

**PAESE/COUNTRY:**

**Certificato veterinario per l'UE/Veterinary certificate to EU**

<b>Parte I: Informazioni relative alla partita/Part I: Details of dispatched consignment</b>	1.1. Speditore/Consigner Nome/Name Indirizzo/Address  Tel.		1.2. N. di riferimento del certificato/ Certificate reference No	1.2.a.	
			1.3. Autorità centrale competente/Central competent authority		
			1.4. Autorità locale competente/Local competent authority		
	1.5. Destinatario/Consignee Nome/Name Indirizzo/Address  Codice postale/Postal code Tel.		1.6.		
	1.7. Paese di origine/ Country of origin	Codice ISO/ISO code	1.8.	1.9.	1.10.
	1.11.		1.12.		
	1.13.		1.14.		
	1.15.		1.16.		
			1.17. Numero/i CITES/No(s) of CITES		
	1.18. Descrizione del prodotto/Description of commodity			1.19. Codice del prodotto (codice SA)/ Commodity of code (HS code) 010619	
			1.20. Quantità/Quantity		
1.21.			1.22.		
1.23.			1.24.		
1.25. Prodotto certificato per/Commodities certified for: Animali da compagnia/Pets					
1.25.			1.27.		

1.28 Identificazione del prodotto/*Identification of the commodities*

<i>Species/Species</i> (Nome scientifico) ( <i>Scientific name</i> )	<i>Sistema di identificazione</i> <i>Identification system</i>	<i>Data di applicazione di</i> microchip o tatuaggio [gg/mm/aaaa]/ <i>Date of application of the</i> <i>microchip or tattoo</i> {dd mm yyyy}	<i>N. di identificazione</i> <i>Identification number</i>	<i>Data di nascita</i> [gg/mm/aaaa]/ <i>Date of birth</i> {dd mm yyyy}
--	---	---	--	---

PAESE/COUNTRY

Movimenti a carattere non commerciale di un numero pari o inferiore a cinque di cani, gatti o furetti/Non-commercial movement of five or less dogs, cats or ferrets

Parte II: Certificazione/Part II: Certification

II. Informazioni sanitarie/Health information	II.a. N. di riferimento del certificato/Certificate reference No	II.b.
---	--	-------

Il sottoscritto veterinario ufficiale di/I, the undersigned official veterinarian of ..... (inserire il nome del paese terzo/insert name of third country) certifica che/certify that:

II.1. in base alla dichiarazione del punto II.7, gli animali corrispondono alla definizione di "animali da compagnia" di cui all'articolo 3, lettera a), del regolamento (CE) n. 998/2003/ based on the declaration in point II.7, the animals satisfy the definition of 'pet animals' as provided for in point (a) of Article 3 of Regulation (EC) No 998/2003;

II.2. sono trascorsi almeno 21 giorni dalla prima vaccinazione antirabbica<sup>(1)</sup> eseguita secondo le prescrizioni dell'allegato I bis del regolamento (CE) n. 998/2003, tutte le rivaccinazioni seguenti sono state effettuate nel periodo di validità della vaccinazione precedente<sup>(2)</sup> e i dati dell'attuale vaccinazione sono indicati nella tabella al punto II.4/ at least 21 days have elapsed since the completion of the primary vaccination against rabies<sup>(1)</sup> carried out in accordance with the requirements set out in Annex I b to Regulation (EC) No 998/2003 and any subsequent revaccination was carried out within the period of validity of the preceding vaccination<sup>(2)</sup> and details of the current vaccination are provided in the table in point II.4.

(3) II.3. gli animali provengono da una paese terzo o territorio elencato nell'allegato II, parte B, sezione 2, o parte C del regolamento (CE) n. 998/2003/ the animals come from a third country or territory listed in Section 2 of Part B or in Part C of Annex II to Regulation (EC) No 998/2003;

<sup>(3)</sup>oppure II.3. gli animali provengono o dovranno transitare attraverso un paese terzo o territorio non elencato nell'allegato II del regolamento (CE) n. 998/2003 e sono trascorsi almeno 3 mesi dalle date indicate nella tabella del punto II.4, quando sono stati prelevati campioni di sangue da ciascun animale, non prima di 30 giorni dalla vaccinazione, da parte di un veterinario autorizzato dall'autorità competente che ha successivamente constatato titoli di anticorpi uguali o superiori a 0.5 IU/ml in una prova di neutralizzazione del virus della rabbia effettuata in un laboratorio riconosciuto<sup>(4)(5)</sup> e tutte le rivaccinazioni successive sono state eseguite nel periodo di validità della vaccinazione precedente<sup>(2)</sup>/ the animals come from or are scheduled to transit through a third country or territory not listed in Annex II to Regulation (EC) No 998/2003 and since the dates indicated in the table in point II.4 when blood samples were taken not earlier than 30 days after vaccination from each of the animals by a veterinarian authorised by the competent authority which subsequently proved antibody titres equal to or greater than 0.5 IU/ml in a virus neutralisation test for rabies carried out in an approved laboratory<sup>(4)(5)</sup> at least 3 months have elapsed and any subsequent revaccination was carried out within the period of validity of the preceding vaccination<sup>(2)</sup>;

II.4. i dati dell'attuale vaccinazione antirabbica e la data del campionamento sono i seguenti/ the details of the current anti-rabies vaccination and the date of sampling are the following:

Numero del microchip o del tatuaggio dell'animale/ Microchip or tattoo number of the animal	Data della vaccinazione [gg/mm/aaaa]/ Date of vaccination [dd/mm/yyyy]	Nome e fabbricante del vaccino/ Name and manufacturer of vaccine	Numero del lotto/ Batch number	Validità [gg/mm/aaaa]/ Validity [dd/mm/yyyy]		Data di prelievo del campione di sangue [gg/mm/aaaa]/ Date of the blood sample [dd/mm/yyyy]
				Da/From	a/To	

PAESE/COUNTRY

Movimenti a carattere non commerciale di un numero pari o inferiore a cinque di cani, gatti o furetti/Non-commercial movement of five or less dogs, cats or ferrets

II. Informazioni sanitarie/Health information	II.a. N. di riferimento del certificato/Certificate reference No	II.b.
---	--	-------

(3) [II.5. i cani non sono stati trattati contro l'*Echinococcus multilocularis*;] the dogs have not been treated against *Echinococcus multilocularis*  
 (2) oppure/either [II.5. i cani sono stati trattati contro l'*Echinococcus multilocularis* e i dati del trattamento sono riportati nella tabella al punto II.6/ the dogs have been treated against *Echinococcus multilocularis* and the details of the treatment are documented in the table in point II.6:]  
 II.6. i dati del trattamento effettuato dal veterinario incaricato in conformità all'articolo 7 del regolamento delegato (UE) n. 1152/2011 della Commissione<sup>(6)</sup> sono i seguenti/ 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>(6)</sup> are the following:

Numero del microchip o del tatuaggio del cane/ Microchip or tattoo number of the dog	Trattamento anti-echinococcus/ Anti-echinococcus treatment		Veterinario incaricato/ Administering veterinarian
	Nome e fabbricante del prodotto/ Name and manufacturer of the product	Data [gg/mm/aaaa] e ora del trattamento [00:00]/ Date [dd/mm/yyyy] and time of treatment [00:00]	Nome (in stampatello), timbro e firma/ Name (in capital), stamp and signature
			(7)
			(8)
			(8)
			(8)
			(8)

II.7. dispongo di una dichiarazione scritta firmata del proprietario o dalla persona fisica responsabile degli animali per conto del proprietario, attestante quanto segue/ I have a written declaration signed by the owner or the natural person responsible for the animals on behalf of the owner, stating that:

**DICHIARAZIONE/DECLARATION**

Il sottoscritto/I, the undersigned .....

[proprietario o persona fisica responsabile per gli animali sopra descritti per conto del proprietario/ owner or the natural person responsible for the animals described above on behalf of the owner]

dichiara che gli animali accompagnano il proprietario o la persona fisica designata responsabile degli animali per conto del proprietario e che non sono destinati alla vendita o al trasferimento ad un altro proprietario/declare that the animals will accompany me, the owner, or the natural person that I have designated to be responsible of the animals on my behalf and are not intended to be sold or transferred to another owner.

Luogo e data/Place and date:

Firma/Signature:

PAESE/COUNTRY

Movimenti a carattere non commerciale di un numero pari o inferiore a cinque di cani, gatti o furetti/Non-commercial movement of five or less dogs, cats or ferrets

II. Informazioni sanitarie/Health information	II.a. N. di riferimento del certificato/Certificate reference No	II.b.
---	--	-------

**Notes**

- (a) 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.
- (b) The certificate shall be drawn up at least in the language of the Member State of entry and in English. It shall be completed in block letters in the language of the Member State of entry or in English.
- (c) 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.
- (d) When the certificate, including additional sheets referred to in (c), 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 the certificate reference number that has been designated by the competent authority at the top of the pages.
- (e) The certificate is valid for 10 days from the date of issue by the official veterinarian until the date of the checks at the EU travellers' point of entry and for the purpose of further movements within the Union, for a total of 4 months from the date of issue of this certificate or until the date of expiry of the anti-rabies vaccination, whichever date is earlier.
- (f) The competent authorities of the exporting third country or territory shall ensure that rules and principles of certification equivalent to those laid down in Directive 96/93/EC are followed.

**Part I:**

- Box I.11.: Place of origin: name and address of the dispatch establishment. Indicate approval or registration number
- Box I.28.: *Identification system* : Select of the following : microchip or tattoo  
*Date of application of the microchip or tattoo* : The tattoo must be clearly readable and applied before 3 July 2011  
*Identification number* : Indicate the microchip or tattoo number  
*Date of birth* : Indicate only if known

**Part II:**

- (1) Any revaccination must be considered a primary vaccination if it was not carried out within the period of validity of a previous vaccination.
- (2) A certified copy of the identification and vaccination details of the animals concerned shall be attached to the certificate.
- (3) Keep as appropriate. 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.
- (4) The rabies antibody test referred to in point II.3:
  - 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 designating a specific institute responsible for establishing criteria necessary for standardising the serological tests to monitor the effectiveness of rabies vaccines (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));
  - needs not 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.
- (5) A certified copy of the official report from the approved laboratory on the results of the rabies antibody tests referred to in point II.3 shall be attached to the certificate.
- (6) The treatment against *Echinococcus multilocularis* referred to in point II.5 must:

PAESE/COUNTRY

Movimenti a carattere non commerciale di un numero pari o inferiore a cinque di cani, gatti o furetti/*Non-commercial movement of five or less dogs, cats or ferrets*

II. Informazioni sanitarie/ <i>Health information</i>	II.a. N. di riferimento del certificato/ <i>Certificate reference No</i>	II.b.						
<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 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>(7)</sup> This date must precede the date the certificate was signed.</p> <p><sup>(8)</sup> This information may be entered after the date the certificate was signed for the purpose described in point (e) of the Notes and in conjunction with footnote (6).</p> <p>The signature and the stamp must be in a different colour to that of the printing.</p>								
<p>Veterinario ufficiale/<i>Official veterinarian</i></p> <table border="0" style="width: 100%;"><tr><td style="width: 50%;">Nome e cognome/<i>Name (in stampatello/in capital letters):</i></td><td style="width: 50%;">Titolo e qualifica: <i>/Qualifications and title</i></td></tr><tr><td>Data/<i>Date:</i></td><td>Firma/<i>Signature:</i></td></tr><tr><td>Timbro/<i>Stamp:</i></td><td></td></tr></table>			Nome e cognome/ <i>Name (in stampatello/in capital letters):</i>	Titolo e qualifica: <i>/Qualifications and title</i>	Data/ <i>Date:</i>	Firma/ <i>Signature:</i>	Timbro/ <i>Stamp:</i>	
Nome e cognome/ <i>Name (in stampatello/in capital letters):</i>	Titolo e qualifica: <i>/Qualifications and title</i>							
Data/ <i>Date:</i>	Firma/ <i>Signature:</i>							
Timbro/ <i>Stamp:</i>								

Il sottoscritto dichiara di aver preso visione dell'informativa sulla protezione dei dati personali riguardante i servizi consolari, ad esclusione di visti e cittadinanza, ai sensi del Regolamento Generale sulla Protezione dei Dati (UE) 2016/679.

*The undersigned declares that he/she has read the privacy statement concerning consular services, with the exception of visas and citizenship, in accordance with the General Data Protection Regulation (EU) 2016/679.*

Data  
Date \_\_\_\_\_

Firma  
Signature \_\_\_\_\_