#### Non-commercial movement of five or less dogs, cats or ferrets

		0	n icss ubgs, cats of icifcis		
	Consignor	I.2. Certificate reference No	I.2.a.		
	Name Responsible person's name in the US Address Responsible person's address in the US	To be filled out by federal VS Area Office			
	radiess responsible person stadiess in the ob	I.3. Central competent authority APHIS-VS			
	Tel. Responsible person's telephone number in the US	I.4. Local competent authority			
		To be filled out by federal VS Are	ea Office as "VS-XX", where XX is the		
			is located. (For example, enter "VS-VA"		
1.5		If the certificate is going to be endou I.6.	rsed by the VS Area Office in Virginia.)		
I.5.	Consignee Name Responsible person's name in the EU	1.0.			
	Address Responsible person's address in the EU				
	Postal code Responsible person's postal code in the EU				
	Tel. Responsible person's telephone number in the EU				
	1 1 1				
17.0	ountry of ISO code I.8.	I.9.	I.10		
	rigin	1.9.	1.10		
US	US-0				
I.11.		I.12.			
I.13.		I.14.			
I.15.		I.16.			
		I.17. No(s) of CITES			
	Description of commodity	I.19. Co	ommodity code (HS code)		
	one species per certificate. Please choose (), Cat(s), or Ferret(s)		010619 I.20. Quantity Enter # (up to 5)		
Dog(c	<i>(</i> ), cu(3), of refrec(3)		of dogs, cats, or ferrets. Only		
			one species per certificate		
I.21.			I.22.		
I.23.			I.24.		
1.25	Commodities certified for:				
	Pets				
	X				
I.26.		1.27.			
100					
1.28.	Identification of the commodities				
S	pecies Identification system Date of	application of Identifica	tion number Date of birth		
		rochip or tattoo	[dd/mm/yyyy]		
Each	animal (up to Microchip		chip number or		
	ust be listed	/mm/yyyy] Tatt	or oo number		
indiv	ridually				
~					
	ose <u>one</u> of the Scientific Names				
Dog	g: Canis familiaris Cat:Felis catus Fer	<b>ret</b> : Mustela putorius furo			

**Non-commercial** movement of five or less dogs, cats or ferrets

									gs, cats of ferre	
		II. He	alth in	formation	II.a.	Certificate	reference N	lo	II.b.	
					To be fille	d out by federal	VS Area Offic	e		
		I, tl	ne unde	ersigned official veter	inarian of .	United States	s of America	(insert n	ame 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 3 of Regulation (EC) No 998/2003;								
	n		'pet animals' means [dogs, cats and ferrets] which are accompanying their owners or a natural person							
	itio		responsible for such animals on behalf of the owner during their movement and are not intended be sold or transferred to another owner:						to	
	fica	II.2		least 21 days have e						
	erti			rried out in accordar						
	Č		an	98/2003 (See last page. This page is for reference only and is not part of the health certificate,) nd any subsequent revaccination was carried out within the period of validity of the preceding						
	<ul> <li>interview of the second second</li></ul>									
<sup>(3)</sup> <i>either</i> [II.3. the animals come from a third country or territory listed in Section 2 of					tion 2 of Par	t B or in Part C (Unit				
States				ates is listed in Part C iginate in the United S	tes is listed in Part C) of Annex II to Regulation (EC) No 998/2003;] This states that the animals					
		<sup>(3)</sup> or [II.]	. the	e animals come from	or are schee					
Annex II to Regulation (EC) No 998/2003 and since the dates indicated in the when blood samples were taken not earlier than 30 days after vaccination from e										
II.3 I	Delete or lir	e through. If	by	a veterinarian author	ised by the	competent aut	hority which	subsequently	y proved antibody titi	es
	lined throu	gh, it must be by the federal	eq lal	ual to or greater than boratory <sup>(4)(5)</sup> at least 3	0.5 IU/ml ir months ha	n a virus neutra	d any subse	for rabies car	rried out in an approv	ed
	initiatica	veterinarian.	wi	ithin the period of vali	dity of the	preceding vaco	cination <sup>(2)</sup> ;]R	abies antiboo	dy tests are not requir	ed
for export to any EU Member State if the animal originates in the United States. II.4. the details of the current anti-rabies vaccination and the date of sampling are the fo										
		Microchip						dity	-	
		or tattoo			me and Ifacturer	Batch	[dd/mr		Date of the blood sample	l
			V	accination manu	naciurei				sample	
		number of the animal			accine	number	From	То	[dd/mm/yyyy]	
						number				
						number				
To complete se	ection					number				
To complete se II.5, ask: Ar	e the					number				
II.5, ask: Ar animals goi Malta, Ire	e the ng to land,					number				
II.5, ask: Ar animals goi	e the ng to land,	( <sup>3)</sup> either	[dd	a/mm/yyyy] of v	reated again	st Echinococc	<b>From</b>	To	[dd/mm/yyyy]	
II.5, ask: Ar animals goi Malta, Ire Finland, or the	re the ng to land, UK?	the animal	[ <b>d</b> d	a/mm/yyyy] of v e dogs have not been t e dogs have been treat	reated against <i>i</i>	st Echinococc	<b>From</b>	To aris;] s and the det	[ <b>dd/mm/yyyy</b> ]	
II.5, ask: Ar animals goi. Malta, Iree Finland, or the YES: Delete or through (fe	re the ng to land, UK? r line cderal	( <sup>3)</sup> either	5. the decomposition of the formula	a/mm/yyyy] of v e dogs have not been t e dogs have been treat ocumented in the table ingdom, Ireland, Malt	reated agair ed against <i>i</i> e in point I a and Finlar	st <i>Echinococc</i> <i>Echinococcus</i> I.6;] Tapeworr I.6; The pet sh	From us multilocul multiloculari n treatment ould be treat	To aris;] s and the det is required f	[dd/mm/yyyy] ails of the treatment a for export to the Unit before entering the E	ed U.
II.5, ask: Ar animals goi. Malta, Ire Finland, or the YES: Delete o	re the ng to land, UK? r line deral ls the	( <sup>3)</sup> either	5. the de Ki de Ki Th	a/mm/yyyy] of v e dogs have not been t e dogs have been treat ocumented in the table	reated agair ed against <i>i</i> e in point I a and Finlar between 1 a	st <i>Echinococc</i> <i>Echinococcus</i> I.6;] Tapeworr I.6; The pet sh	From us multilocul multiloculari n treatment ould be treat	To aris;] s and the det is required f	[dd/mm/yyyy] ails of the treatment a for export to the Unit before entering the E	ed U.
II.5, ask: Ar animals goi. Malta, Iree Finland, or the YES: Delete or through (fe veterinarian initial	re the ng to land, UK? r line deral ls the	( <sup>3)</sup> either	5. the be c. the first the	I/mm/yyyy] of v e dogs have not been t e dogs have been treat boumented in the table ingdom, Ireland, Malta he treatment should be	reated agair ed against <i>i</i> e in point I a and Finlar between 1 a ow. ent carried of	Ist <i>Echinococc</i> <i>Echinococcus r</i> I.6;] Tapeworr I.6;] The pet sh and 5 days price but by the adm	From us multilocul multiloculari n treatment ould be treat or to schedule inistering ve	To aris;] s and the det is required f red one time ed entry into terinarian in	[dd/mm/yyyy] ails of the treatment a or export to the Unit before entering the E the EU. Treatment m accordance with Artic	ed U. ust
II.5, ask: Ar animals goi. Malta, Iree Finland, or the YES: Delete or through (fe veterinarian initial	r line r line deral ls the bugh) r line deral	( <sup>3)</sup> either [II. <sup>(3)</sup> or [II. II.6	5. the 5. the 7 Kin 7 c	a/mm/yyyy] of v e dogs have not been t e dogs have been treat boumented in the table ingdom, Ireland, Malta ne treatment should be e indicated on table bel e details of the treatment of Commission Delega Anti-ecc	reated agair ed against <i>i</i> e in point I a and Finlar between 1 a ow. ent carried of	Ist <i>Echinococc</i> <i>Echinococcus</i> 1 [.6;] Tapeworr Id. The pet sh and 5 days price but by the adm cion (EU) No 1	From us multilocul multiloculari n treatment ould be treat ould be treat ould be treat to schedule inistering ver 152/2011 <sup>(6)</sup>	To aris;] s and the det is required f tered one time ed one time ed entry into terinarian in are the follow	[dd/mm/yyyy] ails of the treatment a or export to the Unit before entering the E the EU. Treatment m accordance with Artic	ed U. ust
II.5, ask: Ar animals goi. Malta, Irea Finland, or the YES: Delete or through (fe veterinarian initial line-thro NO: Delete or through (fe	r line detral ls the detral ls the detral ls the detral ls the	( <sup>3)</sup> either [II. <sup>(3)</sup> or [II. II.6 Microchip tattoo numb	5. the 5. the 5. the 7 do 7 do 7 or per of	a/mm/yyyy] of v e dogs have not been t e dogs have been treat boumented in the table ingdom, Ireland, Malta ne treatment should be e indicated on table bel e details of the treatment of Commission Delega Anti-ecc	reated again ed against <i>i</i> e in point I a and Finlar between 1 i ow. ent carried o tted Regular hinococcus atment	ist <i>Echinococc</i> <i>Echinococcus</i> i I.6;] Tapeworr id. The pet sh and 5 days price out by the adm ion (EU) No 1	From us multilocul multiloculari n treatment ould be treat ould be treat inistering ver 152/2011 <sup>(6)</sup> a A Name (1)	To <i>Caris</i> ;] <i>s</i> and the det is required f red one time ed entry into terinarian in are the follow <b>dministering</b> in capital), s	[dd/mm/yyyy] ails of the treatment a for export to the Unit before entering the E the EU. Treatment mu accordance with Artic ving: g veterinarian tamp and signature	ed U. ust
II.5, ask: Ar animals goi. Malta, Irea Finland, or the YES: Delete or through (fe veterinarian initial line-thro NO: Delete or through (fe veterinarian initial	r line detral ls the detral ls the detral ls the detral ls the	(3) either [II. (3) or [II. II.6 Microchip	5. the 5. the 5. the 7 do 7 do 7 or per of	a/mm/yyyy]       of v         a/mm/yyyy]       of v         b       a         c       a </td <td>reated again ed against <i>i</i> e in point I a and Finlar between 1 i ow. ent carried o tted Regular hinococcus atment Date [dd and time</td> <td>Ist Echinococc Echinococcus r [.6;] Tapeworr I.6;] Tapeworr I.6;]</td> <td>From us multilocul multiloculari n treatment ould be treat ould be treat inistering ver 152/2011<sup>(6)</sup> a A Name (i (Most</td> <td>To <i>Caris</i>;] <i>s</i> and the det is required f red one time ed entry into terinarian in are the follow <b>dministering</b> in capital), s accredited vo</td> <th>[dd/mm/yyyy] ails of the treatment a for export to the Unit before entering the E the EU. Treatment mu accordance with Artic ving: g veterinarian</th> <td>ed U. ust cle</td>	reated again ed against <i>i</i> e in point I a and Finlar between 1 i ow. ent carried o tted Regular hinococcus atment Date [dd and time	Ist Echinococc Echinococcus r [.6;] Tapeworr I.6;]	From us multilocul multiloculari n treatment ould be treat ould be treat inistering ver 152/2011 <sup>(6)</sup> a A Name (i (Most	To <i>Caris</i> ;] <i>s</i> and the det is required f red one time ed entry into terinarian in are the follow <b>dministering</b> in capital), s accredited vo	[dd/mm/yyyy] ails of the treatment a for export to the Unit before entering the E the EU. Treatment mu accordance with Artic ving: g veterinarian	ed U. ust cle
II.5, ask: Ar animals goi. Malta, Irea Finland, or the VES: Delete or through (fe veterinarian initial line-thro NO: Delete or through (fe veterinarian initial line-thro Do not line thro	r line detral ls the bugh) r line detral ls the bugh) bugh	( <sup>3)</sup> either [II. <sup>(3)</sup> or [II. II.6 Microchip tattoo numb	5. the 5. the 5. the 7 do 7 do 7 or per of	a/mm/yyyy]       of v         a/mm/yyyy]       of v         b       a         a       a         b       a         b       a         b       a         c       a         c       a         a       a         b       a         a       a         b       a         a       a         b       a         a       a         a       a         a       a         b       a         a       a         a       a         a       a         b       a         b       a         b       a         b       a         b       a         b       a         a       a         a       a         a       a         b       a         a       a         b       a         a       a         a       a         a       a         a       a </td <td>reated again ed against <i>i</i> e in point I a and Finlar between 1 i ow. ent carried o tted Regular hinococcus atment Date [dd and time</td> <td>Ist Echinococc Echinococcus I I.6;] Tapeworn I.6;] Tapeworn I.6;] Tapeworn I.6;] Tapeworn I.6; Jut by the adm ion (EU) No 1 I I.6; Jut by the adm ion (EU) No 1 II.6; Jut by the adm ion (EU) N</td> <td>From us multilocul multiloculari n treatment ould be treat ould be treat inistering ver 152/2011<sup>(6)</sup> a A Name (i (Most practition</td> <td>To <i>Caris</i>;] <i>s</i> and the dett is required f red one time ed entry into terinarian in are the follow <b>dministering</b> in capital), s accredited von heres ] do not</td> <th>[dd/mm/yyyy] ails of the treatment a for export to the Unit before entering the E the EU. Treatment mu accordance with Artic ving: g veterinarian tamp and signature eterinarians [private</th> <td>ed U. ust cle</td>	reated again ed against <i>i</i> e in point I a and Finlar between 1 i ow. ent carried o tted Regular hinococcus atment Date [dd and time	Ist Echinococc Echinococcus I I.6;] Tapeworn I.6;] Tapeworn I.6;] Tapeworn I.6;] Tapeworn I.6; Jut by the adm ion (EU) No 1 I I.6; Jut by the adm ion (EU) No 1 II.6; Jut by the adm ion (EU) N	From us multilocul multiloculari n treatment ould be treat ould be treat inistering ver 152/2011 <sup>(6)</sup> a A Name (i (Most practition	To <i>Caris</i> ;] <i>s</i> and the dett is required f red one time ed entry into terinarian in are the follow <b>dministering</b> in capital), s accredited von heres ] do not	[dd/mm/yyyy] ails of the treatment a for export to the Unit before entering the E the EU. Treatment mu accordance with Artic ving: g veterinarian tamp and signature eterinarians [private	ed U. ust cle
II.5, ask: Ar animals goi. Malta, Ire. Finland, or the VES: Delete or through (fe veterinarian initial line-through (fe veterinarian initial line-through (fe	r line deral ls the bugh) r line deral ls the bugh) pugh ay be	( <sup>3)</sup> either [II. <sup>(3)</sup> or [II. II.6 Microchip tattoo numb	5. the 5. the 5. the 7 do 7 do 7 or per of	a/mm/yyyy]       of v         a/mm/yyyy]       of v         b       a         c       a </td <td>reated again ed against <i>i</i> e in point I a and Finlar between 1 i ow. ent carried o tted Regular hinococcus atment Date [dd and time</td> <td>ist Echinococce Echinococcus r I.6;] Tapeworr nd. The pet sh and 5 days price but by the adm ion (EU) No 1 i (mm/yyyy] of treatment 0:00]</td> <td>From us multilocul multiloculari n treatment ould be treat or to schedule inistering ver 152/2011<sup>(6)</sup> a A Name (i (Most practition signatu</td> <td>To aris;] s and the det is required f ed one time ed entry into terinarian in are the follow dministering in capital), s accredited von hers ] do not re and name</td> <th>[dd/mm/yyyy] ails of the treatment a for export to the Unit before entering the E the EU. Treatment m accordance with Artic ving: g veterinarian tamp and signature eterinarians [private have a "stamp" so the in caps is sufficient)</th> <td>ed U. ust cle</td>	reated again ed against <i>i</i> e in point I a and Finlar between 1 i ow. ent carried o tted Regular hinococcus atment Date [dd and time	ist Echinococce Echinococcus r I.6;] Tapeworr nd. The pet sh and 5 days price but by the adm ion (EU) No 1 i (mm/yyyy] of treatment 0:00]	From us multilocul multiloculari n treatment ould be treat or to schedule inistering ver 152/2011 <sup>(6)</sup> a A Name (i (Most practition signatu	To aris;] s and the det is required f ed one time ed entry into terinarian in are the follow dministering in capital), s accredited von hers ] do not re and name	[dd/mm/yyyy] ails of the treatment a for export to the Unit before entering the E the EU. Treatment m accordance with Artic ving: g veterinarian tamp and signature eterinarians [private have a "stamp" so the in caps is sufficient)	ed U. ust cle
II.5, ask: Ar animals goi. Malta, Irea Finland, or the VES: Delete or through (fe veterinarian initial line-thro NO: Delete or through (fe veterinarian initial line-thro Do not line thro this table as it m	r line deral ls the bugh) r line deral ls the bugh) pugh ay be nimal	( <sup>3)</sup> either [II. <sup>(3)</sup> or [II. II.6 Microchip tattoo numb	5. the 5. the 5. the 6. the 7 do 7 or 9 or 9 or 9 or 9 or 9 or 9 or 9 or 9	I/mm/yyyy]       of v         I/mm/yyyy       of v         I/mm/yyy       of v         I/mm/yyy       of v         I/mm/yyyy       of v         I/mm/yyyy       of v         I/mm/yyyy       of v         I/mm/yyyy       of v         I/mm/yyy       of v         I/mm/yyyy       of v         I/mm/yyyy       of v         I/mm/yyyy       of v         I/mm/yyyy       of v         I/mm/yyyyy       of v         I/mm/yyyyy       of v         I/mm/yyyyy       <	reated again ed against <i>i</i> e in point I a and Finlar between 1 a ow. ent carried o ited Regular chinococcus atment Date [dd and time f	ist Echinococc Echinococcus n [.6;] Tapeworr nd. The pet sh and 5 days price but by the adm tion (EU) No 1 (7) (8)	From Us multilocul Us multiloculari In treatment Ould be treat Ould be treat Is2/2011 <sup>(6)</sup> A Name ( (Most practition signatu Signatu	To aris;] s and the det is required f red one time ed entry into terinarian in are the follow dministering in capital), s accredited von hers ] do not re and name ature of accred the day of or A	[dd/mm/yyyy] all all all all all all all all all all	ed U. ust cle
II.5, ask: Ar animals goi. Malta, Irea Finland, or the YES: Delete of through (fe veterinarian initial line-thro NO: Delete of through (fe veterinarian initial line-thro Do not line thro this table as it m used while the an	r line deral ls the bugh) r line deral ls the bugh) pugh ay be nimal	( <sup>3)</sup> either [II. <sup>(3)</sup> or [II. II.6 Microchip tattoo numb	5. the 5. the 5. the 6. the 7 do 7 or 9 or 9 or 9 or 9 or 9 or 9 or 9 or 9	I/mm/yyyy] of v e dogs have not been t e dogs have been treat ocumented in the table ingdom, Ireland, Malt ne treatment should be e indicated on table bel e details of the treatment of Commission Delega Anti-ecc tree Name and manufacturer of the product	reated again ed against <i>i</i> e in point I a and Finlar between 1 a ow. ent carried o ited Regular chinococcus atment Date [dd and time f	ist Echinococce Echinococcus r I.6;] Tapeworr nd. The pet sh and 5 days price but by the adm ion (EU) No 1 i (mm/yyyy] of treatment 0:00]	From Us multilocul Us multiloculari In treatment Ould be treat Ould be treat Is2/2011 <sup>(6)</sup> A Name ( (Most practition signatu Signatu	To aris;] s and the det is required f red one time ed entry into terinarian in are the follow dministering in capital), s accredited von hers ] do not re and name ature of accred the day of or A	[dd/mm/yyyy] ails of the treatment a for export to the Unit before entering the E the EU. Treatment mu accordance with Artic ving: g veterinarian tamp and signature eterinarians [private have a "stamp" so the in caps is sufficient)	ed U. ust cle

## **Non-commercial** movement of five or less dogs, cats or ferrets

		1				
II.	Health information	II.a.	Certificate reference No II.b.			
		To be fi	filled out by federal VS Area Office			
	II.7. I have a written declara on behalf of the owner,	0	hed by the owner or the natural person responsible for the animals hat:			
			DECLARATION			
I, the	-		ying the animals			
	re that the animals will accompany r	ne, the ov	sponsible for the animals described above on behalf of the owner] wner, or the natural person that I have designated to be responsible to be sold or transferred to another owner.			
	Place and date: City, State Date (dd/mn	/уууу)	Signature:			
Note	s					
(a)	The original of each certificate sh be in such a form that all sheets o	f paper re	st of a single sheet of paper, or, where more text is required it must equired are part of an integrated whole and indivisible. All pages of "Page of" and must include the certificate number.			
(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. It is up to the exporter to obtain the certificate in the official language of the EU country. Some countries may accept an English-only certificate.					
(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. This is guidance for when more pages need to be attached to the certificate. However, this certificate should not need any additional 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. Self explanatory					
(e)						
(f)	The competent authorities of the exporting third country or territory shall ensure that rules and princ certification equivalent to those laid down in Directive 96/93/EC are followed. This Directive do general principles of certification similar to 9 Code of Federal Regulations Part 161 for ve accreditation such as (1) veterinarians must not certify data of which they have no personal knowl which cannot be ascertained by them; and (2) veterinarians must not sign blank or incomplete certific certificates relating to animals which they have not inspected or which have passed out of their Where a certificate is signed on the basis of another certificate or attestation, the certifying officer sha possession of that document before signing.					
Part						
Box	number	address	s of the dispatch establishment. Indicate approval or registration			
Box 1	Date of application of the r July 2011 Our understand responsibility to verify the	<i>nicrochip</i> ng is that acceptanc	following : microchip or tattoo <i>b or tattoo</i> : The tattoo must be clearly readable and applied before 3 at all EU Member States accept tattoos; however, it is the exporter's ice of tattoos prior to travel.			
			microchip or tattoo number			
Dort	Date of birth : Indicate only	/ it knowi	vn			
<b>Part</b> (1)		lered a m	primary vaccination if it was not carried out within the period of			
	validity of a previous vaccination.	A rabies	s vaccination is considered primary if either: (1) an animal was up- ation occurred prior to microchip implantation, (2) vaccination was			
	not carried out within the period of validity of a previous vaccination, or (3) the animal was vaccinated for the					

# **Non-commercial** movement of five or less dogs, cats or ferrets

	II.	Health information	II.a.	Certificate reference No	II.b.				
			To be fill	ed out by federal VS Area Office					
		first time.							
	<ul> <li><sup>(2)</sup> A certified copy of the identification and vaccination details of the animals concerned shall be attached certificate. The rabies certificate and microchip document are not part of the health certificate and the should not be numbered or endorsed by the federal veterinarian.</li> </ul>								
	(3) Keep as appropriate. Where the certificate states that certain statements shall be kept as appropri statements which are not relevant may be crossed out and initialled and stamped by the official veterinarian completely deleted from the certificate.								
	(4)								
	- must be carried out on a sample collected by a veterinarian authorised by the competent authority, at lea 30 days after the date of vaccination and three months before the date of import;								
			-	body to rabies virus in serum equal	-				
	<ul> <li>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 f standardising the serological tests to monitor the effectiveness of rabies vaccines (list of approved laboratories available at <a href="http://ec.europa.eu/food/animal/liveanimals/pets/approval_en.htm">http://ec.europa.eu/food/animal/liveanimals/pets/approval_en.htm</a>);</li> </ul>								
				which following that test with riod of validity of a previous vacci					
	<ul> <li><sup>(5)</sup> A certified copy of the official report from the approved laboratory on the results of the rabies antihreferred to in point II.3 shall be attached to the certificate. Not applicable</li> <li><sup>(6)</sup> The treatment against <i>Echinococcus multilocularis</i> referred to in point II.5 must:</li> </ul>								
	<ul> <li>be administered by a veterinarian within a period of not more than 120 hours and not less than before the time of the scheduled entry of the dogs into one of the Member States or parts thereo Annex I to Regulation (EU) No 1152/2011; Self explanatory</li> </ul>								
- consist of an approved medicinal product which contains the appropriate dose of pharmacologically active substances, which alone or in combination, have been prove burden of mature and immature intestinal forms of <i>Echinococcus multilocularis</i> in the concerned. The tapeworm treatment must be labelled as effective against <i>Echinococcus</i> . The tapeworm treatment is for dogs only.									
	(7)	n treatment must occur the day							
	<ul> <li><sup>(8)</sup> This information may be entered after the date the certificate was signed for the purpose described in point (a of the Notes and in conjunction with footnote (6). This guidance refers to pets that have already entered th EU and are moving from one EU Member State to another EU Member State that requires echinococcu treatment. It is not relevant for pets leaving the United States.</li> <li>The signature and the stamp must be in a different colour to that of the printing.</li> <li>Official veterinarian The accredited veterinarian should sign here. APHIS should create a separate signature block and endorse below.</li> </ul>								
		Name (in capital letters):		Quali	fication and title:				
		Date:		Signa	ture:				
		Stamp:		-					
	1								

This does

not apply to pets from the US.

#### FOR REFERENCE ONLY - NOT PART OF THE HEALTH CERTIFICATE

#### ANNEX Ib

#### Technical requirements for the anti-rabies vaccination (Referred to in Article 5(1)(b)(i))

For the purposes of Article 5(1), an anti-rabies vaccination shall be considered valid provided that the following requirements are complied with:

1. The anti-rabies vaccine must:

(a) be a vaccine other than a live modified vaccine and fall within one of the following categories:

(i) an inactivated vaccine of at least one antigenic unit per dose (WHO standard); or

- (ii) a recombinant vaccine expressing the immunising glycoprotein of the rabies virus in a live virus vector;
- (b) if administered in a Member State, have been granted a marketing authorisation in accordance with:

(i) Directive 2001/82/EC of the European Parliament and of the Council of 6 November 2001 on the Community code relating to veterinary medicinal products (1); or

(ii) Regulation (EC) No 726/2004 of the European Parliament and of the Council of 31 March 2004 laying down Community procedures for the authorisation and supervision of medicinal products for human and veterinary use and establishing a European Medicines Agency (2);

(c) if administered in a third country, meet at least the requirements laid down in Part C of Chapter 2.1.13 of the Manual of Diagnostic Tests and Vaccines for Terrestrial Animals, 2008 Edition, of the World Organisation for Animal Health.

2. An anti-rabies vaccination may only be considered valid if it meets the following conditions:

(a) the vaccine was administered on a date indicated in:

 $(i) \ Section \ IV \ of \ the \ passport; \ or$ 

(ii) the appropriate section of the accompanying animal health certificate;

(b) the date referred to in point (a) must not precede the date of microchipping indicated in:

(i) Section III(2) of the passport; or

- (ii) the appropriate section of the accompanying animal health certificate;
- (c) at least 21 days must have elapsed since the completion of the vaccination protocol required by the manufacturer for the primary vaccination in accordance with the technical specification of the marketing authorisation referred to in point 1(b) for the anti-rabies vaccine in the Member State or third country in which the vaccination is administered;
- (d) the period of validity of the vaccination, as prescribed in the technical specification of the marketing authorisation for the anti-rabies vaccine in the Member State or third country where the vaccine is administered, must have been entered by the authorised veterinarian in:

(i) Section IV of the passport; or

(ii) the appropriate section of the accompanying animal health certificate;

(e) a revaccination (booster) must be considered a primary vaccination if it was not carried out within the period of validity referred to in point (d) of a previous vaccination.