EUROPEAN COMMUNITY Intra trade certificate L2 Certificate reference number I 2 a Local reference number Name Address I.3. Central Competent Authority Part I: Details of dispatched consignment I.4. Local Competent Authority Country .5. Consignee I.6. No.(s) of related original certificates No.(s) of accompanying documents Name Address I 7 Dealer Name Country 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 I.13. Place of destination Holding Holding Assembly centre Dealer's premise Assembly centre Dealer's premise Approved body Semen centre Approved aquaculture holding Approved body Semen centre Approved aquaculture holding Embryo team Establishment Other Embryo team Establishment Other Name Name Approval number Approval number Address Address Postal code / Region Postal code / Region I.14. Place of loading I.15. Date and time of departure Postal code / Region I.16. Means of transport I.17. Transporter Ship Railway wagon Aeroplane Name Other Road vehicle Approval number Identification: Address Number(s): Postal code / Region Member state I.18. Animal species/Product I.19. Commodity code (CN code) I.20. Number/Quantity I.21 Temperature of products I.22. Number of packages Chilled I.23. Identification of container/Seal number I.24. Type of packaging I.25. Animals certified as/products certified for:: Approved bodies Breeding Fattening Slaughter Transhumance Artificial reproduction Registered equidae Game restocking Pets Other Human consumption Animal feedingstuff Pharmaceutical use Technical use I.26. Transit through 3rd country I.27. Transit through Member states ISO code 3rd country ISO code Member state ISO code Exit point Code Member state BIP unit no.: ISO code Entry point Member state I.28. Export I.29. Estimated journey time 3rd country ISO code Exit point Code I.30. Route plan Yes No I.31. Identification of the animals

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	II. Health information	II.a. Certificat reference number II.b.Local reference number:							
	······································	11.0.Local reference number							
	I the undersigned certify that the coulded described above mosts the following and t	(a)(b)							
	I, the undersigned, certify that the equidae described above meets the following requirements(a)(b)								
	(a) it has been examined today and shows no clinical sign of disease;								
_	(b) it is not intended for slaughter under a national program of contagious or infectious disease eradication;								
Part II: Certification	(c) it does not come from the territory or part of the territory of a Member State/third country wh	ich is the subject of restrictions for rescons of African harres sickness							
411	(c) it does not come from the territory or part of the territory of a Member State/third country which is the subject of restrictions for reasons of African horse sickness, or - it comes from the territory or part of the territory of a Member State which was subject to prohibition for animal health reasons and has undergone, with satisfactory results, the tests provided for in Article 5 (3) of Directive 90/426/EEC in the quarantine station of between and (e);								
2									
3									
er	(V)								
ا ر	- it is not vaccinated against African horse sickness,								
į	or								
2	- it was vaccinated against African horse sickness on (c) (d);								
3	(7,47)								
١.	(d) it has not come from a holding which was subject to prohibition for animal health reasons	nor had contact with equidae from a holding which was subject to prohibition for animal health reasons							
		eginning on the date of the last actual or possible contact with a sick animal. However, in the case of a stallion							
	the prohibition shall apply until the animal is castrated,	66							
		n the day on which the equidae suffering from the disease in question are slaughtered,							
	- during six months in the case of glanders or equine encephalomyelitis, beginning on the day on which the equidae suffering from the disease in question are slaughtered, - in the case of infectious anaemia, until the date on which, the infected animals having been slaughtered, the remaining animals have shown a negative reaction to two Coggins tests carried out								
	- in the case of infectious anaemia, until the date on which, the infected animals having been staughtered, the remaining animals have shown a negative reaction to two Coggins tests carried out three months apart,								
	- during six months from the last case, in the case of vesicular stomatitis,								
4	- during one month from the last case, in the case of rabies,								
	- during 15 days from the last case, in the case of anthrax,								
	- if all the animals of species susceptible to the disease located on the holding have been slaughtered and the premises disinfected during 30 days, beginning on the day on which the animals were								
	destroyed and the premises disinfected, except in the case of anthrax, where the period of prohibition is 15 days;								
	(e) to the best of my knowledge, it has not been in contact with equidae suffering from an infe	ctious or contagious disease in the 15 days prior to this declaration.							
	(f) at the time of inspection the above animals were fit to be transported on the intended journ	ey in accordance with the provisions of Council Regulation (EC) No. 1/2005 (e).							
	(3) List the time of inspection the above animals were in to be than ported on the included joining. In decordance with the provisions of counter regulation (20) 10. 112000 (6).								
	(a) This information is not required where there is a bilateral agreement in accordance with Article 6 of Directive 90/426/EEC.								
	(b) Valid for 10 days.								
	(c) Delete whichever does not apply.								
	(d) The vaccination date must be entered in the passport.								
	(e) This statement does not exempt transporters from their obligations in accordance with Community provisions in force in particular regarding the fitness of animals to be transported.								
	Official veterinarian or official inspector								
	Name (in Capital):	Qualification and title:							
	Local Veterinary Unit:	LVU N°:							
	Date:	Signature:							
	Stamp	•							
	-								

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EUROPEAN COMMUNITY Intra trade certificate III.1. Date of the inspection III.2. Certificate Reference Number: III.3. Documentary Check:: III.4. Identity Check:: EU Standard Satisfactory Not satisfactory Additional guarantees Satisfactory Not satisfactory Satisfactory Not satisfactory National requirements Satisfactory Not satisfactory III.5. Physical Check:: Total animals checked III.6. Laboratory Tests:: No Yes Satisfactory Not satisfactory Date: Tested for:: Part III: Control Suspicion II.7. Welfare check Results:: Satisfactory Not satisfactory Pending Satisfactory Not satisfactory III.8.Infringement of welfare regulation: III.9. Infringement of health legislation III.8.1.Transporter authorisation invalid III.9.1. Absence/Invalid certificate III.8.2.Non-compliance of the means of transport III.9.2. Mis-match with documents III.8.3.Stocking density exceeded III.9.3. Non authorised country Average space III.8.4.Travel times exceeded III.9.4. Non approved region/ zone III.8.5. Watering and feeding not fulfilled III.9.5. Prohibited species III.8.6.Mishandling or negligence to the animals III.9.6. Absence of additional guarantee III.8.7.Supplementary measures for the journeys of long duration III.9.7. Non approved holding III.8.8.Certificate of proficiency of the driver III.9.8. Diseased or suspect animals III.8.9.Data registered in the log book III.9.9. Unsatisfactory tests III 8 10 Other III.9.10. Absence or non legal identification III.9.11.National requirements not fulfilled III.10. Impact of the transport on animals III.9.12. Address of destination invalid Number of dead animals:: Estimation: Number of unfit animals :: Estimation: III 9 13 Other Number of birth or abortion: III.11. Corrective action III.12. Follow-up of quarantine III.11.1. Delayed departure III.11.2. Transfer procedure III.11.3. Quarantine III.12.1. Humanely killing/Euthanasia III.11.4. Humane killing/Euthanasia III.12.2.Release III.11.5. Destruction of carcasses/products III.II.6. Return of consignment III.11.7. Treatment of products III.11.8.7. Use of products for other purpose Identification: III.13. Place of inspection Establishment Holding Assembly centre Dealer's premise Approved body Semen centre Port Airport Exit point Enroute Other III.14. Official veterinarian or official inspector LVII Nº Local Veterinary Unit Name (in Capital): Oualification and title Date Signature:

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	2. Date 3.3. Time		4.2. Date 4.3. T		4.3. Time	. Time			
5.1. Species	. Species 5.2. Number of animals		5.3. Veterinary certificate(s) number(s)						
5.4. Estimated total weight of the consignmen	5.5. Total space foreseen for the consignment (in m²)								
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. A	Arrival Time	6.3. Length (in hours)	6.4. Transporter name and authorisation different from the organiser)	on N (if	6.5 identification			
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