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**GREAT BRITAIN, CHANNEL ISLANDS AND ISLE OF MAN**

**Pet health certificate for the** **non-commercial movement to Great Britain, Channel Islands and Isle of Man of dogs, cats or ferrets in accordance with   
Regulation (EU) No 576/2013**

**COUNTRY: Veterinary certificate to Great Britain, Channel**

**Islands and Isle of Man**

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| **Part I: Details of dispatched consignment** | I.1. Consignor  Name  Address  Tel. | | | | | I.2 Certificate reference number | | | | |
| I.3. Consignee  Name  Address      Postal code  Tel. | | | | |
| I.4. Central competent authority | | | | | I.5. Country of origin | | | | |
| I.6. Local competent authority | | | | | I.7. ISO Code of country of origin | | | | |
| I.8. Description of commodity | | | | | | | I.9. Commodity code (HS code)  **010619** | | |
| I.10. Quantity | | I.11. Commodities certified for: Pets | | | | | | | |
| I.12. Identification of the commodities | | | | | | | | | |
| **Species (Scientific name)** | **Sex** | | **Colour** | **Breed** | | **Identification number** | | **Identification system** [transponder/ tattoo (10)] | **Date of birth** [dd/mm/yyyy] |
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**COUNTRY:**

**Non-commercial movement to Great Britain, Channel Islands and Isle of Man of dogs, cats or ferrets in accordance with Regulation (EU) No 576/2013**

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|  | II. Health information | II.a. Certificate reference number |
|  | l, the undersigned official veterinarian (1) / veterinarian authorised by the competent authority (1) of  .................................................................. (*insert name of country*) certify that:  **Purpose/nature of journey attested by the owner**  II.1. the attached declaration (2) by the owner or the natural person who has authorisation in writing from the owner to carry out the non-commercial movement of the animals on behalf of the owner, supported by evidence (3), states that the animals described in Box l.12 will accompany the owner or the natural person who has authorisation in writing from the owner to carry out the non-commercial movement of the animals on behalf of the owner within not more than 5 days of his movement and are not subject to a movement that aims at their sale or a transfer of ownership, and during the non-commercial movement will remain under the responsibility of  (1) *either* [the owner;]  (1) or [the natural person who has authorisation in writing from the owner to carry out the  non-commercial movement of the animals on behalf of the owner,]  (1) or [the natural person designated by a carrier contracted by the owner to carry out the  non-commercial movement of the animals on behalf of the owner;]  (1) *either* lI.2. the animals described in Box l.12 are moved in a number of five or less;  (1) *or* lI.2. the animals described in Box 1.12 are moved in a number of more than five are more  than 6 months old and are going to participate in competitions exhibitions or sporting  events or in training for those events, and the owner or the natural person referred to  in point II.1 has provided evidence (3) that the animals are registered  (1) either [to attend such event;]  (1) or [with an association organising such events;] | |
| **Part II: Certification** |
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**Non-commercial movement to Great Britain, Channel Islands and Isle of Man of dogs, cats or ferrets in accordance with of Regulation (EU) No 576/2013**

**COUNTRY:**

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| II. Health information | | | | II.a. Certificate reference number | | | | |
| **Attestation of rabies vaccination and rabies antibody titration test**  II.3. the animals described in Box I.12 were at least 12 weeks old at the time of vaccination against rabies and at least 21 days have elapsed since the completion of the primary anti-rabies vaccination (4) carried out in accordance with the validity requirements set out in Annex III to Regulation (EU) No 576/2013 and any subsequent revaccination was carried out within the period of validity of the preceding vaccination (5); and  (') *either* [II.3.1 the animals described in Box I.12 come from a third country listed in Annex II to Implementing Regulation (EU) No 577/2013, either directly, through a third country listed in Annex II to Implementing Regulation (EU) No 577/2013 or through a third country other than those listed in Annex II to Implementing Regulation (EU) No 577/2013 in accordance with point (c) of Article 12(1) of Regulation (EU) No 576/2013 (6), and the details of the current anti-rabies vaccination are provided in the table below:]  (') *or* [II.3.1 the animals described in Box I.12 come from, or are scheduled to transit through a third country other than those listed in Annex II to Implementing Regulation (EU) No 577/2013 and a rabies antibody titration test (7), carried out on a blood sample taken by the veterinarian authorised by the competent authority on the date indicated in the table below not less than 30 days after the preceding primary vaccination within a current valid vaccination series and at least 3 months prior to the date of issue of this certificate, proved an antibody titre equal to or greater than 0,5 IU/ml (8) and any subsequent revaccination was carried out within the period of validity of the preceding vaccination (5), and the details of the current anti-rabies vaccination and the date of sampling for testing the immune response are provided in the table below:] | | | | | | | | |
| **Transponder or tattoo** | | **Date of vaccination**  **[dd/mm/yyyy]** | **Name and manufacturer**  **of vaccine** | | **Batch**  **number** | **Validity of vaccination**  **[dd/mm/yyyy]** | | **Date of the blood sampling**  **[dd/mm/yyyy]** |
| **Alphanumeric code of the animal** | **Date of implantation and/or reading** (9)  **[dd/mm/yyyy]** | **From** | **To** |
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**Non-commercial movement to Great Britain, Channel Islands and Isle of Man of dogs, cats or ferrets in accordance with of Regulation (EU) No 576/2013**

**COUNTRY:**

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| II. Health information | | | II.a. Certificate reference number | |
| **Attestation of anti-parasite treatment**  (') *either* [II.4. the dogs described in Box I.12 are destined for Great Britain, Channel Islands and Isle of Man and have been treated against *Echinococcus multilocularis* and the details of the treatment carried out by the administering veterinarian in accordance with Article 6 of Delegated Regulation (EU) No 2018/772 (10) (11) are provided in the table below.]  (') *or* [II.4. the dogs described in Box I.12 have not been treated against *Echinococcus multilocularis* (10).] | | | | |
| **Transponder or tattoo number of the dog** | **Anti-echinococcus treatment** | | | **Administering veterinarian** |
| **Name and manufacturer of the product** | **Date [dd/mm/yyyy] and time of treatment [00:00]** | | **Name in capitals, stamp and signature** |
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| **Notes**   1. This certificate is meant for dogs *(Canis Lupus familiaris)* cats *(Felis silvestris Cetus)* and ferrets *(Mustela* *putorius furo).* 2. This certificate is valid for 10 days from the date of issue by the official veterinarian until the date of the documentary and identity checks at the designated point of entry into Great Britain, Channel Islands and Isle of Man   In the case of transport by sea, that period of 10 days is extended by an additional period corresponding to the duration of the journey by sea  **Part I:**  Box I.3: *Consignee:* indicate Great Britain, Channel Islands and Isle of Man as destination.  Box I.12: *Identification system:* select of the following: transponder or tattoo.  *Identification number:* indicate the transponder or tattoo alphanumeric code.  *Date of birth/breed* as stated by the owner. | | | | |

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**COUNTRY:**

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|  | II. Health information | II.a. Certificate reference number |
| **Part II:**  (1) Keep as appropriate.  (2) The declaration referred to in point II.1 shall be attached to the certificate and comply with the model and additional requirements set out in Part 3 of Annex IV to Implementing Regulation (EU) No 577/2013,  (3) The evidence referred to in point Il.1 (e.g. boarding pass, flight ticket) and in point II.2 (e.g. receipt of entry to the event, proof of membership) shall be surrendered on request by the competent authorities responsible for the checks referred to in point (b) of the Notes.  (4) Any revaccination must be considered a primary vaccination if it was not carried out within the period of validity of a previous vaccination.  (5) A certified copy of the identification and vaccination details of the animals concerned shall be attached to the certificate.  (6) The third option is subject to the condition that the owner or the natural person referred to in point II.1 provides, on request by the competent authorities responsible for the checks referred to in point (b), a declaration stating that the animals have had no contact with animals of species susceptible of rabies and remain secure within the means of transport or the perimeter of an international airport during the transit through a third country other than those listed in Annex Il to Implementing Regulation (EU) No 577/2013. This declaration shall comply with the format, layout and language requirements set out in Parts 2 and 3 of Annex I to Implementing Regulation (EU) No 577/2013.  (7) The rabies antibody titration test referred to in point II.3.1:   * must be carried out on a sample collected by a veterinarian authorised by the competent authority, at least 30 days after the primary rabies vaccination within a current valid vaccination series and 3 months before the date of import; * must measure a level of neutralising antibody to rabies virus in serum equal to or greater than 0,5 EU/ml; * must be performed by a laboratory approved in accordance with Article 3 of Council Decision 2000/258/EC (list of approved laboratories available at <https://ec.europa.eu/food/animals/pet-movement/approved-labs_en>); * does not have to be renewed on an animal, which following that test with satisfactory results, has been revaccinated against rabies within the period of validity of a previous vaccination.   A certified copy of the official report from the approved laboratory on the results of the rabies antibody test referred to in point II.3.1 shall be attached to the certificate.  (8) By certifying this result, the official veterinarian confirms that he has verified, to the best of his ability and where necessary with contacts with the laboratory indicated in the report, the authenticity of the laboratory report on the results of the antibody titration test referred to in point II.3,1.  (9) In conjunction with footnote (6), the marking of the animals concerned by the implantation of a transponder or by a clearly readable tattoo applied before 3 July 2011 must be verified before any entry is made in this certificate and must always precede any vaccination, or where applicable, testing carried out on those animals. | |

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**COUNTRY:**

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| II. Health information | II.a. Certificate reference number |
| (10) The treatment against *Echinococcus multilocularis* referred to in point II.4 must:   * be administered by a veterinarian within a period of not more than 120 hours and not less than 24 hours before the time of the scheduled entry of the dogs into Great Britain, Channel Islands and Isle of Man; * consist of an approved medicinal product which contains the appropriate dose of praziquantel or pharmacologically active substances, which alone or in combination, have been proven to reduce the burden of mature and immature intestinal forms of *Echinococcus multilocularis* in the host species concerned.   (11) The table referred to in point I1.4 must be used to document the details of a further treatment if administered after the date the certificate was signed and prior to the scheduled entry into Great Britain, Channel Islands and Isle of Man. | |
| Official veterinarian/Authorised veterinarian (delete as appropriate)  Name (in capital letters): Qualification and title:  Address  Telephone:  Date: Signature:  Stamp: | |
| Endorsement by the competent authority (not necessary when the certificate is signed by an official veterinarian)  Name (in capital letters): Qualification and title:  Address  Telephone:  Date: Signature:  Stamp: | |
| Official at point of entry in GB  Name (in capital letters): Title:  Address  Telephone:  E-mail address:  Date of completion of documentary and identity checks by authorised body:  Signature:  Stamp: | |

**Explanatory notes for completing the health certificate**

1. Where the certificate states that certain statements shall be kept as appropriate, statements which are not relevant may be crossed out and initialled and stamped by the official veterinarian, or completely deleted from the certificate.
2. The original of each certificate shall consist of a single sheet of paper, or, where more text is required it must be in such a form that all sheets of paper required are part of an integrated whole and indivisible.
3. The certificate shall be drawn up in English. It shall be completed in block letters in English.
4. If additional sheets of paper or supporting documents are attached to the certificate, those sheets of paper or document shall also be considered as forming part of the original of the certificate by the application of the signature and stamp of the official veterinarian, on each of the pages.
5. When the certificate, including additional sheets referred to in point (d), comprises more than one page, each page shall be numbered (page number of total number of pages) at the end of the page and shall bear at the top of each page the certificate reference number that has been designated by the competent authority.
6. The original of the certificate shall be issued by an official veterinarian of the country of dispatch or by an authorised veterinarian and subsequently endorsed by the competent authority of the country of dispatch. The competent authority of the country of dispatch shall ensure that rules and principles of certification equivalent to those laid down in Directive 96/93/EC are followed*.*
7. The colour of the signature shall be different from that of printing.  This requirement also applies to stamps other than those embossed or watermarked.
8. The certificate reference number referred to in boxes I.2 and II.a shall be issued by the competent authority of the country of dispatch.

**Written declaration** referred to in Article 25(3) of of Regulation (EU) No 576/2013

**Section A**

**Model of declaration**

I, the undersigned

[owner or the natural person who has authorisation in writing from the owner to carry out the non-commercial movement on behalf of the owner*(1)*]

declare that the following pet animals are not subject to a movement that aims at their sale or a transfer of ownership and will accompany the owner or the natural person who has authorisation in writing from the owner to carry out the non-commercial movement on behalf of the owner*(1)* within not more than 5 days of his movement.

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| Transponder/tattoo(1) alphanumeric code | Animal health certificate number |
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During the non-commercial movement, the above animals will remain under the responsibility of

*(1)either* [the owner];

*(1)or* [the natural person who has authorisation in writing from the owner to carry out the non-commercial movement on behalf of the owner]

*(1)or* [the natural person designated by the carrier contracted to carry out the non-

commercial movement on behalf of the owner: …………………………………….

(*insert name of the carrier*)]

Place and date: …………………………………………………….

Signature of the owner or natural person who has authorisation in writing from the owner to carry out the non-commercial movement on behalf of the owner*(1)*:

…………………………………………………….

(1) delete as appropriate.