

**ZDRAVSTVENO SPRIČEVALO ZA PSE IN MAČKE /
ANIMAL HEALTH CERTIFICATE FOR DOGS AND CATS**

VZOREC / SAMPLE

Št / No:.....

Država izvora: / Exporting country:

Ministrstvo: / Ministry:

Pristojni organ: / Service:

I. ŠTEVILO IN IDENTIFIKACIJA ŽIVALI / NUMBER AND IDENTIFICATION OF ANIMALS

Identifikacija in razpoznavni znaki / Identification and Any distinguishing marks	Pasma/Breed	Barva/Colour	Teža/Weight	Spol/Sex	Starost/Age
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Identifikacijski dokument št. /
Passport No.

Št. mikročipa /
No. of transponder

II. IZVOR ŽIVALI / ORIGIN OF THE ANIMALS

a) Ime in naslov izvoznika: / Name and address of Exporter:

b) Naslov kraja izvora / Address of premises of origin:

c) Ime in naslov uvoznika/kraja namembnosti / Name and address of Importer/premises of destination

d) Uvozno dovoljenje št.(če se zahteva) / Import permit No.(if applicable):

III. PODATKI O ZDRAVSTVENEM STANJU / HEALTH INFORMATION

Podpisani, potrjujem, da: / I, the undersigned, hereby certify that:

a) je bila dne (dd/mm/llll) ne več kot 48 ur pred predlaganim dnevom izvoza opisana žival pregledana ter, da ni kazala nobenih kliničnih znakov nalezljivih ali kužnih bolezni in je po mojem mnenju sposobna potovati. /
on (dd/mm/yyyy) being not more than 48 hours prior to the proposed date of export, the said animal was examined and found to be in good health and free from clinical signs of infectious or contagious disease, and, in my opinion, is fit to travel.

b) je bila navedena žival tretirana proti notranjim in zunanjim zajedalcem. /
the said animal was treated against internal external parasites.

c) v polmeru dvajset (20) kilometrov od kraja izvora v zadnjih šestih mesecih ni bilo primerov stekline. /
there were no cases of rabies within a twenty (20) kilometer radius from the point of origin during the last six months.

**ZA PSE IN MAČKE STARE 3 ALI VEČ MESECEV /
FOR DOGS AND CATS AGED 3 MONTHS AND OVER**

d) je bila dne (dd/mm/llll) opisana žival cepljena proti steklini z inaktivirano vakcino,
..... (trgovsko ime in serijska številka cepiva), z veljavnostjo (do tri leta), po navodilih
proizvajalca. /

on (dd/mm/yyyy) the said animal was vaccinated against rabies, using an inactivated vaccine
....., (trade name and the serial number of the vaccine), with duration of its validity (up
to three years)....., according to the manufacturer's instructions.

IV. To spričevalo velja 10 dni od dneva podpisa. / This health certificate is valid for 10 days from date of signature.

Datum / Date.....

Žig / Stamp

.....
Podpis uradnega veterinarja / Signature of official veterinarian