Models of passports for the non-commercial movement of dogs, cats or ferrets

PART 1

Model of passport issued in a Member State

European Union
[Member State]

PET PASSPORT

Explanatory notes for completing the passport

- In each Section of the passport the following format shall be used to indicate
  — a date: dd/mm/yyyy
  — a time: 00:00

- Section III, point 5: information required where the animal has a clearly readable tattoo applied before 3 July 2011 and is not marked by the implantation of a transponder.

- Section V: only required
  — before movement into another Member State in accordance with EU animal health legislation; or
  — where the animal re-enters the Union after a movement to territories or third countries in accordance with EU animal health legislation (to be completed before the animal leaves the Union); or
  — in accordance with national legislation.

- Section V, "VALID FROM[2]": information not required for booster vaccinations.

Explanatory notes for completing the passport

- Section VI: only required where the animal re-enters the Union after a movement to certain territories or a third countries in accordance with EU animal health legislation (to be completed before the animal leaves the Union).

- Section VII: only required before movement into certain Member States in accordance with EU animal health legislation.

- Section VIII to XI: may be required by territories or third countries of destination which accept the passport.

- Section X: only required where the animal is accompanied by a health certificate in accordance with EU animal health legislation.

- Section XII: additional information required under national legislation.

ISO Country Code + Number

I. DETAILS OF OWNERSHIP

1. Name: _____
   Surrname: _____
   Addres: _____
   _____
   Post-Code: _____
   City: _____
   Country _____
   Telephone number*: _____
   Signature:

2. Name: _____
   Surrname: _____
   Addres: _____
   _____
   Post-Code: _____
   City: _____
   Country _____
   Telephone number*: _____
   Signature:

* optional

ISO Country Code + Number

II. DESCRIPTION OF ANIMAL

PICTURE OF THE ANIMAL
(optional)

1. Name*: _____

2. Species: _____

3. Breed*: _____

4. Sex _____

5. Date of Birth*: _____

6. Colour: _____

7. Any notable or discernable features or characteristics: _____

_____

* as stated by owner

ISO Country Code + Number

III. MARKING OF ANIMAL

1. Transponder alphanumeric code

_____

2. Date of application or reading* of the transponder

_____

3. Location of the transponder

_____

4. Tattoo alphanumeric code

_____

5. Date of application/date of reading of the tattoo

_____ / _____

6. Location of the tattoo

_____

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

* delete as necessary

ISO Country Code + Number

IV. ISSUING OF THE PASSPORT

Name of the authorised veterinarian:

_____

Address: _____

_____

Post-code: _____

City: _____

Country: _____

Telephone number: _____

E-mail address: _____

Date of issuing: _____

STAMP &
SIGNATURE

ISO Country Code + Number

V. VACCINATION AGAINST RABIES

MANUFACTURER & NAME OF VACCINE	BATCH NUMBER	VACCINATION DATE[1] VALID FROM[2] VALID UNTIL[3]	AUTHORISED VETERINARIAN
		1	
		2	*
		3	
		1	
		2	*
		3	

ISO Country Code + Number

* At least name, address, telephone number and signature.

	1	
	2	*
	3	

	1	
	2	*
	3	

	1	
	2	*
	3	

* At least name, address, telephone number and signature.

VI. RABIES ANTIBODY TITRATION TEST

I, the undersigned, confirm that I have seen an official record stating that the rabies antibody titration test performed at an EU-approved laboratory on a sample of blood collected on the date mentioned below from the above described animal proved a response to anti-rabies vaccination at a level of serum neutralising antibody equal to or greater than 0.5 IU/ml.

Sample collected on: _____

Name of the authorised veterinarian:

_____

Address: _____

_____

Telephone number: _____

Date: _____

STAMP & SIGNATURE

IN CASE OF A FURTHER TEST

I, the undersigned, confirm that I have seen an official record stating that the rabies antibody titration test performed at an EU-approved laboratory on a sample of blood collected on the date mentioned below from the above described animal proved a response to anti-rabies vaccination at a level of serum neutralising antibody equal to or greater than 0.5 IU/ml.

Sample collected on: _____

Name of the authorised veterinarian:

_____

Address: _____

_____

Telephone number: _____

Date: _____

STAMP & SIGNATURE

ISO Country Code + Number

VII. ANTI-ECHINOCOCCUS TREATMENT

MANUFACTURER & NAME OF PRODUCT	DATE[1] TIME[2]	VETERINARIAN
	1 2	STAMP & SIGNATURE
	1 2	STAMP & SIGNATURE
	1 2	STAMP & SIGNATURE

ISO Country Code + Number

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

VIII. OTHER ANTI-PARASITE TREATMENTS

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

ISO Country Code + Number

	1	*STAMP & SIGNATURE*
	2	
	1	*STAMP & SIGNATURE*
	2	
	1	*STAMP & SIGNATURE*
	2	
	1	*STAMP & SIGNATURE*
	2	
	1	*STAMP & SIGNATURE*
	2	

IX. OTHER VACCINATIONS

ISO Country Code + Number	MANUFACTURER & NAME OF VACCINE	BATCH NUMBER	VACCINATION DATE[1] VALID UNTIL[2]	VETERINARIAN
			1	*STAMP & SIGNATURE*
			2	
			1	*STAMP & SIGNATURE*
			2	
			1	*STAMP & SIGNATURE*
			2	

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

X. CLINICAL EXAMINATION

ISO Country Code + Number	DECLARATION	DATE	AUTHORISED VETERINARIAN
	The animal shows no signs of diseases and is fit to be transported for the intended journey		*
	The animal shows no signs of diseases and is fit to be transported for the intended journey		*
	The animal shows no signs of diseases and is fit to be transported for the intended journey		*
	The animal shows no signs of diseases and is fit to be transported for the intended journey		*

* At least name, address, telephone number and signature.

XI. LEGALISATION

ISO Country Code + Number	LEGALISING BODY	DATE	STAMP/ SIGNATURE
			STAMP & SIGNATURE
			STAMP & SIGNATURE
			STAMP & SIGNATURE
			STAMP & SIGNATURE

XII. OTHERS

ISO Country Code + Number	