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| Part I: Description of consignment | I.1. Consignor | | I.2. IMSOC reference | | I.2.a. Local reference | | | |
| | Name | | | | I.3. Central Competent Authority | | | |
| | Address | | | | | | | |
| | Country | | ISO Code | | I.4. Local Competent Authority | | | |
| | I.5. Consignee | | | I.6. Operator conducting assembly operations independently of an establishment | | | | |
| | Name | | | Name | | | | |
| | Address | | | Address | | | | |
| | Country | | | Country | | | | |
| | | | | Approval Number | | | | |
| | | | | ISO Code | | | | |
| | I.7. Country of origin | | ISO Code | | I.9. Country of destination | | ISO Code | |
| | I.8. Region of origin | | Code | | I.10. Region of destination | | Code | |
| | I.11. Place of dispatch | | | I.12. Place of destination | | | | |
| | Name | | | Name | | | | |
| | Address | | | Address | | | | |
| Approval Number | | | Approval Number | | | | | |
| Country | | | Country | | | | | |
| | | | ISO Code | | | | | |
| I.13. Place of loading | | | I.14. Date and time of departure | | | | | |
| Name | | | | | | | | |
| Address | | | | | | | | |
| Approval Number | | | | | | | | |
| Country | | | ISO Code | | | | | |
| I.15. Means of Transport | | | I.16. Transporter | | | | | |
| Mode | International transport document | Identification | Name | | | | | |
| | | | Address | | | | | |
| | | | Approval Number | | | | | |
| | | | Country | | | | | |
| | | | ISO Code | | | | | |
| | | | I.17. Accompanying documents | | | | | |
| | | | Document Type | | | | | |
| | | | Accompanying document reference | | | | | |
| | | | Date of Issue | | | | | |
| | | | Country | | | | | |
| | | | Place of issue | | | | | |
| I.18. Transport conditions | | | | | | | | |
| Ambient <input type="checkbox"/> | | Chilled <input type="checkbox"/> | | Frozen <input type="checkbox"/> | | | | |
| I.19. Container Number / Seal Number | | | | | | | | |
| I.20. Certified as | | | | | | | | |
| Slaughter <input type="checkbox"/> | | | | | | | | |
| I.21. For transit through a third country <input type="checkbox"/> | | | | | | | | |
| Third country | | ISO Code | | | | | | |
| Exit point | | BCP code | | | | | | |
| Entry point | | BCP code | | | | | | |
| I.22. For transit through Member State(s) <input type="checkbox"/> | | | I.23. For export <input type="checkbox"/> | | | | | |
| Member State | | ISO Code | | Third country | | ISO Code | | |
| | | | | Exit point | | BCP code | | |
| I.24. Estimated journey time | | | I.25. Journey Log | | | | | |
| I.27. Total quantity | | | I.28. Total gross weight | | | | | |
| I.30. Description of consignment | | | | | | | | |
| 1. 01 LIVE ANIMALS | | | | | | | | |
| 0102 Live bovine animals | | | | | | | | |
| #1. | Commodity | Subcategory | | Sex | | Identification system | | |
| Species | | Identification Number | | Age | | Quantity | | |

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| | II. Health information | | |
| Part II: Certification | I, the undersigned official veterinarian, hereby certify that: | | |
| | II.1. | The animals (1) of the consignment described in Part I are kept ungulates other than bovine, ovine, caprine, porcine, equine, camelid and cervid animals and meet the following requirements: | |
| | II.1.1. | They are identified as provided for in Article 117 of Regulation (EU) 2016/429 of the European Parliament and of the Council. | |
| | II.1.2. | They have not shown clinical signs or symptoms of diseases listed for ungulates of the species concerned during the clinical examination which was carried out, within the last 24 hours prior to the time of departure of the consignment, on _____ (insert date dd/mm/yyyy). | |
| | (2) | <input type="checkbox"/> [II.1.3. They are intended to be slaughtered for disease eradication purposes as part of an eradication programme, as provided for in Article 31(1) or (2) of Regulation (EU) 2016/429, and the Member State of destination and, where applicable, the Member State of passage authorised the movement in advance.] | |
| | II.2. | According to official information, the animals described in Part I meet the following health requirements: | |
| | II.2.1. | (2) | o either [They come from establishments or zones not subject to movement restrictions affecting the species of animals to be moved and established for reasons of diseases listed for those species or diseases subject to emergency measures relevant for those species, and they have not been in contact with kept animals of a listed species of a lower health status for an adequate period.] |
| | (2) | o or | [They come from establishments or zones subject to movement restrictions affecting the species of animals to be moved and established for _____ (3), but derogations from movement restrictions have been granted, and: |
| | (2) | <input type="checkbox"/> | [they comply with the requirements set out in _____ (4);] |
| | (2) | <input type="checkbox"/> | [and in particular, they are _____ (5).] |
| | II.2.2. | They come from establishments in which anthrax in ungulates has not been reported during the last 15 days prior to the date of departure of the consignment. | |
| | (2) | <input type="checkbox"/> | [II.2.3. They come from establishments in which infection with rabies virus in kept terrestrial animals has not been reported during the last 30 days prior to the date of departure of the consignment.] |
| | (2) | <input type="checkbox"/> | [II.2.4. They come from establishments in which infection with bluetongue virus (serotypes 1-24) has not been reported during the last 30-days prior to the date of departure of the consignment.] |
| | (2) | <input type="checkbox"/> | [II.2.5. The requirements as regards infection with bluetongue virus (serotypes 1-24) laid down in Article 33 of Commission Delegated Regulation (EU) 2020/688 are fulfilled.] |
| | II.3. | To the best of my knowledge and as declared by the operator, the animals come from establishments where there were no abnormal mortalities with an undetermined cause. | |
| II.4. | Arrangements are made to transport the consignment in accordance with Article 4 of Delegated Regulation (EU) 2020/688. | | |
| II.5. | This animal health certificate is valid for 10 days from the date of issuing. In the case of transport by waterway/sea of animals, the period of validity of the certificate may be extended by the duration of the journey by waterway/sea. | | |
| (2)(6) <input type="checkbox"/> | Since the date of departure from their establishments of origin and prior to the date of arrival to this establishment approved for assembly operations, none of the animals of the consignment has undergone more than two assembly operations, and: | | |
| II.6. | (2) | o [they come from their establishments of origin.] | |
| (2) | o either | | |
| (2) | o or | [at least one of the animals of the consignment has undergone one assembly operation in an approved establishment.]] | |
| (2) | o or | [at least one of the animals of the consignment has undergone two assembly operations in the approved establishments.]] | |
| Animal welfare attestation | | | |

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| Part II: Certification | II. Health information | | | | | | | | | | |
| | <p>At the time of inspection, the animals covered by this animal health certificate were fit to be transported in accordance with the provisions of Council Regulation (EC) No 1/2005 on the intended journey due to start on (insert date).</p> <p>Notes</p> <p>In accordance with the Agreement on the withdrawal of the United Kingdom of Great Britain and Northern Ireland from the European Union and the European Atomic Energy Community, and in particular Article 5(4) of the Protocol on Ireland/Northern Ireland in conjunction with Annex 2 to that Protocol, references to the Union in this animal health certificate include the United Kingdom in respect of Northern Ireland.</p> <p>This animal health certificate shall be completed in accordance with the notes for the completion of certificates provided for in Chapter 2 of Annex I to Commission Implementing Regulation (EU) 2020/2235.</p> <p>Part I:</p> <p>Box reference I.11: “Place of dispatch”: Indicate an establishment of the origin of the animals in the consignment or an establishment approved for assembly operations in accordance with Articles 97 and 99 of Regulation (EU) 2016/429.</p> <p>Box reference I.12: “Place of destination”: Indicate an establishment of the final destination of the consignment or an establishment approved for assembly operations in accordance with Articles 97 and 99 of Regulation (EU) 2016/429.</p> <p>Box reference I.17: “Accompanying documents”: In case the animals are dispatched from an establishment approved for assembly operations in the Member State of origin, the reference number(s) of the official document(s), based on which the animal health certificate for this consignment is issued in this establishment approved for assembly operations, may be indicated.</p> <p style="padding-left: 40px;">In case the animals are dispatched from an establishment approved for assembly operations in the Member State of passage, the reference number(s) of the certificate(s), based on which the animal health certificate for this consignment is issued in this establishment approved for assembly operations, shall be indicated.</p> <p>Box reference I.30: “Identification number”: Indicate identification number of each animal.</p> <p>Part II:</p> <p>(1) There may be one or more animals in the consignment.</p> <p>(2) Delete if not applicable.</p> <p>(3) Insert the name of the disease(s).</p> <p>(4) Insert the specific reference to the article(s), title, and number of the relevant legal act(s) adopted by the Commission providing for those requirements.</p> <p>(5) Insert the specific attestation(s) provided for in and required by the relevant legal act(s) adopted by the Commission, as referred to in Article 126(1), points (b)(ii) and (iii), of Regulation (EU) 2016/429.</p> <p>(6) Applicable in case the consignment is dispatched from the establishment approved for assembly operations.</p> | | | | | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td colspan="2">Certifying Officer/Official veterinarian</td> </tr> <tr> <td style="width: 50%;">Name (in capital letters)</td> <td>Qualification and title</td> </tr> <tr> <td>Date</td> <td>Signature</td> </tr> <tr> <td>Stamp</td> <td></td> </tr> </table> | | | | Certifying Officer/Official veterinarian | | Name (in capital letters) | Qualification and title | Date | Signature | Stamp | |
| Certifying Officer/Official veterinarian | | | | | | | | | | | |
| Name (in capital letters) | Qualification and title | | | | | | | | | | |
| Date | Signature | | | | | | | | | | |
| Stamp | | | | | | | | | | | |
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