Export Health Certificate

| | I.1. Versender | | | | I.2. IMSOC-Bezugsnummer | | | | | |
|--------|--|---------------------|----------------------------|--|---|------------------------|-------|--|--------------------|--|
| | Name | | | | I.2.a. Lokale Bezugsnummer | | | | | |
| | Adresse | | | | | | | | | |
| | Land | | ISO- Ländercode | | | | | | | |
| | | | Landercode | | | | | | | |
| | I.5. Empfänger | | | | I.3. Zentrale zuständige Behörde | | | | | |
| | Name | | | | I.4. Zuständige örtliche Behörde | | | | | |
| | Adresse | | | | | | | | | |
| | Land | | ISO- Ländercode | | | | | | | |
| | | | | | | | | | | |
| _ | I.7. Ursprungsland | l | | ISO- Ländercode | I.9. Bestimmungsland ISO- Ländercode | | | | ISO- Ländercode | |
| Teil I | | | | | | | | | | |
| Ĕ | I O II | | | Cada | I.10. Region des Bestimmungsorts | | | | | |
| - 1 | I.8. Ursprungsregion I.11. Versandort | on | | Code | I.12. Bestimmungsort | | | | | |
| | | | | | Name | | | | | |
| | Name Adresse | | | | Adresse | | | | | |
| | Zulassungsnumm | er | | | Zulassungsnummer | | | | | |
| | Land | .01 | ISO- | | Land ISO- | | | | | |
| | | | Ländercode | | Ländercode | | | | | |
| ł | I.13. Ladeort | | | | I.14. Datum ur | nd Uhrzeit des Ahtrans | norts | | | |
| | Name | | | | I.14. Datum und Uhrzeit des Abtransports | | | | | |
| | Adresse | | | | | | | | | |
| | Zulassungsnumm | ier | | | | | | | | |
| | Land | | ISO- | | | | | | | |
| | | | Ländercode | | | | | | | |
| Ī | I.15. Transportmit | tel | | | I.16 Entry Poir | nt | | | | |
| | Тур | Dokument | Identifikation | | | | | | | |
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| | I.18. Beförderungs | | | | I.17. Begleitdo | kumente | | | | |
| | Umgebungstemperatur | | | | Bezugsnum mer des Ausstellungs | | | | | |
| | | | | | Handelspapi | | datum | | | |
| | | | | | ers Ausstellungs | | | | | |
| | | | | | | Land Ausstendigs ort | | | | |
| | I.19. Containernummer/Plombennummer | | | | | | | | | |
| | I.20. Waren zertifi | ziert für/als | | | | | _ | | | |
| | Schlachtung ☐ Technische Verwendung ☐ Breeding and production ☐ Künstliche Vermehrung ☐ | | | | Vermittlung ☐ Menschlicher Verzehr ☐ | | | | r 🗆 | |
| | | | | | Production Mast Mast | | | | | |
| | | | | | Breeding ☐ Sonstiges ☐ | | | | | |
| | Production of petf | ουα 🗀 | | | | | | | | |
| Ì | I.21. Für die Durch | nfuhr durch ein Dr | ittland \Box | | I.22. Für die Durchfuhr durch Mitgliedstaaten | | | | | |
| | Country | | | , and the second | | | | | | |
| | Landercode | | | | | | 100 | | | |
| | EU Exit Authority BCP code | | Country ISO- Ländercode | | | | | | | |
| | EU Entry Authority BCP code | | | | | | | | | |
| - 1 | | | | | I.25. Bruttogesamtgewicht | | | | | |
| Į | | | | | I.I.O. Di dittoges | | | | | |
| | I.28. Angaben zur | versendeten Sendı | ing | | | | | | | |
| | 1. 01 LEBENDE TIERE | | | | | | | | | |
| | 0101 Pferde, Es | el, Maultiere und I | Maulesel, lebend | | | | | | | |
| | Erzeugnis | Art | | Identifikation | nssystem Identifikationsnummer Alter | | | | | |
| | | | | | | | | | | |
| | Geschlecht | | | | Menge | | | | | |
| | | | | | | | | | | |
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| | | | | (02) 1:100 | | | | | op more opposite carrier | |
|--|---|--------|--|--|-------|------------|---------------|--|-----------------------------|--|
| | II. Gesundheitsinformationen | | | | | | | | | |
| | II.1. Animal health attestation | | | | | | | | | |
| | I, the undersigned (1) \square [official veterinarian](1) \square [veterinarian responsible for the establishment of origin and authorised by the competent authority] certify that the animals described in part I meet the following requirements: | | | | | | | | | |
| Part II: Certification | _ | II.1.1 | Country/te | rritory of origin | | | | | | |
| | | | they come from the country or territory described in box I.7 where rabies is a notifiable disease, | | | | | | | |
| | | or | Have been introduced on (dd/MM/YYYY) into the territory described under point II.1 from the EU territory with code That date was authorised to import the animals into GB | | | | | | | |
| art] | | II.1.2 | Premises of origin as described in box I.11, | | | | | | | |
| P | | | (a) | which is registered by the competent authority of the country or territory described in box I.7; | | | | | | |
| | | | (b) which is not subjected to any restrictions relating to a national programm the control of infectious diseases, which the animals on this certificate ar susceptible to; | | | | | | | |
| | | | (c) | where there have been | n nc | clinical | cases of ra | bies for | the last 6 months. | |
| | | | (d) | in which they have rento GB, | mai | ned since | e birth or fo | or the la | ast 30 days before dispatch | |
| | | II.1.3 | Animals | | | | | | | |
| | | | (a) | Were born and kept in | ı caj | ptivity si | nce birth.* | | | |
| | | | (b) Were resident in the country or territory of dispatch since birth.* | | | | | | | |
| | | | (c) have not come into contact with other animals not complying with at least the same health requirements as described in this certificate for the last 30 days and during their transportation from the premises of origin to the place of shipment; | | | | | | | |
| | | | (d) were examined by an official veterinarian within 48 hours of loading and showed no clinical sign of disease and are fit for the intended transport; | | | | | | | |
| | | | (e) | are not animals to be killed under a national programme for the eradication of diseases. | | | | | | |
| | | | (f) | (for lagomorph only) have come from a holding in which no animal showed clinical signs of myxomatosis. | | | | | | |
| | | | | * Delete as appropriate | e. | | | | | |
| | (1)(2) | II.1.4 | Rabies vac | cination* | | | | | | |
| | | | they have been vaccinated against rabies on the following vaccine(s) (name of vaccine (s) used);] | | | | | | | |
| (1)(4) II. 1.5 Parasite treatment* | | | | | | | | | | |
| they have been treated at least twice in the 40 days before of and external parasites with the following product(s) ingredients and the doses of the products used | | | | | | | e dispa ;] | tch to GB against internal . Specify the active | | |
| | | | *Delete as appropriate. | | | | | | | |
| | | II.1.6 | Loading or | the means of transport | t | | | | | |
| | They have been loaded for dispatch to GB on (dd/mm/yyyy)(4) in the means of transport described in box I.15 that were cleaned and disinfected before loading with an officially authorised disinfectant and so constructed that faeces, urine, litter or fodder could not flow or fall out of the vehicle or container during transportation. | | | | | | | | | |
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| EU | JROPÄISCI | HE UNION | (GB) Mod | (GB) Model OTH: Other Rabies Susceptible Species GBHC175E | | | | | | | |
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| | II. Gesundhei | tsinformatione | 1 | | | | | | | | |
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| | Notes | | | | | | | | | | |
| | (*) Those c | (*) Those countries subject to the transitional import arrangements include: an EU member State; Liechtenstein; Norway and Switzerland. | | | | | | | | | |
| J | _ | | neans the country of dispatch. | | | | | | | | |
| Part II: Certification | References to European Union legislation within this certificate are references to direct EU legislation which has been retained in Great Britain (retained EU law as defined in the European Union (Withdrawal) Act 2018). | | | | | | | | | | |
| ru | References | References to Great Britain in this certificate include Channel Islands and Isle of Man. | | | | | | | | | |
| : Ce | Part I: | | | | | | | | | | |
| Part II | - | Box reference I.15: | Registration number (railway wagons or container and lorries), flight number (aircraft name (ship) is to be provided. In case of unloading and reloading, the consignor must it the BCP of entry into GB. | | | | | | | | |
| | - | Box reference I.16: | Do not use this box until the end of the transitional staging period. | | | | | | | | |
| | - | oos, brand, chip, nall animals, the crates or ransit holding or the last rt can be traced back to the | | | | | | | | | |
| | - | Box reference I.28: | Age: months; Sex (M = male, F = fe | emale, C = castrated); | | | | | | | |
| | Part II: | 1,20, | | | | | | | | | |
| | | (1) | Keep as appropriate | | | | | | | | |
| | | (2) | | not compulsory, but if the animals have been vaccinated, information on the land the time of vaccination must be filled in. | | | | | | | |
| | | (3) | | compulsory, but if the animals have been treated, information on the time of vaccination must be filled in. | | | | | | | |
| | | (4) | loaded either prior to the date of a mentioned under boxes I.7 and I.8 | loading. Imports of these animals shall not be allowed when the animals were either prior to the date of authorisation for exportation to GB of the country/territory ned under boxes I.7 and I.8, or during a period where restrictive measures have been d by GB against imports of these animals from that country/territory. | | | | | | | |
| | DECLARAT | ΓΙΟΝ BY THI | E OWNER OR THE REPRESENTATIVE | OR THE REPRESENTATIVE OF THE OWNER (GBHC175E) | | | | | | | |
| | I, the unde | | ify that the animals described in part I meet the following requirements (delete where | | | | | | | | |
| | | a) | Were born and bred in captivity. | | | | | | | | |
| | and | b) | Came from a holding registered wi | ith the Competent Authority. | | | | | | | |
| For Information: If none of the above can be complied with then you will need to contact the Animal Plant Heal Agency (APHA) Centre for International Trade to apply for an Import Licence under The Rabies (Importation of Dogs, Cats and Other Mammals) Order 1974. | | | | | | | | | | | |
| | Name (in capital letters): Signature: | | | | | | | | | | |
| Date | | | | | | | | | | | |
| | Certifying Off Name (in caj Datum der U Stempel | | | Qualification and title Unterschrift | | | | | | | |
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