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

**COUNTRY: United States** Veterinary certificate to EU Consignor 1.2.a. I.2. Certificate reference No Name Address Central competent authority **USDA APHIS Veterinary Services** of dispatched consignment Tel. Local competent authority I.6. Person responsible for the consignment in the EU Consignee Name Address Postal code Tel. I.7. Country of ISO code I.8. Region of Country ISO I.10 Region of Code Code origin origin destination code destination **United States** Part I: Details I.12. Place of destination I.11. Place of origin I.13. Place of loading I.14. Date of departure I.15. Means of transport I.16. Entry BIP in EU I.17. No.(s) of CITES I.18. Description of commodity I.19. Commodity code (HS code) 010619 Dog Cat Ferret I.20. Quantity I.21. Temperature of products I.22. Total number <del>packages</del> I.23. Seal/Container No I.24. Type of packaging I.25. Commodities certified for: Pets  $\mathbf{X}$ I.26. For transit to 3rd Country I.27. For import or admission into EU 1.28. Identification of the commodities **Species** Identification Date of birth Colour Identification number Sex Breed (Scientific name) system [dd/mm/yyyy]

COUNTRY: United States

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II.	Health	informat	tion	II.a.	Certificat	e referenc	ce No	II.b.			
	America.	(insert	official veterinarian <sup>(1)</sup> /veterinarian authorised by the competent authority <sup>(1)</sup> ofthe United States of rt name of territory or third country) certify that:								
		Purpose/nature of journey attested by the owner:  II.1. the attached declaration <sup>(2)</sup> by the owner or the natural person who has authorisation in writing from the owner to carry									
	II.1.	out the no animals d the owner days of h	on-commercial n lescribed in Box r to carry out the is movement ar	novement of 1.28 will accommend are not	of the animals on becompany the ownercial movement of	pehalf of the or er or the natur of the animals or ment that aim	wner, supported al person who h on behalf of the s at their sale of	n writing from the own of by evidence (3), standard authorisation in owner within not more a transfer of own	ates that the writing from ore than five		
(1,	either	[the owne	er;]								
	<del>or</del>	•	al person who han behalf of the o		ation in writing fron	n the owner to	carry out the no	on-commercial move	ement of the		
(1,	<del>or</del>		al person design n behalf of the o		carrier contracted b	y the owner to	carry out the no	on-commercial mov	ement of the		
<sup>(1)</sup> either	[11.2.	the anima	als described in E	Box I.28 are	e moved in a numbe	er of five or les	s;]				
<sup>(1)</sup> <del>O</del> r	<del>[II.2.</del>	going to p	articipate in com	<del>npetitions, c</del>		ng events or ir	n training for tho	re than six months se events, and the gistered			
	either	[to attend such event;]									
(1,	<del>or</del>	[with an association organising such events;]									
(1)	·				ody titration test:						
<sup>(1)</sup> either	<del>[II.3.</del>	the animals described in Box I.28 are less than 12 weeks old and have not received an anti-rables vaccination, or are between 12 and 16 weeks old and have received an anti-rables vaccination, but 21 days at least have not elapsed since the completion of the primary vaccination against rables carried out in accordance with the validity requirements set out in Annex III to Regulation (EU) No 576/2013(4), and									
		II.3.1	Implementing	Regulation public that	(EU) No 577/2013	and the Mem	<del>ber State of des</del>	Box I.1 is listed in tination indicated in into its territory, a	Box I.5 has		
<sup>(1)</sup> either		<del>[II.3.2</del>	the attached declaration (6) of the owner or the natural person referred to in point II.1 stating that from birth until the time of the non-commercial movement the animals have had no contact with wild animals of species susceptible to rabies;]								
<del>(1</del> ,	<del>or</del>	<del>[II.3.2</del>		abies vacc	ination which com			ne mother received ements set out in			
<sup>(1)</sup> or/and	[II.3.	days have validity re	e elapsed since equirements set	the comple out in Ann	ox I.28 were at least 12 weeks old at the time of vaccination against rabies and at least 21 the completion of the primary anti-rabies vaccination <sup>(4)</sup> carried out in accordance with the but in Annex III to Regulation (EU) No 576/2013 and any subsequent revaccination was d of validity of the preceding vaccination <sup>(6)</sup> ; and						
	<sup>(1)</sup> either							intry listed in ry other than point (c) of			
	<sup>(1)</sup> <del>o</del> r	[II.3.1] the animals described in Box I.28 come from, or are scheduled to transit through, a territory or this country other than those listed in Annex II to Implementing Regulation (EU) No 577/2013 and a rabic antibody titration test <sup>(6)</sup> , carried out on a blood sample taken by the veterinarian authorised by the competent authority on the date indicated in the table below 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 lit equal to or greater than 0.5 IU/mi <sup>(9)</sup> and any subsequent revaccination was carried out within the period validity of the preceding vaccination <sup>(6)</sup> , and the details of the current anti-rabies vaccination and the day 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 of		
Т	ransponder	or tattoo					Validity o	f vaccination			

Transponder or tattoo					Validity of vaccination		
Alphanumeric code of the animal	Date of implantation and/or reading <sup>(10)</sup> [dd/mm/yyyy]	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	ce No	II.b.
<sup>(1)</sup> either	Attestation	Regulation (EU) 2018/878 a	nd have been ering veterinar	treated against Echinococci an in accordance with Artic	us multilocularis,	ex to Commission Implementing and the details of the treatment sion Delegated Regulation (EU)
<sup>(1)</sup> Or	<del>[II.4.</del>	the dogs described in Box I.	28 have not be	een treated against <i>Echinoc</i> o	occus multilocula	aris <sup>(11)</sup> .]

Transponder or		chinococcus eatment	Administering veterinarian	
tattoo number of the dog	Name and manufacturer of the product	Date [dd/mm/yyyy] and time of treatment [00:00]	Name in capitals, stamp and signature	

## 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 until the date of the documentary and identity checks at the designated Union travellers' point of entry (available at <a href="http://ec.europa.eu/food/animals/juveanimals/pets/pointsentry\_en.htm">http://ec.europa.eu/food/animals/juveanimals/pets/pointsentry\_en.htm</a>).

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 cease 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 II.3 not authorised. referred to point is You may wish to inquire http://ec.europa.eu/food/animal/liveanimals/pets/index\_en.htm.

## Part I:

Box I.5: Consignee: indicate Member State of first destination.

Box I.28: Identification system: select of the following: transponder or tattoo.

 ${\it Identification\ number}.\ indicate\ the\ transponder\ or\ tattoo\ alphanumeric\ code.$ 

Date of birth/breed: as stated by the owner.

## Part II:

(2)

(3)

(4)

(5)

(7)

(1) Keep as appropriate.

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.

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.

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

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.

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

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.

(8) 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

 $\underline{\text{http://ec.europa.eu/food/animal/liveanimals/pets/approval} \ en.htm);}\\$ 

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II.	Health information	II.a.	Certificate reference No		II.b.		
	<ul> <li>does not have to be renewed o against rables within the period of</li> </ul>		, which following that test with satis previous vaccination.	factory	results, has been revaccinated		
	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 precede any vaccination, or where applicable, testing carried out on those animals.						
(11)	The treatment against Echinococcus	multilocularis	referred to in point II.4 must:				
			od of not more than 120 hours and note Member States or parts thereof list				
		ombination, I	ch contains the appropriate dose of p nave been proven to reduce the burn st species concerned.				
(12)	The table referred to in point II.4 mus certificate was signed and prior to the Implementing Regulation (EU) 2018/8	ne scheduled					
(13)	The table referred to in point II.4 m certificate was signed for the purpose conjunction with footnote (11).						
Officia	al veterinarian/Authorised veterinarian						
	Name (in capital letters):		Qualif	ication a	and title:		
	Address						
	Telephone:						
	Date:			S	Signature:		
	Stamp:						
Endor	rsement by the competent authority (not nece	ssary when	he certificate is signed by an official v	/eterinar	ian)		
	Name (in capital letters):		Qualif	ication a	and title:		
	Address						
	Telephone:						
	Date:		Signa	ture:			
	Stamp:						
Officia	Official at the travellers' point of entry (for the purpose of further movement into other Member States)						
	Name (in capital letters):		Title:				
	Address						
	Telephone:						
	E-mail address:						
	Date of completion of the documentary and	identity chec	ks: Signa	ture:	Stamp:		

# **Declaration**

I, the ur	ndersigned						
[owne	r or the natural person who has authorisation in writing	from the owner to carry out the non-commercial movement on behavior owner $^{(I)}$	alf of the				
ownersh	nip and will accompany the owner or the ocarry out the non-commercial movement	abject to a movement that aims at their sale or a tree natural person who has authorisation in writing ent on behalf of the owner <sup>(1)</sup> within not more than	from the				
Tra	nsponder/tattoo <sup>(1)</sup> alphanumeric code	Animal health certificate number					
	[the owner];	e animals will remain under the responsibility of ation in writing from the owner to carry out	the non-				
<sup>(1)</sup> <del>or</del>	[the natural person designated by the carrier contracted to carry out the non-commercial movemen 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><math>(1)</math></sup> :						
(1)	delete as appropriate.						