

REPUBLIKA SLOVENIJA / REPUBLIC OF SLOVENIA  
MINISTRSTVO ZA KMETIJSTVO, GOZDARSTVO IN PREHRANO /  
MINISTRY OF AGRICULTURE, FORESTRY AND FOOD  
Uprava Republike Slovenije za varno hrano, veterinarstvo in varstvo rastlin /  
The Administration of the Republic of Slovenia for Food Safety,  
Veterinary Sector and Plant Protection

**VETERINARSKO SPRIČEVALO ZA DOMAČE PSE, MAČKE IN BELE DIHURJE, KI VSTOPAJO V  
ARMENIJO ZA NETRGOVSKE PREMIKE /  
VETERINARY CERTIFICATE FOR DOMESTIC DOGS, CATS AND FERRETS ENTERING THE  
REPUBLIC OF ARMENIA FOR NON-COMMERCIAL MOVEMENTS**

Država odpreme / Country of dispatch of the animal: \_\_\_\_\_

Serijska številka spričevala / Serial number of the certificate:

<b>I. Lastnik/odgovorna oseba, ki spremlja žival / Owner/responsible person accompanying the animal</b>	
Ime / Name:	Preimek / Surname:
Naslov / Address:	
Poštna številka / Postal code:	Mesto / City:
Država / Country:	Telefon / Telephone:

<b>II. Opis živali / Description of the animal</b>	
Vrsta / Species:	Pasma / Breed:
Spol / Sex:	Dlaka (barva in tip) / Coat (colour and type):
Datum rojstva / Date of birth:	

<b>III. Identifikacija živali / Identification of the animal</b>	
Številka mikročipa / Microchip number:	
Lokacija mikročipa / Location of microchip:	Datum vstavitve mikročipa / Date of application of the microchip:
Tetovirana številka (če je na voljo) / Tattoo number (if available):	Datum tetoviranja (če je na voljo) / Date of application of the tattoo (if available):

<b>IV. Cepljenje proti steklini / Vaccination against rabies</b>		
Proizvajalec in ime cepiva / Manufacturer and name of vaccine:		
Številka serije / Batch Number:	Datum cepljenja / Vaccination date:	Veljavno do / Valid until:

**VS-40/12 - Armenija**

Podpisani potrjujem, da je minilo najmanj 21 dni od zaključka primarnega cepljenja proti steklini in, da je bilo kakršno koli obnovitveno cepljenje izvedeno v obdobju veljavnosti predhodnega cepljenja. Podrobnosti o trenutnem cepljenju so navedene v tej rubriki zgoraj. / I, the undersigned, hereby certify, that at least 21 days have elapsed since the completion of the primary vaccination against rabies and any subsequent revaccination was carried out within the period of validity of the preceding vaccination. Details of the current vaccination are provided in this Box above.

**V. Serološki test za ugotavljanje stekline / Rabies serological test**

Videl/a sem uradni zapisnik o rezultatu serološkega testa živali, ki je bil izveden na vzorcu, odvzetem dne \_\_\_\_\_, v laboratoriju, odobrenem s strani EU, in ki navaja, da je bil titer protiteles, ki nevtralizirajo steklino, enak ali večji od 0,5 IE/ml. / I have seen an official record of the result of a serological test for the animal, carried out on a sample taken on \_\_\_\_\_, and tested in an OIE approved laboratory, which states that the rabies neutralizing antibody titer was equal to or greater than 0,5 IU/ml.

**V. Klinični pregled / Clinical examination**

Podpisani potrjujem, da je bila dne \_\_\_\_\_, ne več kot 48 ur pred predlaganim dnevom potovanja opisana žival pregledana in da ni kazala kliničnih znakov bolezni, prenosljivih s to vrsto živali in je po mojem mnenju sposobna potovati; / I, the undersigned, hereby certify, that on \_\_\_\_\_ being not more than 48 hours prior to the proposed date of travelling, the said animal was examined and did not show any clinical signs of diseases transmissible by this species and, in my opinion, is fit to travel;

**To spričevalo je veljavno 10 dni od datuma podpisa. / This certificate is valid for 10 days from date of signature.**

**OPOMBE / NOTES**

1. Identifikacijo živali (tetovaža in mikročip) je potrebno preveriti pred izpolnjevanjem spričevala. / Identification of the animal (tattoo or microchip) must have been verified before any entries are made on the certificate.
2. Cepivo proti steklini mora biti inaktivirano in pripravljeno v skladu s standardi OIE. / The rabies vaccine used must be an inactivated vaccine produced in accordance with OIE standards.
3. Vsi datumi v spričevalu morajo biti jasno zapisani v obliki [DD-MM-LLLL]. / All dates in the certificate should be clearly indicated [DD-MM-YYYY].
4. Spričevalo mora biti izpolnjeno z velikimi tiskanimi črkami. / The certificate shall be completed in block letters.
5. Barva podpisa in žiga se mora razlikovati od barve tiska. / The signature and the stamp must be in a different colour to that of the printing.

**Uradni veterinar / Official veterinarian**

Ime / Name:

Priimek / Surname:

Naslov / Address:

Podpis, datum in žig / Signature, date &amp; stamp:

Poštna številka / Postal code:

Mesto / City:

Država / Country:

Telefon / Telephone: