

Part I : Details of dispatched consignment	I.1. Consignor Name Address Country		I.2. Certificate reference number	I.2.a. Local reference number::				
			I.3. Central Competent Authority					
			I.4. Local Competent Authority					
	I.5. Consignee Name Address Country		I.6. No.(s) of related original certificates		No.(s) of accompanying documents			
			I.7. Dealer Name Approval number					
	I.8. Country of origin	ISO code	I.9. Region of origin	Code	I.10. Country of destination	ISO code	I.11. Region of destination	Code
	I.12. Place of origin/Place of harvest Holding <input type="checkbox"/> Assembly centre <input type="checkbox"/> Dealer's premise <input type="checkbox"/> Approved body <input type="checkbox"/> Semen centre <input type="checkbox"/> Approved aquaculture holding <input type="checkbox"/> Embryo team <input type="checkbox"/> Establishment <input type="checkbox"/> Other <input type="checkbox"/> Name Approval number Address Postal code / Region				I.13. Place of destination Holding <input type="checkbox"/> Assembly centre <input type="checkbox"/> Dealer's premise <input type="checkbox"/> Approved body <input type="checkbox"/> Semen centre <input type="checkbox"/> Approved aquaculture holding <input type="checkbox"/> Embryo team <input type="checkbox"/> Establishment <input type="checkbox"/> Other <input type="checkbox"/> Name Approval number Address Postal code / Region			
	I.14. Place of loading Postal code / Region				I.15. Date and time of departure			
	I.16. Means of transport Aeroplane <input type="checkbox"/> Ship <input type="checkbox"/> Railway wagon <input type="checkbox"/> Road vehicle <input type="checkbox"/> Other <input type="checkbox"/> Identification:: Number(s):				I.17. Transporter Name Approval number Address Postal code / Region Member state			
	I.21. Temperature of products Ambient <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen <input type="checkbox"/>				I.20. Number/Quantity		I.22. Number of packages	
I.23. Identification of container/Seal number								
I.25. Animals certified for/products certified for:								
I.26. Transit through 3rd country <input type="checkbox"/> Exit point Entry point				I.27. Transit through Member states <input type="checkbox"/> Code BIP unit no.:				
I.28. Export <input type="checkbox"/> 3rd country Exit point				I.29. Estimated journey time				
I.30. Route plan Yes <input type="checkbox"/> No <input type="checkbox"/>								
I.31. Identification of the animals								

Part II: Certification	II. Health information	II.a. Certificate reference number	II.b. Local reference number:
	<p>II.1. Animal health attestation</p> <p>I, the undersigned official veterinarian, certify that the poultry described above:</p> <p>(a) comply with the provisions of Articles 6, 10 and 18 of Council Directive 2009/158/EC.</p> <p>(1) (b) comply with Article 15(1)(c) of Council Directive 2009/158/EC.</p> <p>(2) (c) comply with the provisions of Commission Decision(s) /EU concerning additional guarantees with regard to (indicate disease(s)) and in accordance with Article 16 or Article 17 of Council Directive 2009/158/EC.</p> <p>(3) (d) either [have not been vaccinated against Newcastle disease;]</p> <p>(3) or [have been vaccinated against Newcastle disease using:</p> <p style="padding-left: 40px;">(name and type (live or inactivated) of Newcastle disease virus strain used in vaccine(s)) on (date) at the age of weeks] .</p> <p>(4) (e) the breeding poultry has been tested with negative results according to the rules laid down in Commission Decision 2003/644/EC.</p> <p>(3) (f) the laying hens (productive poultry reared with the view to producing eggs for consumption) have been tested with negative results according to the rules laid down in Commission Decision 2004/235/EC.</p> <p>II.2. Public health attestation</p> <p>I, the undersigned official veterinarian, certify that the poultry described above:</p> <p>(5) (a) come from a flock which has been tested for Salmonella serotypes with public health significance in accordance with Regulation (EC) No 2160/2003 of the European Parliament and of the Council.</p> <p>Date of last sampling of the flock from which the testing result is known:</p> <p>Result of all testing in the flock:</p> <p>(3)(6) either [positive;]</p> <p>(3)(6) or [negative]</p> <p>(5) (b) and, if intended for breeding, neither Salmonella Enteritidis nor Salmonella Typhimurium were detected within the control programme referred to in point II.2(a).</p> <p>II.3. Additional health information</p> <p>(1)(7) II.3.1. This consignment complies with the animal health conditions laid down in Commission Decision /EU in relation to vaccination against avian influenza.</p>		
	<p>Notes</p> <p>Part I:</p> <p>Box I.16: Registration number (railway wagons or container and lorries), flight number (aircraft) or name (ship).</p> <p>Box I.19: Use the appropriate HS codes: 01.05, 01.06.39.</p> <p>Box I.31: Category: select one of the following: pure line/grandparents/parents/laying pullets/fattening/others.</p> <p>Approval number: indicate the number(s) of the approved establishment(s) of origin.</p> <p>Identification: indicate the identification details of flock of origin and brand name.</p> <p>Part II:</p> <p>(1) To certify in case of dispatch to a Member State, which has an EU-approved non-vaccinating status for Newcastle disease; currently: Finland and Sweden. Otherwise delete reference.</p> <p>(2) Complete if appropriate.</p> <p>(3) Keep as appropriate.</p> <p>(4) To certify for consignments to Finland and Sweden. Otherwise delete reference.</p> <p>(5) The guarantees under II.2. only apply to poultry belonging to the species of Gallus gallus or turkeys.</p> <p>(6) If any of the results were positive for the serotypes below during the life of the flock, indicate as positive.</p> <p>Flocks of breeding poultry of Gallus gallus: Salmonella Hadar, Salmonella Virchow and Salmonella Infantis.</p> <p>Flocks of productive poultry: Salmonella Enteritidis and Salmonella Typhimurium.</p> <p>(7) Only applicable for Member States which carry out vaccination against avian influenza according to an EU- approved vaccination plan.</p> <p>The colour of the stamp and signature must be different from that of the other particulars in the certificate.</p>		
	<p>Official veterinarian or official inspector</p> <p>Name (in Capital):</p> <p>Local Veterinary Unit:</p> <p>Date:</p> <p>Stamp</p> <p>Qualification and title:</p> <p>LVU N°:</p> <p>Signature:</p>		

Part III: Control	III.1. Date of the inspection <input style="width: 100px; height: 20px;" type="text"/>	III.2. Certificate Reference Number::																																	
	III.3. Documentary Check:: <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">No</td> <td style="width: 30%;"><input style="width: 30px;" type="text"/></td> <td style="width: 30%;">Yes</td> <td style="width: 10%;"><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>EU Standard</td> <td>Satisfactory <input style="width: 30px;" type="text"/></td> <td>Not satisfactory</td> <td><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Additional guarantees</td> <td>Satisfactory <input style="width: 30px;" type="text"/></td> <td>Not satisfactory</td> <td><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>National requirements</td> <td>Satisfactory <input style="width: 30px;" type="text"/></td> <td>Not satisfactory</td> <td><input style="width: 30px;" type="text"/></td> </tr> </table>	No	<input style="width: 30px;" type="text"/>	Yes	<input style="width: 30px;" type="text"/>	EU Standard	Satisfactory <input style="width: 30px;" type="text"/>	Not satisfactory	<input style="width: 30px;" type="text"/>	Additional guarantees	Satisfactory <input style="width: 30px;" type="text"/>	Not satisfactory	<input style="width: 30px;" type="text"/>	National requirements	Satisfactory <input style="width: 30px;" type="text"/>	Not satisfactory	<input style="width: 30px;" type="text"/>	III.4. Identity Check:: <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">No</td> <td style="width: 30%;"><input style="width: 30px;" type="text"/></td> <td style="width: 30%;">Yes</td> <td style="width: 10%;"><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Satisfactory</td> <td><input style="width: 30px;" type="text"/></td> <td>Not satisfactory</td> <td><input style="width: 30px;" type="text"/></td> </tr> </table>	No	<input style="width: 30px;" type="text"/>	Yes	<input style="width: 30px;" type="text"/>	Satisfactory	<input style="width: 30px;" type="text"/>	Not satisfactory	<input style="width: 30px;" type="text"/>									
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	III.5. Physical Check:: <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">No</td> <td style="width: 30%;"><input style="width: 30px;" type="text"/></td> <td style="width: 30%;">Total animals checked</td> <td style="width: 10%;"></td> </tr> <tr> <td>Satisfactory</td> <td><input style="width: 30px;" type="text"/></td> <td>Not satisfactory</td> <td><input style="width: 30px;" type="text"/></td> </tr> </table>	No	<input style="width: 30px;" type="text"/>	Total animals checked		Satisfactory	<input style="width: 30px;" type="text"/>	Not satisfactory	<input style="width: 30px;" type="text"/>	III.6. Laboratory Tests:: <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">No</td> <td style="width: 30%;"><input style="width: 30px;" type="text"/></td> <td style="width: 30%;">Yes</td> <td style="width: 10%;"><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Date:</td> <td colspan="3"><input style="width: 100%; height: 20px;" type="text"/></td> </tr> <tr> <td>Tested for::</td> <td colspan="3"><input style="width: 100%; height: 20px;" type="text"/></td> </tr> <tr> <td>Results::</td> <td>Random <input style="width: 30px;" type="text"/></td> <td>Suspicion</td> <td><input style="width: 30px;" type="text"/></td> </tr> <tr> <td></td> <td>Pending <input style="width: 30px;" type="text"/></td> <td>Satisfactory</td> <td><input style="width: 30px;" type="text"/></td> </tr> <tr> <td></td> <td></td> <td>Not satisfactory</td> <td><input style="width: 30px;" type="text"/></td> </tr> </table>	No	<input style="width: 30px;" type="text"/>	Yes	<input style="width: 30px;" type="text"/>	Date:	<input style="width: 100%; height: 20px;" type="text"/>			Tested for::	<input style="width: 100%; height: 20px;" type="text"/>			Results::	Random <input style="width: 30px;" type="text"/>	Suspicion	<input style="width: 30px;" type="text"/>		Pending <input style="width: 30px;" type="text"/>	Satisfactory	<input style="width: 30px;" type="text"/>			Not satisfactory	<input style="width: 30px;" type="text"/>	
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PLANNING

1.1. ORGANISER name and address (a) (b)		1.2. Name of the person in charge of the journey			
		1.3. Telephone / Fax			
2. TOTAL EXPECTED DURATION (hours / days)					
3.1. Place and country of DEPARTURE			4.1. Place and country of DESTINATION		
3.2. Date	3.3. Time	4.2. Date	4.3. Time		
5.1. Species	5.2. Number of animals	5.3. Veterinary certificate(s) number(s)			
5.4. Estimated total weight of the consignment (in kg)			5.5. Total space foreseen for the consignment (in m ²)		
6. LIST OF FORESEEN RESTING, TRANSFER OR EXIT POINTS					
6.1. Name of the places where animals are to be rested, or transferred (including exit points)	6.2. Arrival		6.3. Length (in hours)	6.4. Transporter name and authorisation N° (if different from the organiser)	6.5 identification
	Date	Time			
7. I, the organiser, hereby declare that I am responsible for the organisation of the above-mentioned journey and I have made suitable arrangements to safeguard the welfare of the animals throughout the journey in accordance with the provisions of Council Regulation 1/2005					
8. Signature of the organiser					

(a) Organiser: see definition laid down in Article 2(q) of Council Regulation 1/2005

(b) If the organiser is a transporter the authorisation number shall be specified