ANNEX

Annex as referred to in Article 1 of this Decision.

VETERINARY CERTIFICATE

for domestic dogs, cats and ferrets entering the European Community for commercial movements

(Regulation (EC) No 998/2003)

Serial No of the certificate:

I. PLACE OF DISPATCH OF THE ANIMAL		
Address:		
Post code:	City:	Country (1):

II. DESTINATION OF THE ANIMAL		
Means of transportation (2): rail/road/aircraft/boat/ship		
Address:		
Post code:	City:	Country (1):

III. CONSIGNOR	
First name:	Surname:
Address:	
Post code:	City:
Country (1):	Telephone:

IV. CONSIGNEE	
First name:	Surname:
Address:	
Post code:	City:
Country (1):	Telephone:

V. DESCRIPTION OF THE ANIMAL		
Species (2): dog/cat/ferret	Breed:	Sex (2): M F
Date of birth (3):	Coat (colour and type):	

VI. IDENTIFICATION OF THE ANIMAL	
Microchip No:	
Location of microchip:	Date of microchipping (3):
Tattoo No:	
Location of tattoo:	Date of tattooing (3):

VII. VACCINATION AGAINST RABIES		
Manufacturer and name of vaccine:		
Batch No:	Vaccination date (3):	Valid until (3):

VIII. RABIES SEROLOGICAL TEST (when required — strike out when not certified)
I have seen an official record of the result of a serological test for the animal, carried out on a sample taken on _____(3), and tested in an EU-approved laboratory, which states that the rabies neutralising antibody titre was equal to or greater than 0,5 IU/ml.

IX. CLINICAL EXAMINATION
I declare that the animal is at present free of clinical signs and transportable.

X. TICK TREATMENT (when required — strike out when not certified)
Manufacturer and name of product:
Date (3) and time of treatment (24-hour clock):

XI. ECHINOCOCCUS TREATMENT (when required — strike out when not certified)
Manufacturer and name of product:
Date (3) and time of treatment (24-hour clock):

NAME AND QUALIFICATION OF THE UNDERSIGNED (approved veterinarian/official veterinarian)	
First name:	Surname:
Address:	Signature, date (3) and stamp:
Post code:	
City:	
Country (1):	
Telephone:	

NOTES FOR GUIDANCE

1. Identification of the animal (tattoo or microchip) must be verified before any entries are made on the certificate.
2. The rabies vaccine used must be an inactivated vaccine produced in accordance with OIE standards.
3. The certificate shall be **valid for four months from the date of signature** by the approved or official veterinarian or until the date of expiry of the vaccination shown in Part IV, whichever is earlier.
4. Animals from, or prepared in, third countries not listed in Annex II to Regulation (EC) No 998/2003, may not enter Ireland, Sweden or the United Kingdom, either directly or via another country listed in Annex II unless brought into conformity with National Rules.
5. **The clinical examination (Part IX) must be done within 24 hours before movement.**
6. **Parts not certified must be struck out.**

APPLICABLE CONDITIONS (Regulation (EC) No 998/2003)

A. *ENTRY IN A MEMBER STATE OTHER THAN IRELAND, SWEDEN AND UNITED KINGDOM*

1. from a third country listed in Annex II to Regulation (EC) No 998/2003: Parts I to VII and IX must be completed (and XI for Finland).
2. from a third country not listed in Annex II to Regulation (EC) No 998/2003: Parts I to IX must be completed (and XI for Finland). The sample referred to in Part VIII must have been taken more than three months before the date of entry.

B. *ENTRY IN IRELAND, SWEDEN AND UNITED KINGDOM*

1. from a third country listed in Annex II to Regulation (EC) No 998/2003: Parts I to XI must be completed (Parts VI, VIII, X and XI complying with national rules).
2. from a third country not listed in Annex II to Regulation (EC) No 998/2003: The certificate is not valid - See Note 4.

(1) Add ISO code (2) Delete as applicable (3) dd/mm/yyyy