



Health certificate for the commercial movement of dogs, cats and ferrets to the United Kingdom

Part I. Details of dispatched consignment						
I.1 Consignor Name: Address:		I.2 Certificate reference no.		I.3 Central competent authority		
Tel:		I.2.a Not in use		I.4 Local competent authority		
I.5 Consignee Name: Address: Tel:			I.6 Not in use			
I.7 Country of origin	ISO code	I.8 Not in use	I.9 Country of destination	ISO code	I.10 Region of destination	Code
I.11 Place of origin Name: Approval number: Address: Name: Approval number: Address: Name: Approval number: Address:			I.12 Place of destination Name: Approval number: Address:			
I.13 Place of loading			I.14 Date of departure			
I.15 Means of transport <input type="checkbox"/> Aeroplane <input type="checkbox"/> Ship <input type="checkbox"/> Railway wagon <input type="checkbox"/> Road vehicle <input type="checkbox"/> Other Identification: Documentation references:			I.16 Entry BCP			
			I.17 Transporter Name: Approval number: Address:			

II.a. Certificate reference no.

I.18 Description of commodity			
I.19 Commodity code (HS code) 010919	I.21 Not in use	I.23 Seal / Container No.	
I.20 Quantity	I.22 Number of packages	I.24 Not in use	
I.25 Commodity certified for <input type="checkbox"/> Others <input type="checkbox"/> Pets <input type="checkbox"/> Approved bodies			
I.26 Not in use		I.27 <input type="checkbox"/> For import or admission into Great Britain	
I.28 Identification of the commodities			
Species (Scientific name)	Identification system	Identification number	Date of birth [dd/mm/yyyy]

Part II. Certification

Animal Health

I, the undersigned official veterinarian of certify that the animal described in the box reference I.28:

Establishment requirements

Come from holdings or business described in box reference I.11 witch meet GB requirements;

Animal requirements (rabies)

EITHER a). are destined for a body, institute or centre described in box reference I.12 witch meets GB requirements;

OR b). Meet the relevant GB requirements for rabies vaccination as set out in the notes for completion, and details of the current anti-rabies vaccination are provided in columns 1 to 7 in the table below, and:

EITHER (i) they come from, and in case of transit are scheduled to transit through, a territory or third country listed in Annex 2 of the relevant GB legislation;

OR (ii) they come from or are scheduled to transit through, a territory or third country with different GB listing as set out on the notes for completion, and a rabies antibody titration test has been carried out in accordance with GB requirements with any subsequent revaccination carried out within the period of validity of the preceding vaccination, and the date of sampling for testing the immune response are provided in column 8 in the table below;

[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]
Transporter or tattoo: Alphanumeric code of the animal	Transporter or tattoo: Date of implantation and/or reading (e) [dd/mm/yyyy]	Date of vaccination [dd/mm/yyyy]	Name and manufacturer of vaccine	Batch number	Validity of vaccination: From [dd/mm/yyyy]	Validity of vaccination: To [dd/mm/yyyy]	Date of blood sampling [dd/mm/yyyy]

Animal requirements (tapeworm)

EITHER a). the consignment include dogs destined for GB and those dogs have been treated against *Echinococcus multilocularis*, and the details of the treatment carried out by the administering veterinarian in accordance with GB requirements are provided in the table below;

Transponder or tattoo: Alphanumeric code of the dog	Anti-Echinococcus treatment: Name and manufacturer of the product	Anti-Echinococcus treatment: Date [dd/mm/yyyy] and time of treatment [00:00]	Administering veterinarian: Name in capitals, stamp and signature

Note: This table must be used to document the detail of the further treatment if administered after the date the certificate was signed and prior to the scheduled entry into Great Britain.

OR b). The dog forming part of the consignment have not been treated against *Echinococcus multilocularis*;

II.a. Certificate reference no.

Animal requirements (examination)

Showed no sign of disease and were fit to be transported for the intended journey at the time of examination by a veterinarian authorised by the competent authority within 48 hours prior to the time of dispatch;

Official Veterinarian

By signing this certificate, I certify that the requirements laid out above and in the accompanying notes for completion have been met.

Name (in capital letters):

Qualification and title:

Date:

Signature:

Stamp: