

| | | | | | | |
|--|--|---|--------------------------|---|--|---------------------------------|
| Part I: Description of consignment | I.1. Consignor Name Address Country | | ISO Code | I.2. IMSOC reference | I.2.a. Local reference I.3. Central Competent Authority I.4. Local Competent Authority | |
| | I.5. Consignee Name Address Country | | ISO Code | I.6. Operator conducting assembly operations independently of an establishment Name Address Approval Number Country | | |
| | I.7. Country of origin | | ISO Code | I.9. Country of destination | | ISO Code |
| | I.8. Region of origin | | Code | I.10. Region of destination | | Code |
| | I.11. Place of dispatch Name Address Approval Number Country | | ISO Code | I.12. Place of destination Name Address Approval Number Country | | ISO Code |
| | I.13. Place of loading Name Address Approval Number Country | | ISO Code | I.14. Date and time of departure | | |
| | I.15. Means of Transport | | I.16. Transporter | | I.17. Accompanying documents | |
| | Mode | International transport document | Identification | | Name Address Activity ID Country | ISO Code |
| | | | | | Commercial document reference Country | Date of issue Place of issue |
| | I.18. Transport conditions | | | | | |
| I.19. Container No / Seal No | | | | | | |
| I.20. Certified as Slaughter <input type="checkbox"/> | | | | | | |
| I.21. For transit through a third country <input type="checkbox"/> | | | | | | |
| Third country | | ISO Code | | | | |
| Exit point | | BCP code | | | | |
| Entry point | | BCP code | | | | |
| I.22. For transit through Member State(s) <input type="checkbox"/> | | I.23. For export <input type="checkbox"/> | | | | |
| Member State | | ISO Code | | Third country | | |
| | | | | ISO Code | | |
| | | | | Exit point | | |
| | | | | BCP code | | |
| I.25. Journey Log | | | | | | |
| I.27. Total quantity | | | I.28. Total gross weight | | | |
| I.30. Description of consignment | | | | | | |
| Commodity | Species | Subcategory | Sex | Identification system | | |
| | | | | | | |
| Identification Number | | Age | Quantity | | | |
| | | | | | | |

| | | | |
|------------------------|---|--|--|
| Part II: Certification | II. Health information | | |
| | <p>I, the undersigned official veterinarian, hereby certify that:</p> <p>II.1. The animals(1) of the consignment described in Part I are kept ungulates other than bovine, ovine, caprine, porcine, equine, camelid and cervid animals and meet the following requirements:</p> <p>II.1.1. They are identified as provided for in Article 117 of Regulation (EU) 2016/429.</p> <p>II.1.2. They have not shown clinical signs or symptoms of diseases listed for ungulates of the species concerned during the clinical examination which was carried out, within the 24 hour period prior to departure of the consignment, on (insert date dd/mm/yyyy).</p> <p>(2) <input type="checkbox"/> II.1.3. They are intended to be slaughtered for disease eradication purposes as part of an eradication programme, as provided for in Article 31(1) or (2) of Regulation (EU) 2016/429, and the Member State of destination and, where applicable, the Member State of passage authorised the movement in advance.]</p> <p>II.2. According to official information, the animals described in Part I meet the following health requirements:</p> <p>II.2.1. They do not come from establishments subject to movement restrictions affecting the species or situated in a restricted zone established for reasons of diseases listed for ungulates of the species concerned.</p> <p>II.2.2. They come from establishments in which anthrax in ungulates has not been reported during the 15 day period prior to departure.</p> <p>(2) <input type="checkbox"/> II.2.3. They come from establishments in which infection with rabies virus in kept terrestrial animals has not been reported during the 30 day period prior to departure.]</p> <p>(2) <input type="checkbox"/> II.2.4. They come from establishments in which infection with bluetongue virus (serotypes 1-24) has not been reported during the 30 day period prior to departure.]</p> <p>(2) <input type="checkbox"/> II.2.5. The requirements as regards infection with bluetongue virus (serotypes 1-24) laid down in Article 33 of Commission Delegated Regulation (EU) 2020/688 are fulfilled.]</p> <p>II.3. To the best of my knowledge and as declared by the operator, the animals come from establishments where there were no abnormal mortalities with an undetermined cause.</p> <p>II.4. Arrangements are made to transport the consignment in accordance with Article 4 of Delegated Regulation (EU) 2020/688.</p> <p>II.5. This certificate is valid for 10 days from the date of issuing. In the case of transport by waterway/sea of animals, the period of validity of the certificate may be extended by the duration of the journey by waterway/sea.</p> <p>(2)(3) <input type="checkbox"/> II.6. Since leaving their establishments of origin and before arriving to this establishment approved for assembly operations, none of the animals of the consignment has undergone more than two assembly operations, and</p> <p>(2) either <input type="checkbox"/> [they come from their establishments of origin.]</p> <p>(2) or <input type="checkbox"/> [at least one of the animals of the consignment has undergone one assembly operation on an approved establishment.]</p> <p>(2) or <input type="checkbox"/> [at least one of the animals of the consignment has undergone two assembly operations on approved establishments.]</p> <p>Animal welfare attestation</p> <p>At the time of inspection, the animals covered by this health certificate were fit to be transported in accordance with the provisions of Council Regulation (EC) No 1/2005 on the intended journey due to start on (insert date).</p> | | |

| | | | | | | | | | |
|--|---|--|--|---------------------------|----------------|-------------------|-----------|-------|--|
| Part II: Certification | II. Health information | | | | | | | | |
| | <p>Notes</p> <p>This animal health certificate shall be completed according to the notes for the completion of certificates provided for in Chapter 2 of Annex I to Commission Implementing Regulation (EU) 2020/2235.</p> <p>Part I:</p> <p>Box reference I.11: “Place of dispatch”: Indicate an establishment of the origin of the animals in the consignment or an establishment approved for assembly operations in accordance with Articles 97 and 99 of Regulation (EU) 2016/429.</p> <p>Box reference I.12: “Place of destination”: Indicate an establishment of the final destination of the consignment or an establishment approved for assembly operations in accordance with Articles 97 and 99 of Regulation (EU) 2016/429.</p> <p>Box reference I.17: “Accompanying documents”: In case the animals are dispatched from an establishment approved for assembly operations in the Member State of origin, the reference number(s) of the official document(s), based on which the animal health certificate for this consignment is issued in this establishment approved for assembly operations, may be indicated.</p> <p style="padding-left: 40px;">In case the animals are dispatched from an establishment approved for assembly operations in the Member State of passage, the reference number(s) of the certificate(s), based on which the animal health certificate for this consignment is issued in this establishment approved for assembly operations, must be indicated.</p> <p>Box reference I.30: “Identification number”: Indicate identification number of each animal.</p> <p>Part II:</p> <p>(1) There can be one or more animals in the consignment.</p> <p>(2) Delete if not applicable.</p> <p>(3) Applicable in case the consignment is dispatched from the establishment approved for assembly operations.</p> | | | | | | | | |
| <p>Certifying Officer/Official veterinarian</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Name (in capital letters)</td> <td style="width: 50%; border: none;">Authority name</td> </tr> <tr> <td style="border: none;">Date of signature</td> <td style="border: none;">Signature</td> </tr> <tr> <td style="border: none;">Stamp</td> <td style="border: none;"></td> </tr> </table> | | | | Name (in capital letters) | Authority name | Date of signature | Signature | Stamp | |
| Name (in capital letters) | Authority name | | | | | | | | |
| Date of signature | Signature | | | | | | | | |
| Stamp | | | | | | | | | |
| | | | | | | | | | |