

## **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<br>Tel.                   |                                       |                     |   |                               |
|   | I.4. Central competent authority        |  |       |                                     | 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 Fe   |  |       |                                     | erret                                 | I.9. Commodity code (HS code)  010619 |                     |   | code)                         |
| tails of                                  | I.10. Quantity I.                       |  | I.11. | 11. Commodities certified for: Pets |                                       |                                       |                     |   |                               |
| art I: De                                 | I.12. Identification of the commodities |  |       |                                     |                                       |                                       |                     |   |                               |
| ď   | Species<br>(Scientific Sex<br>name)     |  | •     | Colour                              | Breed                                 |                                       | tification<br>umber | Identification<br>system<br>[transponder/<br>tattoo <sup>(10)</sup> ] | Date of birth<br>[dd/mm/yyyy] |
|   |   |  |       |                                     |                                       |                                       |                     |   |                               |
|   |   |  |       |                                     |                                       |                                       |                     |   |                               |
|   |   |  |       |                                     |                                       |                                       |                     |   |                               |
|   |   |  |       |                                     |                                       |                                       |                     |   |                               |
|   |   |  |       |                                     |                                       |                                       |                     |   |                               |

|   | II.   | Health information  | II.a. Certificate reference number   |  |
|---|---|---|--|--|
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|   |   |   |  |  |
|   |   | I, the undersigned official veterinarian (¹) / veterin  | arian 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 own   | ner  |  |
| Part II: Certification  |   | from the owner to carry out the non-<br>owner, supported by evidence (3),<br>accompany the owner or the natu<br>owner to carry out the non-commercia<br>not more than 5 days of his movemer | er or the natural person who has authorisation in writing commercial movement of the animals on behalf of the states that the animals described in Box I.12 will ral person who has authorisation in writing from the I movement of the animals on behalf of the owner within at and are not subject to a movement that aims at their luring the non-commercial movement will remain under |  |
| art II: C   |   | (1) either [the owner;]   |  |  |
| P   |   | (1) or [the natural person who has au   | thorisation in writing from the owner to carry out the   |  |
|   |   | non-commercial movement of the anir   | nals on behalf of the owner,]  |  |
|   |   | (¹) or <u>[the natural person designated b</u>  | y a carrier contracted by the owner to carry out the   |  |
|   |   | non-commercial movement of the anii   |  |  |
|   |   |   |  |  |
|   | (1) either  | r II.2. the animals described in Box I.12 are moved   | d in a number of five or less;   |  |
| (1) or II.2. the animals described in Box 1.12 are moved in a number of more than five are more |   |   |  |  |
|   | than 6 months old and are going to participate in competitions exhibitions or sporting  |   |  |  |
|   | events or in training for those events, and the owner or the natural person referred to |   |  |  |
|   |   | in point II.1 has provided evidence (3)   | that the animais are registered  |  |
|   | ( <sup>4</sup> ) either [to attend such event;]   |   |  |  |
|   |   | ( <sup>4</sup> ) or[with an association organising s  | uch events;]   |  |
|   |   |   |  |  |
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| II. | Health information | II.a. Certificate reference number |
|-----|--------------------|------------------------------------|
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|     |                    |                                    |
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#### 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 (<sup>6</sup>), 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 (<sup>7</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 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 (<sup>8</sup>) and any subsequent revaccination was carried out within the period of validity of the preceding vaccination (<sup>5</sup>), 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<br>vaccination<br>[dd/mm/yyyy] |    | Date of the blood sampling |
|---------------------------------------|--|-----------------------------|----------------------------|--------|--|----|----------------------------|
| Alphanumeric<br>code of the<br>animal | Date of implantation and/or reading (9) [dd/mm/yyyy] | vaccination<br>[dd/mm/yyyy] | manufacturer<br>of vaccine | number | From                                       | То | [dd/mm/yyyy]               |
|                                       |  |                             | and                        |        |  |    |                            |
|                                       |  |                             | and                        |        |  |    |                            |
|                                       |  |                             | and                        |        |  |    |                            |
|                                       |  |                             | and                        |        |  |    |                            |
|                                       |  |                             | and                        |        |  |    |                            |

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| II. Health information  |  |  | II.a.  | Certificate reference number   |  |
|---|--|--|--|--|--|
|   | the dependence of the dependen | n treated against <i>Echi</i><br>inistering veterinarian<br>are provided in the tabl   | inococcus multilocularis<br>in accordance with Artic<br>le below.] | pat Britain, Channel Islands and Isle of Man and have and the details of the treatment carried out by the sle 6 of Delegated Regulation (EU) No 2018/772 (10) red against Echinococcus multilocularis (10).] |  |
|   |  |  | chinococcus<br>eatment   | Administering veterinarian   |  |
|   | sponder or<br>nber of the dog  | Name and<br>manufacturer<br>of the product   | Date [dd/mm/yyyy<br>and time of treatme<br>[00:00]                 |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   | is certificate is me   | ant for dogs (Canis L  | upus familiaris) cats (F   | Felis silvestris Cetus) and ferrets (Mustela   |  |
|   | cumentary and ide  | s certificate is valid for 10 days from the date of issue by the official veterinarian until the date of the umentary 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. |  |  | sle of Man as destination.   |  |  |
| Box I.12:   | Identification   | system: select of the  | e following: transponder   | r or tattoo.   |  |
|   | Identification   | number: indicate the   | transponder or tattoo  | alphanumeric code.   |  |
|   | Date of birth/   | <i>breed</i> as stated by th   | ne 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 II          |   |  |  |
|   | raitii           | •   |  |  |
|   | (¹)              | Keep as appropriate.  |  |  |
|   | (2)              |   | hall be attached to the certificate and comply with the model an<br>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   |  |
|   | ( <sup>5</sup> ) | A certified copy of the identification and v the certificate.   | raccination details of the animals concerned shall be attached to  |  |
|   | ( <sup>6</sup> ) | provides, on request by the competent at<br>declaration stating that the animals have<br>and remain secure within the means of tr<br>transit through a third country other than   | n that the owner or the natural person referred to in point II.1 athorities responsible for the checks referred to in point (b), a had no contact with animals of species susceptible of rabies cansport or the perimeter of an international airport during the those listed in Annex II to Implementing Regulation comply with the format, layout and language requirements set tenting 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  |  |
|   |                  | <ul> <li>must measure a level of neutralisi<br/>EU/ml;</li> </ul>   | ng 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 <a href="https://ec.europa.eu/food/animals/pet-">https://ec.europa.eu/food/animals/pet-</a>   |  |
|   |                  |   | 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 from test referred to in point II.3.1 shall be at   | 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 ibody titration test referred to in point II.3,1.  |  |
|   | ( <sup>9</sup> ) | transponder or by a clearly readable tatto  | ng of the animals concerned by the implantation of a so applied before 3 July 2011 must be verified before any entry as precede any vaccination, or where applicable, testing carried  |  |
| ١ |                  |   |  |  |

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## 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 multilocular       | ris referred to in point II.4 must:   |
|         |   | period of not more than 120 hours and not less than 24<br>try of the dogs into Great Britain, Channel Islands and   |
|         | pharmacologically active substances, whi              | t which contains the appropriate dose of praziquantel or<br>ch alone or in combination, have been proven to reduce<br>all 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  |
| Officia | 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 | GB                      |                            |         |
|-------------------------------|-------------------------|----------------------------|---------|
| Name (in capital le           | etters):                |                            | Title:  |
| Address                       |                         |                            |         |
| Telephone:                    |                         |                            |         |
| E-mail address:               |                         |                            |         |
| Date of completion            | of documentary and ider | itity 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 w<br>movement on beha   |   |
| declare that the following pet animals are not sub<br>transfer of ownership and will accompany the own<br>authorisation in writing from the owner to carry ou<br>the owner <sup>(1)</sup> 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 <sup>(1)</sup> 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   |   |
|   |   |
| <sup>(1)</sup> delete as appropriate.   |   |
|   |   |

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