

Part I : Details of dispatched consignment

I.1. Consignor Name Address Country		I.2. Certificate reference number		I.2.a. Local reference number::	
		I.3. Central Competent Authority			
		I.4. Local Competent Authority			
I.5. Consignee Name Address Country		I.6. No.(s) of related original certificates No.(s) of accompanying documents			
		I.7. Dealer Name Approval number			
		I.8. Country of origin ISO code I.9. Region of origin Code I.10. Country of destination ISO code I.11. Region of destination Code			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> I.12. Place of origin/Place of harvest Holding <input type="checkbox"/> Assembly centre <input type="checkbox"/> Dealer's premise <input type="checkbox"/> Approved body <input type="checkbox"/> Semen centre <input type="checkbox"/> Approved aquaculture holding <input type="checkbox"/> Embryo team <input type="checkbox"/> Establishment <input type="checkbox"/> Other <input type="checkbox"/> Name Approval number Address Postal code / Region </div> <div style="width: 48%;"> I.13. Place of destination Holding <input type="checkbox"/> Assembly centre <input type="checkbox"/> Dealer's premise <input type="checkbox"/> Approved body <input type="checkbox"/> Semen centre <input type="checkbox"/> Approved aquaculture holding <input type="checkbox"/> Embryo team <input type="checkbox"/> Establishment <input type="checkbox"/> Other <input type="checkbox"/> Name Approval number Address Postal code / Region </div> </div>					
I.14. Place of loading Postal code / Region			I.15. Date and time of departure		
I.16. Means of transport Aeroplane <input type="checkbox"/> Ship <input type="checkbox"/> Railway wagon <input type="checkbox"/> Road vehicle <input type="checkbox"/> Other <input type="checkbox"/> Identification:: Number(s):			I.17. Transporter Name Approval number Address Postal code / Region Member state		
I.21. Temperature of products Ambient <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen <input type="checkbox"/>			I.20. Number/Quantity		I.22. Number of packages
I.23. Identification of container/Seal number					
I.25. Animals certified as/products certified for: Registered equidae <input type="checkbox"/>					
I.26. Transit through 3rd country <input type="text"/> 3rd country ISO code 3rd country ISO code 3rd country ISO code Exit point Code Entry point BIP unit no.:			I.27. Transit through Member states <input type="text"/> Member state ISO code Member state ISO code Member state ISO code		
I.28. Export <input type="text"/> 3rd country ISO code Exit point Code			I.29. Estimated journey time		
I.30. Route plan Yes <input type="text"/> No <input type="text"/>					
I.31. Identification of the animals Passport Nro <input type="text"/> <input type="text"/> <input type="text"/>					

Part II: Certification	II. Health information	II.a. Certificate reference number	II.b. Local reference number:
	<p>I, the undersigned, certify that the equidae described above meets the following requirements(1)(2):</p> <p>(a) it has been examined today and shows no clinical sign of disease;</p> <p>(b) it is not intended for slaughter under a national program of contagious or infectious disease eradication;</p> <p>(c) it does not come from the territory or part of the territory of a Member State/third country which is the subject of restrictions for reasons of African horse sickness , or it comes from the territory or part of the territory of a Member State which was subject to prohibition for animal health reasons and has undergone, with satisfactory results, the tests provided for in Article 5 (5) of Directive 2009/156/EC in the quarantine station of between and (3) ; it is not vaccinated against African horse sickness , or it was vaccinated against African horse sickness on (3)(4) ;</p> <p>(d) it has not come from a holding which was subject to prohibition for animal health reasons nor had contact with equidae from a holding which was subject to prohibition for animal health reasons</p> <ul style="list-style-type: none"> - during six months in the case of equidae suspected of having contracted dourine, beginning on the date of the last actual or possible contact with a sick animal. However, in the case of a stallion, the prohibition shall apply until the animal is castrated, - during six months in the case of glanders or equine encephalomyelitis, beginning on the day on which the equidae suffering from the disease in question are slaughtered, - in the case of infectious anaemia, until the date on which, the infected animals having been slaughtered, the remaining animals have shown a negative reaction to two Coggins tests carried out three months apart, - during six months from the last case, in the case of vesicular stomatitis, - during one month from the last case, in the case of rabies, - during 15 days from the last case, in the case of anthrax, - if all the animals of species susceptible to the disease located on the holding have been slaughtered and the premises disinfected during 30 days, beginning on the day on which the animals were destroyed and the premises disinfected, except in the case of anthrax, where the period of prohibition is 15 days; <p>(e) to the best of my knowledge, it has not been in contact with equidae suffering from an infectious or contagious disease in the 15 days prior to this declaration.</p> <p>(f) at the time of inspection the above animals were fit to be transported on the intended journey in accordance with the provisions of Council Regulation (EC) No. 1/2005 (5).</p>		
<p>(1) This information is not required where there is a bilateral agreement in accordance with Article 6 of Directive 90/426/EEC.</p> <p>(2) Valid for 10 days.</p> <p>(3) Delete whichever does not apply.</p> <p>(4) The vaccination date must be entered in the passport.</p> <p>(5) This statement does not exempt transporters from their obligations in accordance with Community provisions in force in particular regarding the fitness of animals to be transported.</p>			
<p>Official veterinarian or official inspector</p> <div style="display: flex; justify-content: space-between;"> <div> <p>Name (in Capital):</p> <p>Local Veterinary Unit:</p> <p>Date:</p> <p>Stamp</p> </div> <div> <p>Qualification and title:</p> <p>LVU N°:</p> <p>Signature:</p> </div> </div>			

III.1. Date of the inspection <input style="width: 50px; height: 20px;" type="text"/>	III.2. Certificate Reference Number:: <input style="width: 100%; height: 20px;" type="text"/>																
III.3. Documentary Check:: <table style="width: 100%;"> <tr> <td style="width: 50%;">No <input style="width: 40px;" type="text"/></td> <td style="width: 50%;">Yes <input style="width: 40px;" type="text"/></td> </tr> <tr> <td>EU Standard Satisfactory <input style="width: 40px;" type="text"/></td> <td>Not satisfactory <input style="width: 40px;" type="text"/></td> </tr> <tr> <td>Additional guarantees Satisfactory <input style="width: 40px;" type="text"/></td> <td>Not satisfactory <input style="width: 40px;" type="text"/></td> </tr> <tr> <td>National requirements Satisfactory <input style="width: 40px;" type="text"/></td> <td>Not satisfactory <input style="width: 40px;" type="text"/></td> </tr> </table>	No <input style="width: 40px;" type="text"/>	Yes <input style="width: 40px;" type="text"/>	EU Standard Satisfactory <input style="width: 40px;" type="text"/>	Not satisfactory <input style="width: 40px;" type="text"/>	Additional guarantees Satisfactory <input style="width: 40px;" type="text"/>	Not satisfactory <input style="width: 40px;" type="text"/>	National requirements Satisfactory <input style="width: 40px;" type="text"/>	Not satisfactory <input style="width: 40px;" type="text"/>	III.4. Identity Check:: <table style="width: 100%;"> <tr> <td style="width: 50%;">No <input style="width: 40px;" type="text"/></td> <td style="width: 50%;">Yes <input style="width: 40px;" type="text"/></td> </tr> <tr> <td>Satisfactory <input style="width: 40px;" type="text"/></td> <td>Not satisfactory <input style="width: 40px;" type="text"/></td> </tr> </table>	No <input style="width: 40px;" type="text"/>	Yes <input style="width: 40px;" type="text"/>	Satisfactory <input style="width: 40px;" type="text"/>	Not satisfactory <input style="width: 40px;" type="text"/>				
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III.14. Official veterinarian or official inspector <table style="width: 100%;"> <tr> <td style="width: 50%;"> Local Veterinary Unit Name (in Capital): Qualification and title Date: </td> <td style="width: 50%;"> LVU N° Signature: </td> </tr> </table>		Local Veterinary Unit Name (in Capital): Qualification and title Date:	LVU N° Signature:														
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PLANNING

1.1. ORGANISER name and address (a) (b)		1.2. Name of the person in charge of the journey			
		1.3. Telephone / Fax			
2. TOTAL EXPECTED DURATION (hours / days)					
3.1. Place and country of DEPARTURE		4.1. Place and country of DESTINATION			
3.2. Date	3.3. Time	4.2. Date	4.3. Time		
5.1. Species	5.2. Number of animals	5.3. Veterinary certificate(s) number(s)			
5.4. Estimated total weight of the consignment (in kg)		5.5. Total space foreseen for the consignment (in m ²)			
6. LIST OF FORESEEN RESTING, TRANSFER OR EXIT POINTS					
6.1. Name of the places where animals are to be rested, or transferred (including exit points)	6.2. Arrival		6.3. Length (in hours)	6.4. Transporter name and authorisation N° (if different from the organiser)	6.5 identification
	Date	Time			
7. I, the organiser, hereby declare that I am responsible for the organisation of the above-mentioned journey and I have made suitable arrangements to safeguard the welfare of the animals throughout the journey in accordance with the provisions of Council Regulation 1/2005					
8. Signature of the organiser					

(a) Organiser: see definition laid down in Article 2(q) of Council Regulation 1/2005

(b) If the organiser is a transporter the authorisation number shall be specified