

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 co	ode			
					Tel.				
Part I: Details of dispatched consignment	I.4. Central competent authority				I.5. Country of	origin			
	USDA, APHIS, Veterinary Services				United States				
	I.6. Local competent authority				I.7. ISO Code	of cour	ntry of origi	n	
					us				
spatched	I.8. Description of commodity Dog Cat F			I.9. Commodity code (HS code) erret 010619					
tails of di	I.10. Quantity		I.11.	Commodities certi	ified for: Pets				
art I: De	I.12. Identification of the commodities								
ď	Species (Scientific name)	Sex	C	Colour	Breed		tification umber	Identification system [transponder/ tattoo (10)]	Date of birth [dd/mm/yyyy]

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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 (⁷), 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	Batch	Validity of vaccination [dd/mm/yyyy]		Date of the blood sampling
Alphanumeric code of the animal	Date of implantation and/or reading (°) [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.	Health Inform	ation	II.a. Certificate reference number
	Attestation of	f anti-parasite treatment	
(') either	[11.4.	been treated against Echinococcus multiloo	for Great Britain, Channel Islands and Isle of Man and have cularis and the details of the treatment carried out by the h Article 6 of Delegated Regulation (EU) No 2018/772 (10)
(') or	[II.4 .	the dogs described in Box 1.12 have not bee	n treated against Echinococcus multilocularis (10).]

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

Notes

- (a) This certificate is meant for dogs (Canis Lupus familiaris) cats (Felis silvestris Cetus) 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 point of entry into Great Britain, Channel Islands and Isle of

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: Consignee: indicate Great Britain, Channel Islands and Isle of Man as destination.
- Box I.12: *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.

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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	:					
(¹)	Keep as appropriate.					
(2)	The declaration referred to in point II.1 shall be attached to the certificate and comply with the model an 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 validity of a previous vaccination.	primary vaccination if it was not carried out within the period of				
(⁵)	A certified copy of the identification and we the certificate.	vaccination details of the animals concerned shall be attached to				
(⁶)	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 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.					
(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 neutralisi 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, ha 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 la	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				

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II.	Health information	II.a. Certificate reference number		
(¹⁰)	The treatment against Echinococcus multilocularis referred to in point II.4 must:			
		period of not more than 120 hours and not less than 24 try of the dogs into Great Britain, Channel Islands and		
	pharmacologically active substances, whi	t which contains the appropriate dose of praziquantel or ich alone or in combination, have been proven to reduce nal forms of <i>Echinococcus multilocularis</i> in the host species		
(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:			

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Official at point of entry in	n GB		
Name (in capital	letters):		Title:
Address			
Telephone:			
E-mail address:			
Date of completion	on of documentary and ide	entity checks by authorised	d 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 at 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	ation in writing from the owner to carry out half 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.			

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