner within not m r a transfer of ow n-commercial mov n-commercial mov n-commercial mov e than six months is events, and the istered	ates that the a writing from loore than five rement of the rement of the rement of the s old and are owner or the
	between 12 and 16 weeks old and have received an anti-rabies vaccination, but 21 days at least have not of since the completion of the primary vaccination against rabies carried out in accordance with the requirements set out in Annex III to Regulation (EU) No 576/2013 <sup>(4)</sup> , and II.3.1 the territory or third country of provenance of the animals indicated in Box I.1 is listed in Anne Implementing Regulation (EU) No 577/2013 and the Member State of destination indicated in Box informed the public that it authorises the movement of such animals into its territory, and the							not elapsed the validity Annex II te Box I.5 has		
<ul> <li>accompanied by</li> <li>(<sup>4)</sup>either</li> <li>[II.3.2</li> <li>the attached declaration<sup>(6)</sup> of the owner or the natural person referred to in point I until the time of the non commercial movement the animals have had no cont species susceptible to rabies;]</li> <li>(<sup>4)</sup>or</li> <li>[II.3.2</li> <li>their mother, on whom they still depend, and it can be established that the moth birth an anti-rabies vaccination which complied with the validity requirements Regulation (EU) No 576/2013;]]</li> </ul>										
	<sup>(1)</sup> or/and							ance with the		
		<sup>(1)</sup> either							untry listed ir ry other thar n point (c) o	
	<sup>(4)</sup> or [II.3.1 the animals described in Box I.28 come from, or are scheduled to transit through, a territory or country other than those listed in Annex II to Implementing Regulation (EU) No 577/2013 and a ra antibody titration test <sup>(8)</sup> , carried out on a blood sample taken by the veterinarian authorised by competent authority on the date indicated in the table below not less than 30 days after the preceduation and at least three months prior to the date of issue of this certificate, proved an antibody equal to or greater than 0.5 IU/ml <sup>(9)</sup> and any subsequent revaccination was carried out within the perivalidity of the preceding vaccination <sup>(6)</sup> , and the details of the current anti-rabies vaccination and the of sampling for testing the immune response are provided in the table below:							and a rabies rised by the ne preceding antibody titre the period o		
Transponder or tattoo V					Validity of	vaccination				
	Alphanumeric code of the animal		Date of implanta and/o reading [dd/mm/y	tion r I <sup>(10)</sup>	Date of vaccination [dd/mm/yyyy]	Name and manufacturer of vaccine	Batch number	From [dd/mm/yyyy]	To [dd/mm/yyy]	Date of the blood sampling [dd/mm/ yyyy]
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II.	Health information		II.a. Certificate reference No		II.b.		
<sup>(1)</sup> either	Regulation (EU) 2018/878 and have been treated against <i>Echinococcus multilocularis</i> , and the details of the treatment carried out by the administering veterinarian in accordance with Article 6 of Commission Delegated Regulation (EU) 2018/772 <sup>(11)(12)(13)</sup> are provided in the table below.]						
		Anti-ec	hinococcus	Administor	ing veterinarian		
	onder or mber of the	tre Name and	atment	Auminister			
d	log	manufacturer of the product Date [dd/mm/yyyy] ar time of treatment [00:		Name in capitals, stamp and signature			
Notes         (a)       This certificate is meant for dogs ( <i>Canis lupus familiaris</i> ), cats ( <i>Felis silvestris catus</i> ) and ferrets ( <i>Mustela putorius furo</i> ).         (b)       This certificate is valid for 10 days from the date of issue by the official veterinarian until the date of the documentary and identity checks at the designated Union travellers' point of entry (available at http://ec.europa.eu/food/animal/liveanimals/pets/pointsentry_en.htm).         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.         For the purpose of further movement into other Member States, this certificate is valid from the date of the documentary and identity checks for a total of four months or until the date of expiry of the validity of the anti-rabies vaccination or until the conditions relating to animals less than 16 weeks old referred to in point II.3 cases to apply, whichever date is earlier. Please note that certain Member States have informed that the movement into their territory of animals less than 16 weeks old referred to in point 11.3 cases to apply, whichever date is earlier. Please note that certain Member States have informed that the movement into their territory of animals less than 16 weeks old referred to in point 11.3 cases to apply.         Part I:       Box 1.5:       Consignee: indicate Member State of first destination.         Box 1.28:       Identification system: select of the following: transponder or tattoo. Identification number: indicate the transponder or tattoo alphanumeric code. Date of birth/breed: as stated by the owner.							
Part II: (1) (2) (3) (4) (5) (6) (7) (8)	<ul> <li>The declaration referred to in point II.1 shall be attached to the certificate and comply with the model and additional requirements set out in Part 3 of Annex IV to Implementing Regulation (EU) No 577/2013.</li> <li>The evidence referred to in point II.1 (e.g. boarding pass, flight ticket) and in point II. 2 (e.g. receipt of entry to the event, proof of membership) shall be surrendered on request by the competent authorities responsible for the checks referred to in point (b) of the Notes.</li> <li>Any revaccination must be considered a primary vaccination if it was not carried out within the period of validity of a previous vaccination.</li> <li>The declaration referred to in point II.3.2 to be attached to the certificate complies with the format, layout and language requirements laid down in Parts 1 and 3 of Annex I to Implementing Regulation (EU) No 577/2013.</li> <li>A certified copy of the identification and vaccination details of the animals concerned shall be attached to the certificate.</li> <li>The third option is subject to the condition that the owner or the natural person referred to in point II.1 provides, on request by the competent authorities responsible for the checks referred to in point (b), a declaration stating that the animals have had no contact with animals of species susceptible of rabies and remain secure within the means of transport or the perimeter of an international airport during the transit through a territory or a third country other than those listed in Annex II to Implementing Regulation (EU) No 577/2013. This declaration shall comply with the format, layout and language requirements set out in Parts 2 and 3 of Annex I to Implementing Regulation (EU) No 577/2013.</li> </ul>						

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11.	Health information	II.a.	Certificate reference No	II.b.				
	- does not have to be renewed on an animal, which following that test with satisfactory results, has been revaccinate							
	against rabies within the period of validity of a previous vaccination. A certified copy of the official report from the approved laboratory on the results of the rabies antibody test referred to in point							
	II.3.1 shall be attached to the certificate.							
(9)	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.							
(10)	In conjunction with footnote (6), 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							
(11)	precede any vaccination, or where applicable, testing carried out on those animals. The treatment against <i>Echinococcus multilocularis</i> referred to in point II.4 must:							
	<ul> <li>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 to Implementing Regulation (EU) 2018/878;</li> </ul>							
	substances, which alone or in co	ombination,	hich contains the appropriate dose of praziqu have been proven to reduce the burden of ost species concerned.					
(12)	forms of <i>Echinococcus multilocularis</i> in the host species concerned. 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 to Implementing Regulation (EU) 2018/878.							
(13)	The table referred to in point II.4 m	nust be use	ed to document the details of treatments if movement into other Member States describe					
Officia	al veterinarian/Authorised veterinarian							
Name (in capital letters): Qualification and tit				and title:				
	Address							
	Telephone:							
	Date: Signature:							
	Stamp:							
Endo	rsement by the competent authority (not nece	essary wher	the certificate is signed by an official veterin	arian)				
	Name (in capital letters):		Qualification	and title:				
	Address							
	Telephone:							
	Date:		Signature:					
	Stamp:							
Officia	al at the travellers' point of entry (for the purpo	ose of furth	er movement into other Member States)					
	Name (in capital letters):		Title:					
	Address							
	Telephone:							
	E-mail address:							
	Date of completion of the documentary and	identity che	ecks: Signature:	Stamp:				

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## Declaration

## I, the undersigned

.....

[owner or the natural person who has authorisation in writing from the owner to carry out the non-commercial movement on behalf of the  $owner^{(1)}$ ]

declare that the following pet animals are not subject to a movement that aims at their sale or a transfer of ownership and will accompany the owner or the natural person who has authorisation in writing from the owner to carry out the non-commercial movement on behalf of the owner<sup>(1)</sup> within not more than 5 days of his movement.

Transponder/tattoo <sup>(1)</sup> alphanumeric code	Animal health certificate number

During the non-commercial movement, the above animals will remain under the responsibility of

## (1) either [the owner];

- <sup>(1)</sup>or [the natural person who has authorisation in writing from the owner to carry out the noncommercial movement on behalf of the owner]

Place and date:

Signature of the owner or natural person who has authorisation in writing from the owner to carry out the non-commercial movement on behalf of the owner<sup>(1)</sup>:

(1) delete as appropriate.