

GREAT BRITAIN, CHANNEL ISLANDS AND ISLE OF MAN

Pet health certificate for the non-commercial movement to Great Britain, Channel Islands and Isle of Man of dogs, cats or ferrets in accordance with Regulation (EU) No 576/2013

COUNTRY: UNITED STATES

Veterinary certificate to Great Britain, Channel Islands and Isle of Man

	I.1. Consignor Name Address			I.2 Certificate reference number					
				I.3. Consignee Name Address					
	Tel.				Postal code Tel.				
	I.4. Central comp	etent aut	hority		I.5. Country of	origin			
ent	USDA, APHIS, Veterinary Services				United States				
Part I: Details of dispatched consignment	I.6. Local competent authority				I.7. ISO Code of country of origin US				
dispatchec	I.8. Description of commodity Cat F				erret	I.9. Commodity code (HS code) ret 010619			code)
tails of	I.10. Quantity		I.11.	Commodities certif	ied for: Pets				
art I: De	I.12. Identification of the commodities								
Pē	Species (Scientific Sex name)		•	Colour	Breed		tification umber	Identification system [transponder/ tattoo ⁽¹⁰⁾]	Date of birth [dd/mm/yyyy]

	II. Health information	II.a. Certificate reference number				
	I, the undersigned official veterinarian (¹) / vete	erinarian authorised by the competent authority (1) of				
	the United States of America (insert name of country) certify that:					
	Purpose/nature of journey attested by the o	owner				
Part II: Certification	II.1. the attached declaration (²) by the owner or the natural person who has authorisation in writing from the owner to carry out the non-commercial movement of the animals on behalf of the owner, supported by evidence (³), states that the animals described in Box I.12 will accompany the owner or the natural person who has authorisation in writing from the owner to carry out the non-commercial movement of the animals on behalf of the owner within not more than 5 days of his movement and are not subject to a movement that aims at their sale or a transfer of ownership, and during the non-commercial movement will remain under the responsibility of					
art II: C	(¹) either [the owner;]					
ď	(¹) or [the natural person who has non-commercial movement of the a	authorisation in writing from the owner to carry out the animals on behalf of the owner,]				
	(¹) or <u>{the natural person designate</u> non-commercial movement of the a	d by a carrier contracted by the owner to carry out the animals on behalf of the owner;]				
	(1) either II.2. the animals described in Box I.12 are mo	ved in a number of five or less;				
	events or in training for those even in point II.1 has provided evidence	participate in competitions exhibitions or sporting ts, and the owner or the natural person referred to				
	(⁴) either [to attend such event;]					
	(⁴) or <u>[with an association organisir</u>	g such events;]				

II.	Health information	II.a. Certificate reference number

Attestation of rabies vaccination and rabies antibody titration test

- II.3. the animals described in Box I.12 were at least 12 weeks old at the time of vaccination against rabies and at least 21 days have elapsed since the completion of the primary anti-rabies vaccination (4) carried out in accordance with the validity requirements set out in Annex III to Regulation (EU) No 576/2013 and any subsequent revaccination was carried out within the period of validity of the preceding vaccination (5); and
 - (') either [II.3.1 the animals described in Box I.12 come from a third country listed in Annex II to Implementing Regulation (EU) No 577/2013, either directly, through a third country listed in Annex II to Implementing Regulation (EU) No 577/2013 or through a third country other than those listed in Annex II to Implementing Regulation (EU) No 577/2013 in accordance with point (c) of Article 12(1) of Regulation (EU) No 576/2013 (⁶), and the details of the current anti-rabies vaccination are provided in the table below:]
 - (') or [II.3.1 the animals described in Box I.12 come from, or are scheduled to transit through a third country other than those listed in Annex II to Implementing Regulation (EU) No 577/2013 and a rabies antibody titration test (²), 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 primary vaccination within a current valid vaccination series and at least 3 months prior to the date of issue of this certificate, proved an antibody titre equal to or greater than 0,5 IU/ml (8) and any subsequent revaccination was carried out within the period of validity of the preceding vaccination (5), and the details of the current anti-rabies vaccination and the date of sampling for testing the immune response are provided in the table below:]

Transponder or tattoo			Name and		Validity of vaccination [dd/mm/yyyy]		Date of the blood sampling
Alphanumeric code of the animal	Date of implantation and/or reading (9) [dd/mm/yyyy]	vaccination [dd/mm/yyyy]	manufacturer of vaccine	number	From	То	[dd/mm/yyyy]
			and				
			and				
			and				
			and				
			and				

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II. Hea	alth information			II.a. Cer	tificate reference number		
Attestation of anti-parasite treatment (') either [II.4. the dogs described in Box I.12 are destined for Great Britain, Channel Islands and Isle of Man and have been treated against Echinococcus multilocularis and the details of the treatment carried out by the administering veterinarian in accordance with Article 6 of Delegated Regulation (EU) No 2018/772 (¹⁰) (¹¹) are provided in the table below.] (') or [II.4. the dogs described in Box I.12 have not been treated against Echinococcus multilocularis (¹⁰).]							
		Anti-echinococcus treatment			Administering veterinarian		
	oonder or per of the dog	Name and manufacturer of the product	Date [dd/mm and time of tre [00:00]	atment	Name in capitals, stamp and signature		
Notes (a) This certificate is meant for dogs (Canis Lupus familiaris) cats (Felis silvestris Cetus) and ferrets (Mustela putorius furo).							
	This certificate is valid for 10 days from the date of issue by the official veterinarian until the date of the locumentary and identity checks at the designated point of entry into Great Britain, Channel Islands and Isle of Man						
	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						
Part I:							
Box I.3: Consigne		dicate Great Britain,	Channel Islands	and Isle o	of Man as destination.		
Box I.12:	Identification	system: select of the	following: transp	onder or	tattoo.		
	Identification number: indicate the transponder or tattoo alphanumeric code.						
	Date of birth/breed as stated by the owner.						

COUNTRY: UNITED STATES

Non-commercial movement to Great Britain, Channel Islands and Isle
of Man of dogs, cats or ferrets in accordance with of Regulation (EU)
No 576/2013

II.	Health information	II.a. Certificate reference number			
Part I	l:				
(¹)	Keep as appropriate.				
(2)	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,				
(3)	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.				
(4)	Any revaccination must be considered a primary vaccination if it was not carried out within the period of validity of a previous vaccination.				
(⁵)	A certified copy of the identification and when the certificate.	vaccination details of the animals concerned shall be attached to			
(⁶)	provides, on request by the competent a declaration stating that the animals have and remain secure within the means of the transit through a third country other than	n that the owner or the natural person referred to in point II.1 uthorities responsible for the checks referred to in point (b), a had no contact with animals of species susceptible of rabies ransport or the perimeter of an international airport during the those listed in Annex II to Implementing Regulation I comply with the format, layout and language requirements set nenting Regulation (EU) No 577/2013.			
(⁷)	The rabies antibody titration test referred	to in point II.3.1:			
		collected by a veterinarian authorised by the competent authority, rabies vaccination within a current valid vaccination series and 3			
	 must measure a level of neutralis EU/ml; 	ing antibody to rabies virus in serum equal to or greater than 0,5			
		y approved in accordance with Article 3 of Council Decision oratories available at https://ec.europa.eu/food/animals/pet-			
		an animal, which following that test with satisfactory results, has within the period of validity of a previous vaccination.			
	A certified copy of the official report fro test referred to in point II.3.1 shall be a	m the approved laboratory on the results of the rabies antibody ttached to the certificate.			
(8)	where necessary with contacts with the I	narian confirms that he has verified, to the best of his ability and aboratory indicated in the report, the authenticity of the tibody titration test referred to in point II.3,1.			
(9)	transponder or by a clearly readable tatto	ng of the animals concerned by the implantation of a popular and applied before 3 July 2011 must be verified before any entry and precede any vaccination, or where applicable, testing carried			

Non-commercial movement to Great Britain, Channel Islands and Isle of Man of dogs, cats or ferrets in accordance with of Regulation (EU) No 576/2013

II.	Health information	II.a. Certificate reference number				
(10)	The treatment against Echinococcus multilocularis referred to in point II.4 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 Great Britain, Channel Islands and Isle of Man; 				
	pharmacologically active substances, which	 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 <i>Echinococcus multilocularis</i> in the host species concerned. 				
(11)		document the details of a further treatment if administered to the scheduled entry into Great Britain, Channel Islands				
Offici	al veterinarian/Authorised veterinarian (delete as ap	propriate)				
	Name (in capital letters):	Qualification and title:				
	Address					
	Telephone:					
	Date:	Signature:				
	Stamp:					
Endo	rsement by the competent authority (not necessary	when the certificate is signed by an official veterinarian)				
	Name (in capital letters):	Qualification and title:				
	Address					
	Telephone:					
	Date:	Signature:				
	Stamp:					

Officia	al at point of entry in GB	
	Name (in capital letters):	Title:
	Address	
	Telephone:	
	E-mail address:	
	Date of completion of documentary and identity checks by authorise	ed body:
	Signature:	
	Stamp:	

Written declaration referred to in Article 25(3) of of Regulation (EU) No 576/2013

Section A - Model of 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 sub transfer of ownership and will accompany the own authorisation in writing from the owner to carry ou the owner ⁽¹⁾ within not more than 5 days of his mo	ner or the natural person who has ut the non-commercial movement on behalf of					
Transponder/tattoo ⁽¹⁾ alphanumeric code	Animal health certificate number					
During the non-commercial movement, the above	e animals will remain under the responsibility of					
(1)either [the owner];						
(1) or [the natural person who has authoris the non-commercial movement on be	eation in writing from the owner to carry out chalf of the owner					
(1)or [the natural person designated by the	e carrier contracted to carry out the non-					
commercial movement on behalf of the	ne owner:					
	(insert name of the carrier)					
Place and date:						
Signature of the owner or natural person who to carry out the non-commercial movement o	•					
⁽¹⁾ delete as appropriate.						