

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 <input type="text"/> ISO code Exit point      Code Entry point      BIP unit no.:		I.27. Transit through Member states Member state <input type="text"/> ISO code Member state      ISO code Member state      ISO code		
I.28. Export 3rd country <input type="text"/> 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 Species(scientific name)    Identification mark    Quantity				

Part II: Certification

II. Health information	II.a. Certificat reference number	II.b. Local reference number:
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II.1. ANIMAL HEALTH ATTESTATION

I, the undersigned official veterinarian, hereby certify that:

II.1.1 The semen described above:

- (a) was collected, processed and stored under conditions which comply with the standards laid down in Directive 88/407/EEC;
- (b) was sent to the place of loading in a sealed container under conditions which comply with Directive 88/407/EEC and bearing the number detailed in Part I.23;

II.1.2 The semen described above was collected from bulls, which:

- (1) either [have not been vaccinated against foot-and-mouth disease within 12 months prior to collection;]
- (1) or [have been vaccinated against foot-and-mouth disease less than 12 months and more than 30 days prior to the collection, and 5% of doses of semen of each collection, with a minimum of 5 straws, have been submitted to a virus isolation test for foot-and-mouth disease, carried out with negative results in the laboratory ( ) (2) situated in or designated by the Member State of destination;]

II.1.3 The semen described above was stored in approved conditions for a minimum period of 30 days immediately following collection (3).

Blue Tongue (BT): exemption from the exit ban

- BT-2: Animals, semen, ova and embryos, (indicate as appropriate) in compliance with Article 8(1)(a) or 8(1)(b) or 8(4), (indicate as appropriate) of Regulation (EC) No 1266/2007.
- BTB: Semen obtained from donor animals which comply with (point (a), (b), (c), (d) or (e), indicate as appropriate) of Annex III.B to Regulation (EC) No 1266/2007.

Notes

Part I:

- Box I.12.: place of origin shall correspond to the semen collection centre (as defined in Article 2(b) first indent of Directive 88/407/EEC) of semen origin.
- Box I.13.: place of destination shall correspond to the semen collection or storage centre (as defined in Article 2(b) of Directive 88/407/EEC), or to the holding of semen destination.
- Box I.23.: identification of container and seal number shall be indicated.
- Box I.31.: identification mark shall correspond to the identification of the donor animals and the date of collection.

Part II:

- (1) Delete as appropriate
- (2) Name of the laboratory
- (3) May be deleted for fresh semen

The colour of the stamp and signature must be different from that of the other particulars in the certificate.

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.8. Infringement of welfare regulation:: <table style="width: 100%; border: none;"> <tr><td>III.8.1. Transporter authorisation invalid</td><td><input style="width: 20px;" type="checkbox"/></td></tr> <tr><td>III.8.2. Non-compliance of the means of transport</td><td><input style="width: 20px;" type="checkbox"/></td></tr> <tr><td>III.8.3. Stocking density exceeded</td><td><input style="width: 20px;" type="checkbox"/></td></tr> <tr><td>III.8.4. Travel times exceeded</td><td><input style="width: 20px;" type="checkbox"/></td></tr> <tr><td>III.8.5. Watering and feeding not fulfilled</td><td><input style="width: 20px;" type="checkbox"/></td></tr> <tr><td>III.8.6. Mishandling or negligence to the animals</td><td><input style="width: 20px;" type="checkbox"/></td></tr> <tr><td>III.8.7. Other</td><td><input style="width: 20px;" type="checkbox"/></td></tr> </table> Average space	III.8.1. Transporter authorisation invalid	<input style="width: 20px;" type="checkbox"/>	III.8.2. Non-compliance of the means of transport	<input style="width: 20px;" type="checkbox"/>	III.8.3. Stocking density exceeded	<input style="width: 20px;" type="checkbox"/>	III.8.4. Travel times exceeded	<input style="width: 20px;" type="checkbox"/>	III.8.5. Watering and feeding not fulfilled	<input style="width: 20px;" type="checkbox"/>	III.8.6. Mishandling or negligence to the animals	<input style="width: 20px;" type="checkbox"/>	III.8.7. Other	<input style="width: 20px;" type="checkbox"/>	III.10. Impact of the transport on animals <table style="width: 100%; border: none;"> <tr> <td>Number of dead animals::</td> <td>Estimation: <input style="width: 40px;" type="text"/></td> </tr> <tr> <td>Number of unfit animals ::</td> <td>Estimation: <input style="width: 40px;" type="text"/></td> </tr> <tr> <td colspan="2" style="text-align: center;">Number of birth or abortion:</td> </tr> </table>	Number of dead animals::	Estimation: <input style="width: 40px;" type="text"/>	Number of unfit animals ::	Estimation: <input style="width: 40px;" type="text"/>	Number of birth or abortion:											
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III.11. Corrective action <table style="width: 100%; border: none;"> <tr><td>III.11.1. Delayed departure</td><td><input style="width: 20px;" type="checkbox"/></td></tr> <tr><td>III.11.2. Transfer procedure</td><td><input style="width: 20px;" type="checkbox"/></td></tr> <tr><td>III.11.3. Quarantine</td><td><input style="width: 20px;" type="checkbox"/></td></tr> <tr><td>III.11.4. Humane killing/Euthanasia</td><td><input style="width: 20px;" type="checkbox"/></td></tr> <tr><td>III.11.5. Destruction of carcasses/products</td><td><input style="width: 20px;" type="checkbox"/></td></tr> <tr><td>III.11.6. Return of consignment</td><td><input style="width: 20px;" type="checkbox"/></td></tr> <tr><td>III.11.7. Treatment of products</td><td><input style="width: 20px;" type="checkbox"/></td></tr> <tr><td>III.11.8.7. Use of products for other purpose</td><td><input style="width: 20px;" type="checkbox"/></td></tr> </table> Identification:	III.11.1. Delayed departure	<input style="width: 20px;" type="checkbox"/>	III.11.2. Transfer procedure	<input style="width: 20px;" type="checkbox"/>	III.11.3. Quarantine	<input style="width: 20px;" type="checkbox"/>	III.11.4. Humane killing/Euthanasia	<input style="width: 20px;" type="checkbox"/>	III.11.5. Destruction of carcasses/products	<input style="width: 20px;" type="checkbox"/>	III.11.6. Return of consignment	<input style="width: 20px;" type="checkbox"/>	III.11.7. Treatment of products	<input style="width: 20px;" type="checkbox"/>	III.11.8.7. Use of products for other purpose	<input style="width: 20px;" type="checkbox"/>	III.12. Follow-up of quarantine <table style="width: 100%; border: none;"> <tr> <td>III.12.1. Humanely killing/Euthanasia</td> <td><input style="width: 40px;" type="text"/></td> </tr> <tr> <td>III.12.2. Release</td> <td><input style="width: 40px;" type="text"/></td> </tr> </table>	III.12.1. Humanely killing/Euthanasia	<input style="width: 40px;" type="text"/>	III.12.2. Release	<input style="width: 40px;" type="text"/>										
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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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