

Part I : Details of dispatched consignment	I.1. Consignor Name Address Country		I.2. Certificate reference number	I.2.a. TRACES reference number::	
			I.3. Central Competent Authority		
			I.4. Local Competent Authority		
	I.5. Consignee Name Address Country		I.6. No.(s) of related original certificates		No.(s) of accompanying documents
	I.7 Country of origin	ISO code	I.8. Region of origin		I.9. Country of destination
				ISO code	I.10. Region of destination
	I.11 Place of origin		I.12. Place of destination		
	I.13. Place of loading		I.14. Date and time of departure		
	I.15. Means of transport Aeroplane <input type="checkbox"/> Ship <input type="checkbox"/> Road vehicle <input type="checkbox"/> Other <input type="checkbox"/> Railway wagon <input type="checkbox"/>		[en] null		
	Identification:: Number(s):		I.17. CITES		
I.18. Animal species/Product			I.19. Commodity code (CN code)		
			I.20. Number/Quantity		
I.21 Temperature of products			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:: Approved bodies <input type="checkbox"/> Breeding <input type="checkbox"/> Circus/exhibition <input type="checkbox"/> Human consumption <input type="checkbox"/> Fattening <input type="checkbox"/> Animal feedingstuff <input type="checkbox"/> furtherprocess <input type="checkbox"/> Other <input type="checkbox"/> Pets <input type="checkbox"/> Pharmaceutical use <input type="checkbox"/> quarantine <input type="checkbox"/> Registered equidae <input type="checkbox"/> Relaying <input type="checkbox"/> Artificial reproduction <input type="checkbox"/> Slaughter <input type="checkbox"/> Game restocking <input type="checkbox"/> Technical use <input type="checkbox"/>					
I.26. Transit through 3rd country		[en] null <input checked="" type="checkbox"/>			
I.28. Identification of the animals					

Part II: Certification	II. Health information	II.a. Certificat reference number	II.b. TRACES reference number:
Official veterinarian or official inspector			
Name (in Capital):		Qualification and title:	
Local Veterinary Unit:		LVU N°:	
Date:		Signature:	
Stamp			