

**VETERINARSKO ZDRAVSTVENO SPRIČEVALO ZA UVOZ HIŠNIH MAČK V
INDIJO /**
**VETERINARY HEALTH CERTIFICATE FOR IMPORT OF PET CATS INTO
INDIA**

I. LASTNIK / OWNER

Ime in naslov lastnika(ov) mačk(e)/ Name and address of the owner(s) of the cat(s):

Kontaktna št.: / Contact no.: _____

Elektronski naslov: / E-mail: _____

II. OPIS / DESCRIPTION

Pasma mačk(e): / Breed of cat(s) : _____

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

Spol: / Sex: _____

Barva: / Colour: _____

Vrsta dlake in znamenja/značilno znamenje: / Coat type and marking/Distinguish mark:

Identifikacijska številka označitve: / Identification 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):

IV. PODATKI O ZDRAVSTVENEM STANJU / SANITARY INFORMATION

Podpisani uradni veterinar potrjujem, da je(so) zgoraj opisana(e) mačka(e), pregledana(e) na današnji dan:
/ I, the undersigned Official Veterinarian hereby certify that the cat(s) described above and examined on this day:

- a) ne kaže(jo) kliničnih znakov bolezni vključno s steklino, mačjim enteritisom, mačjo pan levkopenijo, leptospirozo, mačjo kugo, garjami, boleznijo Aujeszky, toksoplazmozo itd.. / show/shows no clinical sign of any disease including rabies, feline enteritis, Feline pan leukopenia, leptospirosis, distemper, scabies, aujeszky's disease, toxoplasmosis etc.
- b) Je(so) bila(e) cepljena(e) proti steklini (če je(so) stara(e) več kot 3 mesece) v obdobju, ki ga priporoča proizvajalec cepiva, ki ima dovoljenje za promet in je odobreno v državi izvoznici. / 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.

Ime cepiva: / Name of the vaccine: _____

Serijska številka: / Batch number: _____

Datum cepljenja: / Date of vaccination: _____

- c) Je bila/so bile zdravljene (če sploh), kot je podrobneje navedeno: / 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:

Št. žiga / Registration No.

Kontaktna št.: /Contact no.: _____

VIZOREC/SAMPLE