

VETERINARY CERTIFICATE FOR DOMESTIC DOGS, CATS AND FERRETS ENTERING THE EUROPEAN COMMUNITY FOR NON-COMMERCIAL MOVEMENTS

I.1.	Consignor				I.2. Certificate	e reference №				I.2.
	Name	I.3. Central Co	mpetent Author	ity						
		MINISTRY OF AGRICULTURE AND RURAL DEVELOPME								
	Address	WINISTRY OF AGRICULTURE AND RURAL DEVELOPMENT								
	Address	I.4. Local Com	petent Authorit	y						
		VETERINARY SERVICES & ANIMAL HEALTH								
	Tel.									
	5. Consignee			I.6.						
	Name									
	Address Postal anda									
	Postal code Tel.									
	Country of origin	ISO Code	1.8.		1.9		1.10.			
1.7.	ISRAEL	IL	1.0.		1		1.10.			
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COUNTRY Non-commercial movement of five or less dogs, cats or ferrets II. Health information II.b. II.a. Certificate reference № I, the undersigned official veterinarian of ISRAEL (insert name of third country) certify that: II.1. based on the declaration in point II.7, the animals satisfy the definition of 'pet animals' as provided for in point (a) of Article Part II: Certification 3 of Regulation (EC) No 998/2003; II.2. at least 21 days have elapsed since the completion of the primary vaccination against rabies (') carried out in accordance the requirements set out in Annex lb to Regulation (EC) No 998/2003 and any subsequent revaccination was carried out within the period of validity of the preceding vaccination (2) and details of the current vaccination are provided in the table in point II.4. II.3. 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 11.4 when blood samples were taken not earlier than 30 days after vaccination from each of the animals by a veterinarian authorized by the competent authority which subsequently proved antibody titres equal to or greater than 0,5 IU/ml in a virus neutralization test for rabies carried out in an approved laboratory (4)(5) at least 3 months have elapsed and any subsequent revaccination was carried out within the period of validity of the preceding vaccination (2); II.4. the details of the current anti-rabies vaccination and the date of sampling are the following: Date of the Name and manufacturer Microchip or tattoo [dd/mm/yyyy] vaccination Batch number blood sample number of the animal of vaccine From To [dd/mm/yyyy] [dd/mm/yyyy] II.5. the dogs have not been treated against Echinococcus multilocularis; II.5. 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. the details of the treatment carried out by the administering veterinarian in accordance with Article 7 of Commission Delegated Regulation (EU) No 1152/2011 (6) are the following: Anti-echinococcus treatment Administering veterinarian Microchip or tattoo Date [dd/mm/yyyy] and Name (in capital), stamp and number of the dog Name and manufacturer of the product time of treatment [00:00] signature II.7. I have a written declaration signed by the owner or the natural person responsible for the animals on behalf of the owner, stating that:

COUNTRY Non-commercial movement of five or less dogs, cats or ferrets Πh Health information II.a. Certificate reference № DECLARATION [owner or the natural person responsible for the animals described above on behalf of the owner] 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. Place and date: Signature: 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 1.11: Place of origin: name and address of the dispatch establishment. Indicate approvalor 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.



COU	NTRY	Non-commercial movement of five or less dogs, cats or ferrets					
П.	Health information	II.a. Certificate reference №	II.b.				
(4) (5) (6)	vaccination and 3 months before th must measure a level of neutralisin must be performed by a laborator institute responsible for establishir vaccines (list of approved laborator) needs not be renewed on an anima period of validity of a previous vacch. A certified copy of the official report fr referred to in point 11.3 shall be attached. The treatment against <i>Echinococcus mu</i> be administered by a veterinarian scheduled entry of the dogs into on consist of an approved medicinal process.	ollected by a veterinarian authorised by the competent aute date of import, g antibody to rabies virus in serum equal to or greater than y approved in accordance with Article 3 of Council Deci ng criteria necessary for standardising the serological tes ies available at http://ec.europa.eu/food/animal/liveanimals I, which following that test with satisfactory results, has be cination. om the approved laboratory on the results of the rabie d to the certificate. ultilocularis referred to in point 11.5 must: within a period of not more than 120 hours and not le e of the Member States or parts thereof listed in Annex I to product which contains the appropriate dose of praziquante	a 0,5 IU/ml, ision 2000/258/EC designating a specific sts to monitor the effectiveness of rabies ss/pets/approval_en.htm), seen revaccinated against rabies within the esantibody tests ess than 24 hours before the time of the p Regulation (EU) No 1152/2011, sel or pharmacologically active substances,				
(7) (8) The	multilocularis in the host species co. This date must precede the date the cert	tificate was signed. the date the certificate was signed for the purpose description description described by the date of the purpose description described by the date of the purpose described by the date of the date	mature intestinal forms of <i>Echinococcus</i> ribed inpoint (e)				
Da	nte	Name and title of Private Vete	rinarian				
Pl	ace	Signature					
Da	ate	Name of Official Veterinarian					
P	Place	Signature					
		Official Seal					