

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

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  Spol / Sex	Barva / Colour  Starost / Age	Teža / Weight
--	---------------------------------	-------------------------------------	---------------

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: / I, the undersigned, hereby certify that:

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

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

b) da je bila dne ....., najmanj 30 dni in največ 12 mesecev pred vstopom v Vietnam, opisana žival cepljena proti steklini z inaktiviranim cepivom ....., ..... (trgovsko ime in serijska številka cepiva) / on ..... at least 30 days and not more than 12 months prior to entry into Vietnam, the said animal was vaccinated against rabies, using an inactivated vaccine ....., ..... (trade name and the serial number of the vaccine).

**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