

Part I : Details of consignment presented

I.1. Consignor Name  Address Postal code / Region		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 Postal code / Region		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
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		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		
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.18. Animal species/Product			I.19. Commodity code (CN code)	
			I.20. Number/Quantity	
I.21. Temperature of products Ambient <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen <input type="checkbox"/>			I.22. Number of packages	
I.23. Identification of container/Seal number			I.24. Type of packaging	
I.25. Animals certified as/products certified for:: Breeding <input type="checkbox"/> Fattening <input type="checkbox"/> Slaughter <input type="checkbox"/> Transhumance <input type="checkbox"/> Approved bodies <input type="checkbox"/> Artificial reproduction <input type="checkbox"/> Registered equidae <input type="checkbox"/> Game restocking <input type="checkbox"/> Pets <input type="checkbox"/> Human consumption <input type="checkbox"/> Animal feedingstuff <input type="checkbox"/> Pharmaceutical use <input type="checkbox"/> Technical use <input type="checkbox"/> Other <input type="checkbox"/>				
I.26. Transit through 3rd country 3rd country      ISO code Exit point      Code Entry point      BIP unit no.:		I.27. Transit through Member states Member state      ISO code Member state      ISO code Member state      ISO code		
I.28. Export 3rd country      ISO code Exit point      Code		I.29. Estimated journey time		
I.30. Route plan Yes <input type="checkbox"/> No <input type="checkbox"/>				
I.31. Identification of the animals				

**Part II: Certification**

II. Health information	II.a. Certificat reference number	II.b. Local reference number:
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I, the undersigned official veterinarian, certify that the meat products described above

Animal health attestation:

were obtained in an establishment situated in a restricted region or area of (name), due to (name of the disease) according to the Decision / /EC (number) and conforms to the requirement of Article(s) of this Decision.

Official veterinarian or official inspector	
Name (in Capital): Local Veterinary Unit: Date: Stamp	Qualification and title: LVU N°: Signature:

Part III: Control	III.1. Date of the inspection <input style="width: 100px; height: 20px;" type="text"/>	III.2. Certificate Reference Number::																													
	III.3. Documentary Check:: <table style="width: 100%; border: none;"> <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: 30px;" type="text"/></td> <td>Not satisfactory <input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Additional guarantees Satisfactory <input style="width: 30px;" type="text"/></td> <td>Not satisfactory <input style="width: 30px;" type="text"/></td> </tr> <tr> <td>National requirements Satisfactory <input style="width: 30px;" type="text"/></td> <td>Not satisfactory <input style="width: 30px;" 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: 30px;" type="text"/>	Not satisfactory <input style="width: 30px;" type="text"/>	Additional guarantees Satisfactory <input style="width: 30px;" type="text"/>	Not satisfactory <input style="width: 30px;" type="text"/>	National requirements Satisfactory <input style="width: 30px;" type="text"/>	Not satisfactory <input style="width: 30px;" type="text"/>	III.4. Identity Check:: <table style="width: 100%; border: none;"> <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.7. Welfare check <table style="width: 100%; border: none;"> <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"/>	III.8. Infringement of health legislation <table style="width: 100%; border: none;"> <tr><td>III.9.1. Absence/Invalid certificate</td><td><input style="width: 20px;" type="checkbox"/></td></tr> <tr><td>III.9.2. Mis-match with documents</td><td><input style="width: 20px;" type="checkbox"/></td></tr> <tr><td>III.9.3. Non authorised country</td><td><input style="width: 20px;" type="checkbox"/></td></tr> <tr><td>III.9.4. Non approved region/ zone</td><td><input style="width: 20px;" type="checkbox"/></td></tr> <tr><td>III.9.5. Prohibited species</td><td><input style="width: 20px;" type="checkbox"/></td></tr> <tr><td>III.9.6. Absence of additional guarantee</td><td><input style="width: 20px;" type="checkbox"/></td></tr> <tr><td>III.9.7. Non approved holding</td><td><input style="width: 20px;" type="checkbox"/></td></tr> <tr><td>III.9.8. Diseased or suspect animals</td><td><input style="width: 20px;" type="checkbox"/></td></tr> <tr><td>III.9.9. Unsatisfactory tests</td><td><input style="width: 20px;" type="checkbox"/></td></tr> <tr><td>III.9.10. Absence or non legal identification</td><td><input style="width: 20px;" type="checkbox"/></td></tr> <tr><td>III.9.11. National requirements not fulfilled</td><td><input style="width: 20px;" type="checkbox"/></td></tr> <tr><td>III.9.12. Address of destination invalid</td><td><input style="width: 20px;" type="checkbox"/></td></tr> <tr><td>III.9.13. Other</td><td><input style="width: 20px;" type="checkbox"/></td></tr> </table>	III.9.1. Absence/Invalid certificate	<input style="width: 20px;" type="checkbox"/>	III.9.2. Mis-match with documents	<input style="width: 20px;" type="checkbox"/>	III.9.3. Non authorised country	<input style="width: 20px;" type="checkbox"/>	III.9.4. Non approved region/ zone	<input style="width: 20px;" type="checkbox"/>	III.9.5. Prohibited species	<input style="width: 20px;" type="checkbox"/>	III.9.6. Absence of additional guarantee	<input style="width: 20px;" type="checkbox"/>	III.9.7. Non approved holding	<input style="width: 20px;" type="checkbox"/>	III.9.8. Diseased or suspect animals	<input style="width: 20px;" type="checkbox"/>	III.9.9. Unsatisfactory tests	<input style="width: 20px;" type="checkbox"/>	III.9.10. Absence or non legal identification	<input style="width: 20px;" type="checkbox"/>	III.9.11. National requirements not fulfilled	<input style="width: 20px;" type="checkbox"/>	III.9.12. Address of destination invalid	<input style="width: 20px;" type="checkbox"/>	III.9.13. Other	<input style="width: 20px;" type="checkbox"/>
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III.14. Official veterinarian or official inspector <table style="width: 100%; border: none;"> <tr> <td>Local Veterinary Unit</td> <td>LVU N°</td> </tr> <tr> <td>Name (in Capital):</td> <td></td> </tr> <tr> <td>Qualification and title</td> <td></td> </tr> <tr> <td>Date:</td> <td>Signature:</td> </tr> </table>		Local Veterinary Unit	LVU N°	Name (in Capital):		Qualification and title		Date:	Signature:																						
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**ANNEX II  
CHAPTER VIII  
ROUTE PLAN**

<p>(1) Transporter (name, address, business name):</p> <p>Signature of transporter</p>	<p>(2) Means of transport:</p> <p>No of registration or identification</p>	(a)	(a)
<p>(3) Animal species: Number: Place of departure: Place and country of destination</p>	<p>(4) Itinerary:  Estimated journey time:</p>	(a)	(a)
<p>(5) Number of health certificate(s) or accompanying documents(s):</p>	<p>(6) Stamp of veterinarian at place of departure</p>	(a)	(b)
<p>(8) Date and time of departure:</p>	<p>(9) Name of person in charge of transport during journey:</p>	(a)	(b)
<p>(11) Planned staging or transfer points:</p>	<p>(10) Stamp of competent authority at point of exit or authorized crossing point</p>	(a)	(c)
<p>(13) Place and address</p> <p>i)</p> <p>ii)</p> <p>iii)</p> <p>iv)</p> <p>v)</p> <p>vi)</p> <p>(19) (a) To be completed by the transporter before departure. (b) To be completed by the appropriate veterinarian. (c) To be completed by the transporter during the journey. (d) To be completed by the competent authority at the point of exit or authorized crossing point. (e) To be completed by the transporter after the journey.</p>	<p>(12) Actual staging or transfer points:</p> <p>(15) Length of stop</p> <p>(16) Reason</p> <p>(17) Place and address</p> <p>(18) Date and time</p> <p>(20) Signature of person in charge during journey:</p> <p>(21) Date and time of arrival at place of destination:</p>	(a)	(d)
<p>(22) Observations:</p>	<p>(e) To be completed by the transporter after the journey.</p>	(a)	(e)