

Section 1: Additional sheet: PLANNING

To be completed in BLOCK letters BEFORE the journey by the ORGANISER responsible for the whole journey

6.1 Name of place, including postcode, of each rest, transfer and exit point.	6.2 Arrival		Departure		6.3 Length (hours)	6.4 Transporter's name and Authorisation reference (if different to that at 1.)
	Date	Time	Date	Time		

[illegible]

8. Organiser's signature:

Animal Health office stamp (<i>Office use only</i>)	

Health Certificate(s) references

**Please submit this form to: Welfare in Transport, Specialist Service Centre - Exports, Hadrian House,
Wavell Drive, Rosehill Industrial Estate, Carlisle CA1 2TB**