

|  |                                  |                |  |  |  |  |
|--|----------------------------------|----------------|--|--|--|--|
| Part I : Details of consignment  | I.1. Consignor                   |                |  | I.2. IMSOC Reference                   |  |  |
|  | Name                             |                |  | I.2.a. Local Reference                 |  |  |
|  | Address                          |                |  |  |  |  |
|  | Country                          |                |  | ISO Code                               |  |  |
|  | I.5. Consignee                   |                |  | I.3. Central competent authority       |  |  |
|  | Name                             |                |  | I.4. Local competent authority         |  |  |
|  | Address                          |                |  |  |  |  |
|  | Country                          |                |  | ISO Code                               |  |  |
|  | I.7. Country of origin           |                |  | I.9. Country of destination            |  |  |
|  | ISO Code                         |                |  | ISO Code                               |  |  |
|  | I.8. Region of origin            |                |  | <del>I.10. Region of destination</del> |  |  |
|  | Code                             |                |  |  |  |  |
|  | I.11. Place of Dispatch          |                |  | I.12. Place of destination             |  |  |
|  | Name                             |                |  | Name                                   |  |  |
|  | Address                          |                |  | Address                                |  |  |
| Approval Number  |                                  |                | Approval Number  |  |  |  |
| Country  |                                  |                | Country  |  |  |  |
| ISO Code   |                                  |                | ISO Code   |  |  |  |
| I.13. Place of Loading   |                                  |                | I.14. Date and time of departure                                   |  |  |  |
| Name   |                                  |                |  |  |  |  |
| Address  |                                  |                |  |  |  |  |
| Approval Number  |                                  |                |  |  |  |  |
| Country  |                                  |                |  |  |  |  |
| ISO Code   |                                  |                |  |  |  |  |
| I.15. Means of Transport   |                                  |                | I.16 Entry Point   |  |  |  |
| Mode   | International transport document | Identification |  |  |  |  |
|  |                                  |                |  |  |  |  |
|  |                                  |                |  |  |  |  |
|  |                                  |                |  |  |  |  |
|  |                                  |                |  |  |  |  |
| I.18. Transport conditions   |                                  |                | I.17. Accompanying documents                                       |  |  |  |
| Ambient <input type="checkbox"/>   |                                  |                | Commercial document reference                                      |  |  |  |
|  |                                  |                | Date of issue  |  |  |  |
|  |                                  |                | Country  |  |  |  |
|  |                                  |                | Place of issue   |  |  |  |
| I.19. Container No / Seal No   |                                  |                |  |  |  |  |
| I.20. Certified as   |                                  |                |  |  |  |  |
| Human consumption <input type="checkbox"/>   |                                  |                |  |  |  |  |
| I.21. For transit through a third country <input type="checkbox"/>                   |                                  |                | I.22. For transit through Member State(s) <input type="checkbox"/> |  |  |  |
| Country  | ISO Code                         |                | Country  | ISO Code                               |  |  |
| EU Exit Authority  | BCP code                         |                |  |  |  |  |
| EU Entry Authority   | BCP code                         |                |  |  |  |  |
| I.24. Total quantity   |                                  |                | I.25. Total gross weight   |  |  |  |
| I.28. Description of consignment   |                                  |                |  |  |  |  |
| <b>1. 01 LIVE ANIMALS</b><br><b>0104 Live sheep and goats</b><br><b>010410 Sheep</b> |                                  |                |  |  |  |  |
| Commodity  | Species                          | Breed/Category | Identification system  | Identification number                  |  |  |
|  |                                  |                |  |  |  |  |
| Age  | Gender                           |                | Quantity   |  |  |  |
|  |                                  |                |  |  |  |  |

|                               |  |   |   |  |
|-------------------------------|--|---|---|--|
|                               | II. Health information   |   |   |  |
| <b>Part II: Certification</b> | I, the undersigned Official veterinarian hereby certify that:  |   |   |  |
|                               | 1.   | Origin of animals:  |   |  |
|                               |  | a)  | Place and date of quarantine  |  |
|                               |  | b)  | Administrative-territorial unit   |  |
|                               | 2.   | Animals exported to the territory of the Republic of Moldova are clinically healthy, originate from premises or administrative territories which are free from the following contagious diseases, according to official findings and in accordance with EU Regulations:   |   |  |
|                               |  | -   | Foot and mouth disease.   |  |
|                               |  | -   | Anthrax.  |  |
|                               |  | -   | Brucellosis and tuberculosis.   |  |
|                               | 3.   | For Bluetongue:   |   |  |
|                               |  | <input type="radio"/> either  | the country or administrative territory is free from bluetongue in accordance with the recommendations of the OIE Terrestrial Animal Health Code.   |  |
|                               | <input type="radio"/> or   | the country or administrative territory is not free from bluetongue.  |   |  |
|                               | <input type="radio"/> either   | a)  | the animals have been vaccinated with an inactivated vaccine, at least 60 days before the date of dispatch from the exporting country, in accordance with OIE Manual of Diagnostic Tests and Vaccines for Terrestrial Animals against all bluetongue serotype/s (insert serotype/s) which are those present in the source population as demonstrated through a surveillance program in accordance with OIE Terrestrial Animal Health Code and the animals are still within the immunity period of time guaranteed in the specifications of the vaccine; |  |
|                               | <input type="radio"/> or   | a)  | during quarantine the animals were subjected to a serological test in accordance with OIE Terrestrial Animal Health Code using the method recommended by the OIE Manual of Diagnostic Tests and Vaccines for Terrestrial Animals to detect antibodies to the bluetongue serotypes with negative result;   |  |
|                               | <input type="radio"/> or   | a)  | the animals were subjected to an agent identification test in accordance with OIE Terrestrial Animal Health Code using the method recommended by the OIE Manual of Diagnostic Tests and Vaccines for Terrestrial Animals with negative result carried out at least 14 days prior to shipment;   |  |
|                               | <input type="radio"/> either   | b)  | during quarantine the animals were protected against culicoides;  |  |
|                               | <input type="radio"/> or   | b)  | [the quarantine was carried out in a period of the year free from the presence of insects transmitting the infection;   |  |
| 4.                            | The animals described in this certificate which are exported to the Republic of Moldova have not been vaccinated against brucellosis and foot-and-mouth disease.               |   |   |  |
| 5.                            | The animals described in this certificate fulfil the requirements related to a classical scrapie in accordance with the Regulation (EC) No 999/2001.                           |   |   |  |
| 6.                            | In the country of origin it is prohibited to use certain hormones, thyrostatic substances and beta-agonists in animal production excluding prophylactic and medical treatment. |   |   |  |
| 7.                            | The animals described in this certificate which are exported to the Republic of Moldova originate:   |   |   |  |
|                               | <input type="radio"/> either   | [from the territory described under box reference I.8., which has been recognised as officially brucellosis-free];  |   |  |
|                               | <input type="radio"/> or   | [from the holding(s) described under box reference I.11., which has not been recognised as officially brucellosis-free and have been tested with negative results, as appropriate, in an accredited laboratory using the methods approved in the EU or recommended by the OIE Manual of Diagnostic Tests and Vaccines for Terrestrial Animals (indicate the name of the laboratory, date and method of testing: |   |  |
|                               | -  | Brucellosis:  | ]   |  |
| 8.                            | According to my knowledge and to the written declaration made by the owner, the animals:   |   |   |  |

|   |  |   |
|---|--|---|
| Part II: Certification  | II. Health information   |   |
|   | a)   | do not come from holdings, and have not been in contact with animals of a holding, in which the following diseases have been clinically detected:   |
|   | i.   | contagious agalactia of sheep or goats ( <i>Mycoplasma agalactiae</i> , <i>Mycoplasma capricolum</i> , <i>Mycoplasma mycoides</i> var. <i>mycoides</i> large colony), within the last six months, |
|   | ii.  | paratuberculosis and caseous lymphadenitis, within the last 12 months,  |
|   | iii.   | pulmonary adenomatosis, within the last three years, and  |
|   | iv.  | Maedi/Visna or caprine viral arthritis/encephalitis:  |
|   | either   | within the last three years,  |
|   | or   | within the last 12 months, and all the infected animals were slaughtered and the remaining animals subsequently reacted negatively to two tests carried out at least six months apart,            |
|   | b)   | are included in an official system for notification of these diseases, and  |
|   | c)   | have been free from clinical or other evidence of tuberculosis and brucellosis during the three years prior to export;  |
| 9.  | The means of transport are treated and prepared in accordance with the requirements of the EU. |   |
| 10.   | Route plan is attached.  |   |
| Notes:  |  |   |
| Part I:   |  |   |
| -   |  |   |
| Box I.19: Indicate total gross weight and total net weight  |  |   |
| -   |  |   |
| Box I.21: Either seal- or container number or both is to be indicated in this box.  |  |   |
| -   |  |   |
| Box I.25: Custom code and title: Use the appropriate Harmonized System (HS) code under the following headings: 01.04.10, 01.04.20 |  |   |
| Part II:  |  |   |
| (1) Delete as appropriate.  |  |   |
| Signature and stamp must be different color that in the printed certificate.  |  |   |
| Certifying Officer  |  |   |
| Name (in capital letters)   |  | Qualification and title   |
| Date of signature   |  | Signature   |
| Stamp   |  |   |