

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

VS-40/12/1 P-Indija

Priloga I / Annex I

VETERINARSKO SPRIČEVALO ZA NETRGOVSKI PREMİK PSOV V INDIJO /  
VETERINARY HEALTH CERTIFICATE FOR IMPORT OF PET DOGS INTO INDIA

I. LASTNIK / OWNER

Ime in naslov lastnika psa(ov) / Name and address of the owner of the dog(s):

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Kontaktna številka: / Contact number: \_\_\_\_\_

E-pošta: / Email: \_\_\_\_\_

II. OPIS / DESCRIPTION

Vrsta živali / Species of animal: \_\_\_\_\_

Pasma psa / Breed of dog: \_\_\_\_\_

Starost ali datum rojstva / Age or date of birth: \_\_\_\_\_

Spol / Sex: \_\_\_\_\_

Barva / Colour: \_\_\_\_\_

Vrsta dlake in znamenja/značilna znamenja / Coat type & marking/Distinguish mark: \_\_\_\_\_

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Identifikacijska/mikročip številka / Identification/Microchip number: \_\_\_\_\_

III. DODATNE INFORMACIJE / ADDITIONAL INFORMATION

Država izvora / Country of origin: \_\_\_\_\_

Države, obiskane v zadnjih dveh letih, po navedbah lastnika (navedite datume) / Countries visited over the past two years as declared by the owner (give dates): \_\_\_\_\_

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#### IV. NAMEMBNI KRAJ ŽIVALI / DESTINATION OF ANIMALS

Namembna država / Country of destination: \_\_\_\_\_

Vrsta prevoza in identifikacija / Nature and identification of means of transport: \_\_\_\_\_

#### V. PODATKI O ZDRAVSTVENEM STANJU / SANITARY INFORMATION

Podpisani uradni veterinar potrjujem, da zgoraj opisan(i) pes(si), pregledan(i) na ta dan: / I, the undersigned, Official Veterinarian hereby certify that the dog(s) described above and examined on this day:

a) ne kaže(jo) kliničnih znakov bolezni vključno s steklino, pasjo kugo, parvovirozo, leptospirozo, infekciозnim hepatitisom, leišmaniozo in garjami. / Show(s) no clinical sign of diseases including rabies, canine distemper, parvo virus infection, leptospirosis, Infectious Canine Hepatitis, Leishmaniasis and Scabies.

b) Je bil(so bili) cepljena(i) proti steklini (v primeru, da je(so) starejši od treh mesecev), pasji kugi, parvovirozi, leptospirozi znotraj časovnega obdobja, priporočenega s strani proizvajalca s cepivom, ki je odobreno (ima izdano dovoljenje za promet) s strani države izvoznice (ime cepiva, serijska številka in datum cepljenja mora biti navedeno v potnem listu/knjižici hišne živali/zdravstveni kartici, odvisno od primera) / Has(have) been vaccinated for rabies (in case it is(they are) more than three months of age), canine distemper, parvo virus infection, leptospirosis within the time limit recommended by the manufacturer of vaccine licensed and approved by the exporting country (name of the vaccine, batch number and the date of vaccination must be shown on the passport/pet book/health card of dog(s) as the case may be)

c) Je bil(so bili) na zdravljenju (če obstaja) z naslednjimi podrobnostmi / Has(have) been under treatment (if any) with following details

(i) Vrsta zdravljenja: / Type of treatment: \_\_\_\_\_

(ii) Vrsta zdravila: / Type of medication: \_\_\_\_\_

Žig: / Official Stamp:

Izdano v / Issued at \_\_\_\_\_ dne/on \_\_\_\_\_

Podpis / Signature: \_\_\_\_\_

Ime in naslov uradnega veterinarja / Name and address of Official Veterinarian

\_\_\_\_\_  
\_\_\_\_\_

Številka uradnega veterinarja: / Registration No.: \_\_\_\_\_

E-pošta: / Email: \_\_\_\_\_

Kontaktna številka: / Contact number: \_\_\_\_\_