

Priloga – I / Annexure - I

**VETERINARSKO ZDRAVSTVENO SPRIČEVALO ZA UVOZ PSA V INDIJO /**  
**ANIMAL HEALTH CERTIFICATE FOR IMPORT OF DOG INTO INDIA**

**I. LASTNIK / OWNER**

Ime in naslov: / Name and Address:

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**II. OPIS / DESCRIPTION**

Živalska vrsta: / Species of animal: .....

Starost ali datum rojstva: / Age or date of birth: .....

Spol: / Sex: .....

Pasma: / Breed: .....

Barva: / Colour: .....

Vrsta dlake & znamenja/značilna znamenja: / Coat type & marking/Distinguish mark: .....

Identifikacijska številka: / Identification number: .....

**III. DODATNE INFORMACIJE / ADDITIONAL INFORMATION**

Država izvora: / Country of origin: .....

Države, obiskane v preteklih letih, po navedbah lastnika (navedite datume) / Countries visited over the past years as declared by the owner (give dates): .....

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

Namembna država: / Country of destination: .....

Ime in naslov prejemalec: / Name and address of consignee: .....

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Vrsta in identifikacija prevoznega sredstva: / Nature and identification of means of transport: .....

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

Podpisani uradni veterinar potrjujem, da zgoraj opisana(e) žival(i), pregledana(e) na ta dan: / The undersigned Official Veterinarian certifies that the animal/s described above and examined on this day:

- a) ne kaže kliničnih znakov bolezni vključno s steklino, pasjo kugo, parvovirozo, leptospirozo itd. / Shows no clinical sign of diseases including rabies, canine distemper, parvo virus infection, leptospirosis etc.
- b) Je bila cepljena proti steklini (v primeru, da je starejša od treh mesecev) 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 na veterinarskem spričevalu) / Has been vaccinated for rabies (in case it is more than three months of age) 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 veterinary certificate)

**Podrobnosti o cepivu proti steklini / Details of Rabies Vaccination**

Ime cepiva: / Name of Vaccine: .....

Serijska številka: / Lot / Batch No.: .....

Datum opravljenega cepljenja: / Vaccination Given date: .....

Datum prenehanja veljavnosti cepljenja: / Vaccination Expiry date: .....

Žig: / Official stamp:

Izdano v / Issued at ..... dne / on .....

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

Podpis / Signature: .....