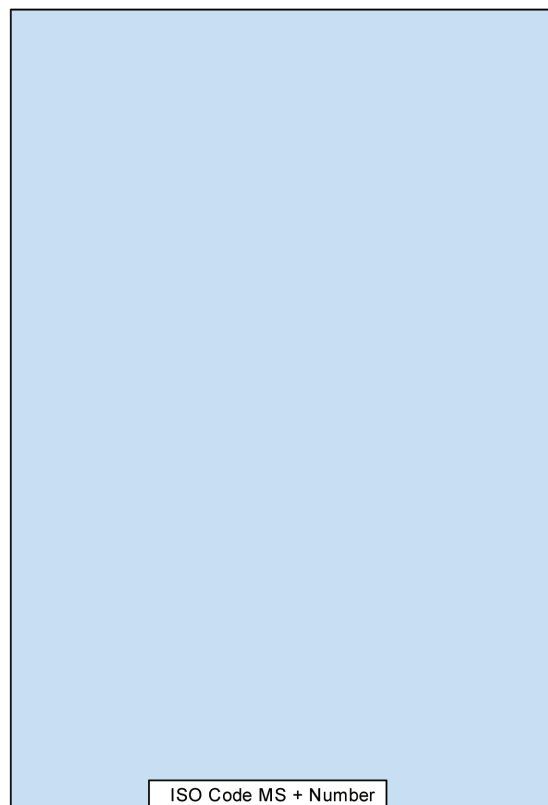


ANNEX I

Model Passport for the movement of pet animals of the species dogs, cats and ferrets between Member States, as provided for in Article 2.



I. OWNER	
1. Name:	_____
Surname:	_____
Address:	_____

Post-code:	_____
City:	_____
Country:	_____
2. Name:	_____
Surname:	_____
Address:	_____

Post-code:	_____
City:	_____
Country:	_____
3. Name:	_____
Surname:	_____
Address:	_____

Post-code:	_____
City:	_____
Country:	_____

Page 1
out of X

ISO Code MS + Number

II. DESCRIPTION OF ANIMAL	
<div style="border: 1px dashed blue; padding: 20px; margin: 10px auto; width: 80%;"><p style="text-align: center;"><i>PICTURE OF THE ANIMAL (Optional)</i></p></div>	
1. Name*:	_____
2. Species:	_____
3. Breed:	_____
4. Sex:	_____
5. Date of Birth*:	_____
6. Coat:	_____
	(Colour & Type)
	* As stated by owner

ISO Code MS + Number

III. IDENTIFICATION OF ANIMAL	
1. Microchip Number:	_____
2. Date of Microchipping:	_____
3. Location of Microchip:	_____
4. Tattoo Number:	_____
5. Date of Tattooing:	_____

**The identification must be verified
before any new entry is made on this
passport**

ISO Code MS + Number

IV. VACCINATION AGAINST RABIES

MANUFACTURER & BATCH VACCINATION DATE¹ AUTHORISED
NAME OF VACCINE NUMBER VALID UNTIL² VETERINARIAN

ISO Code MS + Number	<input type="text"/>	1 <input type="text"/>	<i>STAMP & SIGNATURE</i>
		2 <input type="text"/>	
	<input type="text"/>	1 <input type="text"/>	<i>STAMP & SIGNATURE</i>
		2 <input type="text"/>	
<input type="text"/>	1 <input type="text"/>	<i>STAMP & SIGNATURE</i>	
		2 <input type="text"/>	

ISO Code MS + Number	<input type="text"/>	1 <input type="text"/>	<i>STAMP & SIGNATURE</i>	
		2 <input type="text"/>		
	<input type="text"/>	1 <input type="text"/>	<i>STAMP & SIGNATURE</i>	
			2 <input type="text"/>	
	<input type="text"/>	1 <input type="text"/>	<i>STAMP & SIGNATURE</i>	
		2 <input type="text"/>		
<input type="text"/>	1 <input type="text"/>	<i>STAMP & SIGNATURE</i>		
		2 <input type="text"/>		
<input type="text"/>	1 <input type="text"/>	<i>STAMP & SIGNATURE</i>		
		2 <input type="text"/>		

IV. VACCINATION AGAINST RABIES

MANUFACTURER & NAME OF VACCINE	BATCH NUMBER	VACCINATION DATE ¹ VALID UNTIL ²	AUTHORISED VETERINARIAN
-----------------------------------	-----------------	---	----------------------------

ISO Code MS + Number	<input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	STAMP & SIGNATURE
	<input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	STAMP & SIGNATURE
	<input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	STAMP & SIGNATURE

ISO Code MS + Number	<input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	STAMP & SIGNATURE
	<input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	STAMP & SIGNATURE
	<input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	STAMP & SIGNATURE
	<input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	STAMP & SIGNATURE
	<input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	STAMP & SIGNATURE

V. RABIES SEROLOGICAL TEST

I have seen an official record of the result of a serological test for the animal, carried out on a sample taken on (dd/mm/yyyy) _____, and tested in an EU-approved laboratory, which states that the rabies neutralising antibody titre was equal to or greater than 0.5 IU/ml.

Name, date and signature of the authorised Veterinarian:

*STAMP &
SIGNATURE*

ISO Code MS + Number

IN CASE OF A FURTHER TEST

I have seen an official record of the result of a serological test for the animal, carried out on a sample taken on (dd/mm/yyyy) _____, and tested in an EU-approved laboratory, which states that the rabies neutralising antibody titre was equal to or greater than 0.5 IU/ml.

Name, date and signature of the authorised Veterinarian:

*STAMP &
SIGNATURE*

ISO Code MS + Number

VI. TICK TREATMENT

	MANUFACTURER & NAME OF PRODUCT	DATE ¹ TIME ²	VETERINARIAN
ISO Code MS + Number		1 2	STAMP & SIGNATURE
		1 2	STAMP & SIGNATURE
		1 2	STAMP & SIGNATURE

ISO Code MS + Number		1 2	STAMP & SIGNATURE
		1 2	STAMP & SIGNATURE
		1 2	STAMP & SIGNATURE
		1 2	STAMP & SIGNATURE
		1 2	STAMP & SIGNATURE

VII. ECHINOCOCCUS TREATMENT

	MANUFACTURER & NAME OF PRODUCT	DATE ¹ TIME ²	VETERINARIAN
ISO Code MS + Number		1 2	STAMP & SIGNATURE
		1 2	STAMP & SIGNATURE
		1 2	STAMP & SIGNATURE

ISO Code MS + Number		1 2	STAMP & SIGNATURE
		1 2	STAMP & SIGNATURE
		1 2	STAMP & SIGNATURE
		1 2	STAMP & SIGNATURE
		1 2	STAMP & SIGNATURE

VIII. OTHER VACCINATIONS

	MANUFACTURER & NAME OF VACCINE	BATCH NUMBER	VACCINATION DATE ¹ VALID UNTIL ²	AUTHORISED VETERINARIAN
ISO Code MS + Number			1	STAMP & SIGNATURE
			2	
			1	STAMP & SIGNATURE
			2	
			1	STAMP & SIGNATURE
			2	

ISO Code MS + Number			1	STAMP & SIGNATURE
			2	
			1	STAMP & SIGNATURE
			2	
			1	STAMP & SIGNATURE
			2	
			1	STAMP & SIGNATURE
			2	
			1	STAMP & SIGNATURE
			2	

IX. CLINICAL EXAMINATION		
DECLARATION	DATE	VETERINARIAN
The animal is in good health and able to withstand carriage to its destination		STAMP & SIGNATURE
The animal is in good health and able to withstand carriage to its destination		STAMP & SIGNATURE
The animal is in good health and able to withstand carriage to its destination		STAMP & SIGNATURE
The animal is in good health and able to withstand carriage to its destination		STAMP & SIGNATURE

X. LEGALISATION		
LEGALISING BODY	DATE	STAMP/SEAL
		STAMP & SIGNATURE
		STAMP & SIGNATURE
		STAMP & SIGNATURE
		STAMP & SIGNATURE

ISO Code MS + Number

ISO Code MS + Number

ISO Code MS + Number	XI. OTHERS

