

**All dates on EU health certificates must be in dd/mm/yyyy formats**

**Model animal health certificate for the non-commercial movement into a Member State from a territory or third country of dogs, cats or ferrets in accordance with Article 5(1) and (2) of Regulation (EU) No 576/2013**

**COUNTRY: United States**

**Veterinary certificate to EU**

Part I : Details of dispatched consignment	I.1. Consignor Name - Owner or designated person's name in the U.S. Address - Owner or designated person's address in the U.S.  Tel. - Owner or designated person's phone number in the U.S.		I.2. Certificate reference No <b>Completed by Veterinary Services (VS)</b>		I.2.a.			
			I.3. Central competent authority <b>USDA APHIS Veterinary Services</b>					
			I.4. Local competent authority <b>To be completed by VS unless directed otherwise</b>					
	I.5. Consignee Name - Owner or designated person's name in the EU Address - Owner or designated person's address in the EU  Postal code - Owner or designated person's postal code and telephone number in the EU Tel. - INCLUDE THE NAME OF THE DESTINATION COUNTRY		I.6. Person responsible for the consignment in the EU					
	I.7. Country of origin <b>United States</b>	ISO code <b>US</b>	I.8. Region of origin	Code	I.9. Country of destination	ISO code	I.10 Region of destination	Code
	I.11. Place of origin		I.12. Place of destination					
	I.13. Place of loading		I.14. Date of departure					
	I.15. Means of transport		I.16. Entry BIP in EU					
			I.17. No.(s) of CITES					
	I.18. Description of commodity <b>Check all species that apply</b>  Dog                  Cat                  Ferret				I.19. Commodity code (HS code) <b>010619</b>			
	I.21. Temperature of products				I.20. Quantity <b>Enter the quantity (no more than 5)</b>			
	I.23. Seal/Container No				I.22. Total number of packages			
	I.25. Commodities certified for: Pets <input checked="" type="checkbox"/>				I.24. Type of packaging			
	I.26. For transit to 3 <sup>rd</sup> Country			I.27. For import or admission into EU				
	I.28. Identification of the commodities <b>Information for each animal MUST be entered into EVERY column below</b>							
Species* (Scientific name)	Sex *	Colour	Breed	Identification number	Identification system*	Date of birth [dd/mm/yyyy]		
<b>Choices:</b> - Canis familiaris	<b>Choices:</b> - Female	Provide color	Provide breed	Transponder(microchip) or tattoo number	<b>Choices:</b> - Transponder (microchip) - Tattoo	Use the correct date format of <b>dd/mm/yyyy</b>		
- Felus catus	- Male							
- Mustelo furo	- Female Spayed - Male Neutered							

\*A pre-populated drop-down menu is available when creating the certificate on a computer

Page numbers should be entered on every page in the Page XX of YY format

**COUNTRY: United States Non-commercial movement into a Member State from a territory or third country of dogs, cats or ferrets in accordance with Article 5(1) and (2) of Regulation (EU) No 576/2013**

**Part II: Certification**

II. Health information	II.a. Certificate reference No	II.b.
<b>The appropriate sections will be lined out below based on selections made on the APHIS Pet Travel Website</b>		
I, the undersigned official veterinarian <sup>(1)</sup> /veterinarian authorised by the competent authority <sup>(1)</sup> of..... <b>the United States of America</b> ..... (insert name of territory or third country) certify that:		
<u>Purpose/nature of journey attested by the owner:</u>		
II.1.	the attached declaration <sup>(2)</sup> 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 <sup>(3)</sup> , states that the animals described in Box I.28 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 five 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	
<sup>(1)</sup> either	[the owner;]	
<sup>(1)</sup> 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;]	
<sup>(1)</sup> 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;]	
<sup>(1)</sup> either	II.2.	the animals described in Box I.28 are moved in a number of five or less;]
<sup>(1)</sup> or	II.2.	the animals described in Box I.28 are moved in a number of more than five, are more than six 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 <sup>(3)</sup> that the animals are registered
<sup>(1)</sup> either	[to attend such event;]	
<sup>(1)</sup> or	[with an association organising such events;]	
<u>Attestation of rabies vaccination and rabies antibody titration test:</u>		
<sup>(1)</sup> either	II.3.	the animals described in Box I.28 are less than 12 weeks old and have not received an anti-rabies vaccination, or are between 12 and 16 weeks old and have received an anti-rabies vaccination, but 21 days at least have not elapsed since the completion of the primary vaccination against rabies carried out in accordance with the validity requirements set out in Annex III to Regulation (EU) No 576/2013 <sup>(4)</sup> , and
	II.3.1	the territory or third country of provenance of the animals indicated in Box I.1 is listed in Annex II to Implementing Regulation (EU) No 577/2013 and the Member State of destination indicated in Box I.5 has informed the public that it authorises the movement of such animals into its territory, and they are accompanied by
<sup>(1)</sup> either	II.3.2	the attached declaration <sup>(5)</sup> of the owner or the natural person referred to in point II.1 stating that from birth until the time of the non-commercial movement the animals have had no contact with wild animals of species susceptible to rabies;]
<sup>(1)</sup> or	II.3.2	their mother, on whom they still depend, and it can be established that the mother received before their birth an anti-rabies vaccination which complied with the validity requirements set out in Annex III to Regulation (EU) No 576/2013;]
<sup>(1)</sup> or/and	II.3.	the animals described in Box I.28 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 <sup>(4)</sup> 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 <sup>(6)</sup> ; and
<sup>(1)</sup> either	II.3.1	the animals described in Box I.28 come from a territory or a third country listed in Annex II to Implementing Regulation (EU) No 577/2013, either directly, through a territory or a third country listed in Annex II to Implementing Regulation (EU) No 577/2013 or through a territory or 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 <sup>(7)</sup> , and the details of the current anti-rabies vaccination are provided in the table below;]
<sup>(1)</sup> or	II.3.1	the animals described in Box I.28 come from, or are scheduled to transit through, a territory or third country other than those listed in Annex II to Implementing Regulation (EU) No 577/2013 and a rabies antibody titration test <sup>(8)</sup> , 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 vaccination and at least three months prior to the date of issue of this certificate, proved an antibody titre equal to or greater than 0.5 IU/ml <sup>(9)</sup> and any subsequent revaccination was carried out within the period of validity of the preceding vaccination <sup>(6)</sup> , 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		Date of the blood sampling [dd/mm/yyyy]
Alphanumeric code of the animal	Date of implantation and/or reading <sup>(10)</sup> [dd/mm/yyyy]				From [dd/mm/yyyy]	To [dd/mm/yyyy]	
Microchip or tattoo number	Enter the date of implantation or the first documented official reading after the microchip was implanted	Use the correct date format dd/mm/yyyy	Both vaccine name & manufacturer must be noted	Batch or serial number	Period the vaccination is valid in the listed animal (not the product expiration date)		
					Use correct date format dd/mm/yyyy		

**COUNTRY: United States Non-commercial movement into a Member State from a territory or third country of dogs, cats or ferrets in accordance with Article 5(1) and (2) of Regulation (EU) No 576/2013**

II. Health information	II.a. Certificate reference No	II.b.
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**The appropriate sections will be lined out below based on selections made on the APHIS Pet Travel Website ]]**

**Attestation of anti-parasite treatment:**

<sup>(1)either</sup> [II.4. the dogs described in Box I.28 are destined for a Member State listed in Annex I to Commission Delegated Regulation (EU) No 1152/2011 and have been treated against *Echinococcus multilocularis*, and the details of the treatment carried out by the administering veterinarian in accordance with Article 7 of Commission Delegated Regulation (EU) No 1152/2011<sup>(11)(12)(13)</sup> are provided in the table below.]

<sup>(1)or</sup> [II.4. the dogs described in Box I.28 have not been treated against *Echinococcus multilocularis*<sup>(11)</sup>.]

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
<b>This box only needs to be completed for DOGS traveling to the UK, Ireland, Malta, Finland, and Norway</b>			
<b>DOGS traveling to the UK, Ireland, Malta, Finland, and Norway must be treated for Echinococcus with a praziquantel-containing medication between 48hrs and 120hrs before departure from the U.S. The product name, active ingredient, and manufacturer should all be noted.</b>			

**Notes**

- (a) This certificate is meant for dogs (*Canis lupus familiaris*), cats (*Felis silvestris catus*) and ferrets (*Mustela putorius furo*).
- (b) 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 Union travellers' point of entry (available at [http://ec.europa.eu/food/animal/liveanimals/pets/pointsentry\\_en.htm](http://ec.europa.eu/food/animal/liveanimals/pets/pointsentry_en.htm)).  
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.  
For the purpose of further movement into other Member States, this certificate is valid from the date of the documentary and identity checks for a total of four months or until the date of expiry of the validity of the anti-rabies vaccination or until the conditions relating to animals less than 16 weeks old referred to in point II.3 cease to apply, whichever date is earlier. Please note that certain Member States have informed that the movement into their territory of animals less than 16 weeks old referred to in point II.3 is not authorised. You may wish to inquire at [http://ec.europa.eu/food/animal/liveanimals/pets/index\\_en.htm](http://ec.europa.eu/food/animal/liveanimals/pets/index_en.htm).

**Part I:**

- Box I.5: *Consignee*: indicate Member State of first destination.
- Box I.28: *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.

**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 II.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) The declaration referred to in point II.3.2 to be attached to the certificate complies with the format, layout and language requirements laid down in Parts 1 and 3 of Annex I to Implementing Regulation (EU) No 577/2013.
- (6) A certified copy of the identification and vaccination details of the animals concerned shall be attached to the certificate.
- (7) 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 territory or a third country other than those listed in Annex II 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.
- (8) 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 date of vaccination and three 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 IU/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 [http://ec.europa.eu/food/animal/liveanimals/pets/approval\\_en.htm](http://ec.europa.eu/food/animal/liveanimals/pets/approval_en.htm));

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II. Health information	II.a. Certificate reference No	II.b.										
<p>- 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.</p> <p>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.</p> <p><sup>(9)</sup> 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.</p> <p><sup>(10)</sup> 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.</p> <p><sup>(11)</sup> The treatment against <i>Echinococcus multilocularis</i> referred to in point II.4 must:</p> <ul style="list-style-type: none"> <li>- 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 one of the Member States or parts thereof listed in Annex I to Delegated Regulation (EU) No 1152/2011;</li> <li>- 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 <i>Echinococcus multilocularis</i> in the host species concerned.</li> </ul> <p><sup>(12)</sup> The table referred to in point II.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 one of the Member States or parts thereof listed in Annex I to Delegated Regulation (EU) No 1152/2011.</p> <p><sup>(13)</sup> The table referred to in point II.4 must be used to document the details of treatments if administered after the date the certificate was signed for the purpose of further movement into other Member States described in point (b) of the Notes and in conjunction with footnote (11).</p>												
<p>Official veterinarian/Authorised veterinarian</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%;">Name (in capital letters): <b>FULL name of USDA-Accredited Veterinarian</b></td> <td style="width:50%;">Qualification and title: <b>USDA-Accredited Veterinarian</b></td> </tr> <tr> <td>Address: <b>Full address and telephone number of the USDA-Accredited Veterinarian's practice</b></td> <td></td> </tr> <tr> <td>Telephone:</td> <td></td> </tr> <tr> <td>Date: <b>Date of examination by USDA-Accredited Veterinarian (dd/mm/yyyy)</b></td> <td>Signature: <b>SIGNATURE of USDA-Accredited Veterinarian</b></td> </tr> <tr> <td>Stamp: <b>A practice stamp is not required but may be placed here</b></td> <td><b>(The signature should preferably be an ink color other than black)</b></td> </tr> </table>			Name (in capital letters): <b>FULL name of USDA-Accredited Veterinarian</b>	Qualification and title: <b>USDA-Accredited Veterinarian</b>	Address: <b>Full address and telephone number of the USDA-Accredited Veterinarian's practice</b>		Telephone:		Date: <b>Date of examination by USDA-Accredited Veterinarian (dd/mm/yyyy)</b>	Signature: <b>SIGNATURE of USDA-Accredited Veterinarian</b>	Stamp: <b>A practice stamp is not required but may be placed here</b>	<b>(The signature should preferably be an ink color other than black)</b>
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<p>Endorsement by the competent authority (not necessary when the certificate is signed by an official veterinarian)</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%;">Name (in capital letters):</td> <td style="width:50%;">Qualification and title:</td> </tr> <tr> <td>Address:</td> <td align="center" style="font-size: 24pt; color: red;"><b>LEAVE BLANK FOR USDA USE</b></td> </tr> <tr> <td>Telephone:</td> <td></td> </tr> <tr> <td>Date:</td> <td>Signature:</td> </tr> <tr> <td>Stamp:</td> <td></td> </tr> </table>			Name (in capital letters):	Qualification and title:	Address:	<b>LEAVE BLANK FOR USDA USE</b>	Telephone:		Date:	Signature:	Stamp:	
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Name (in capital letters):	Title:											
Address:	<b>LEAVE BLANK FOR EU USE</b>											
Telephone:												
E-mail address:												
Date of completion of the documentary and identity checks:	Signature:                      Stamp:											

## Declaration

I, the undersigned Owner or designated person's first and last name

.....

[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<sup>(1)</sup>]

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<sup>(1)</sup> within not more than 5 days of his movement.

Transponder/tattoo <sup>(1)</sup> alphanumeric code	Animal health certificate number
Microchip or tattoo number	To be added by VS

During the non-commercial movement, the above animals will remain under the responsibility of

<sup>(1)</sup>either [the owner];

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

<sup>(1)</sup>or [the natural person designated by the carrier contracted to carry out the non-commercial movement on behalf of the owner: IF THIS SECTION IS NOT LINED OUT, enter the name of the airline/cargo carrier (insert name of the carrier)]

Place and date:

Enter city, state, date, and signature of the owner or designated person

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<sup>(1)</sup>:

(1) delete as appropriate.