

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:
	(1)[Fresh meat or meat preparations complying with Commission Implementing Decision (EU) 2016/645 of 22 April 2016 concerning certain protective measures against lumpy skin disease in Bulgaria.] (1)[Meat products complying with Commission Implementing Decision (EU) 2016/645 of 22 April 2016 concerning certain protective measures against lumpy skin disease in Bulgaria.]		
Notes			
Part II:			
(1) Keep if appropriate.			
Official veterinarian or official inspector			
Name (in Capital):		Qualification and title:	
Local Veterinary Unit:		LVU N°:	
Date:		Signature:	
Stamp			

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 colspan="4">Date:</td> </tr> <tr> <td colspan="4">Tested for::</td> </tr> <tr> <td>Random</td> <td><input style="width: 30px;" type="text"/></td> <td>Suspicion</td> <td><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Pending</td> <td><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:				Tested for::				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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