

## ANNEX

## 'ANNEX E

## Part 1 — Health Certificate for trade in animals from holdings

## EUROPEAN COMMUNITY

## Intra trade certificate

Part I: Details of consignment presented	I.1. Consignor Name		I.2. Certificate reference number		I.2.a. Local reference number:		
	Address		I.3. Central Competent Authority				
	Postal code		I.4. Local Competent Authority				
	I.5. Consignee Name		I.6. No(s) of related original certificates		No(s) of accompanying documents		
	Address		I.7.				
	Postal code						
	I.8. Country of origin		ISO code	I.9.		I.10. Country of destination	ISO code
	I.12. Place of origin/Place of harvest		I.13. Place of destination				
	Holding <input type="checkbox"/>		Holding <input type="checkbox"/> Establishment <input type="checkbox"/> Approved body <input type="checkbox"/>				
	Name		Approval number		Semen centre <input type="checkbox"/> Embryo team <input type="checkbox"/> Other <input type="checkbox"/>		
Address		Name		Approval number			
Postal code		Address		Postal code			
I.14. Place of loading		I.15. Date and time of departure					
Postal code							
I.16. Means of transport		I.17. Transporter					
Aeroplane <input type="checkbox"/> Ship <input type="checkbox"/> Railway wagon <input type="checkbox"/>		Name		Approval number			
Road vehicle <input type="checkbox"/> Other <input type="checkbox"/>		Address		Postal code			
Identification:		Postal code		Member State			
I.18. Animal species/product			I.19. Commodity code (CN code)				
			I.20. Number/quantity				
I.21.			I.22. Number of packages				
I.23. Identification of container/seal number			I.24.				
I.25. Animals certified as/products certified for							
Breeding <input type="checkbox"/>		Fattening <input type="checkbox"/>		Artificial reproduction <input type="checkbox"/>			
				Slaughter <input type="checkbox"/>			
				Approved body <input type="checkbox"/>			
I.26. Transit through third country <input type="checkbox"/>			I.27. Transit through Member States <input type="checkbox"/>				
Third country		ISO code	Member State		ISO code		
Exit point		Code	Member State		ISO code		
Entry point		BIP unit no.:	Member State		ISO code		
I.28. Export <input type="checkbox"/>			I.29. Estimated journey time				
Third country		ISO code					
Exit point		Code					
I.30. Route plan							
Yes <input type="checkbox"/>		No <input type="checkbox"/>					
I.31. Identification of the animals							
Species	(Scientific name)	Identification system	Identification number	Sex	Age	Quantity	

## EUROPEAN COMMUNITY

## 92/65 EI Animals from holdings (ungulates, birds, lagomorphs, dogs, cats and ferrets)

Part II: Certification	II. Health information	II.a. Certificate reference number	II.b. Local reference number					
	<p>I, the undersigned official veterinarian <sup>(1)</sup> /veterinarian responsible for the establishment of origin and approved by the competent authority certify that:</p> <p>II.1. At the time of inspection the above animals were fit to be transported on the intended journey in accordance with the provisions of Council Regulation (EC) No 1/2005.</p> <p>II.2. The conditions of Article 4 of Council Directive 92/65/EEC are fulfilled.</p> <p>II.3.1. Ruminant/suidae <sup>(1)</sup> other than that covered by Directive 64/432/EEC: <sup>(1)</sup></p> <p>(a) belongs to the species;</p> <p>(b) at the time of examination, does not show any clinical sign of any disease to which it is susceptible;</p> <p>(c) comes from an officially tuberculosis-free/officially brucellosis-free or brucellosis-free herd/a holding not subject to swine-fever restrictions <sup>(1)</sup> or from a holding where it was subjected with negative results to the tests laid down in Article 6(2)(b) of Directive 92/65/EEC.</p> <p>II.3.2. Birds other than those referred to in Directive 90/539/EEC <sup>(1)</sup></p> <p>satisfy the requirements of Article 7 of Directive 92/65/EEC and that the animals showed no clinical sign of disease on examination.</p> <p>II.3.3. lagomorphs <sup>(1)</sup></p> <p>satisfy the requirements of Article 9 of Directive 92/65/EEC and that the animals showed no clinical sign of disease on examination.</p> <p>II.3.4. Dogs, cats and ferrets <sup>(1)</sup></p> <p>either [(a) satisfy the requirement laid down in Articles 5 and 16 of Regulation (EC) No 998/2003 of the European Parliament and of the Council of 26 May 2003 on the animal health requirements applicable to the non-commercial movement of pet animals and amending Council Directive 92/65/EEC, and]</p> <p>or [(a) satisfy the requirement laid down in Articles 6 and 16 of Regulation (EC) No 998/2003 when trade is to Ireland, the United Kingdom or Sweden, and]</p> <p>(b) underwent a clinical examination, within 24 hours of dispatch, by a veterinarian authorised by the competent authority, and this examination showed the animals to be in good health and fit to travel.</p> <p>II.4. The additional guarantees regarding diseases listed in Annex B <sup>(2)</sup> of Directive 92/65/EEC are as follows: <sup>(1)</sup></p> <table border="0" data-bbox="236 1464 715 1554"> <tr> <td>Disease</td> <td>Decision</td> </tr> <tr> <td>Disease</td> <td>Decision</td> </tr> <tr> <td>Disease</td> <td>Decision</td> </tr> </table>	Disease	Decision	Disease	Decision	Disease	Decision	
Disease	Decision							
Disease	Decision							
Disease	Decision							
	<p><i>Notes</i></p> <p>Part I:</p> <p>— Box reference I.6: No(s) of accompanying documents: CITES, if applicable.</p> <p>— Box reference I.19: use the appropriate HS codes: 01.06.19, 01.06.31, 01.06.32, 01.06.39.</p> <p>— Box reference I.31: Identification: individual identification must be used wherever possible but in the case of small animals, batch identification may be used.</p> <p>Age and Sex: only to be completed in case of live animals, if appropriate.</p>							

## Part II:

(<sup>1</sup>) Delete as necessary.

(<sup>2</sup>) As requested by a Member State benefiting from additional guarantees under Community legislation.

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

## Official/approved veterinarian

Name (in Capital):

Qualification and title

Local Veterinary Unit:

No of the related LVU:

Date:

Signature:

Stamp