

VS-40/12 Pensilvanija

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

Št / No:

Država izvora/izvoza / Country of origin/export:

Ministrstvo / Ministry:

Pristojni organ / Issuing authority:

I. ŠTEVILO IN IDENTIFIKACIJA ŽIVALI / NUMBER AND IDENTIFICATION OF ANIMAL(S)

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 ali tetovirne številke /

No. of transponder or tattoo:

II. IZVOR ŽIVALI IN NAMEMBNI KRAJ / ORIGIN OF ANIMAL(S) AND PLACE OF DESTINATION

Ime in naslov pošiljatelja / Name and address of consignor:

Naslov kraja izvora / Address of premises of origin:

Ime in naslov prejemnika / Name and address of consignee:

Naslov namembnega kraja / Address of premises of destination:

III. PODATKI O ZDRAVSTVENEM STANJU / HEALTH ATTESTATION

Podpisani uradni veterinar s tem potrjujem, da / I, the undersigned official veterinarian certify hereby that:

- je bila dne / on, opisana žival pregledana in ni kazala nobenih kliničnih znakov infektivnih ali kužnih bolezni in je po mojem mnenju sposobna za predvideno potovanje; / the animal in question was examined and found in a good state of health and free from any clinical signs of infectious or contagious disease, and therefore, I find it fit for the intended journey;
- žival ne izvira iz območja, ki je pod karanteno zaradi stekline in ni bila izpostavljena steklini; / the animal does not originate from an area under quarantine for rabies and has not been exposed to rabies;

- c) v zadnjih 100 dneh žival ni bila izpostavljena steklini (velja samo za pse). / there has been no known exposure to rabies within the last 100 days (dogs only).

IV. PODATKI O CEPLJENJU PROTI STEKLINI/ INFORMATION REGARDING VACCINATION AGAINST RABIES

- a) Cepljenje proti steklini: / Vaccination against rabies:

⁽¹⁾ v primeru prve vakcinacije ⁽²⁾ / in the case of primary vaccination⁽²⁾:

dne / on je bila opisana žival cepljena proti steklini, / the said animal was vaccinated against rabies, in cepljenje velja do / and the vaccination is valid until

ali / or

⁽¹⁾ v primeru ponovne vakcinacije /in the case of booster vaccination (re-vaccination):

dne / on je bila opisana žival cepljena proti steklini pred iztekom veljavnosti predhodnega cepljenja / the said animal was revaccinated against rabies within the period of validity of previous vaccination, in cepljenje velja do / and the vaccination is valid until

Datum cepljenja/ Date of vaccination [dd/mm/llll] / [dd/mm/yyyy]	Ime in proizvajalec cepiva / Name and manufacturer of vaccine	Serijska številka / Batch number	Veljavnost cepljenja od / Validity of vaccination from [dd/mm/llll] / [dd/mm/yyyy]	Veljavnost cepljenja do / Validity of vaccination until [dd/mm/llll] / [dd/mm/yyyy]

V. Veljavnost tega spričevala je 30 dni od datuma izdaje. / Validity of this certificate is 30 days from the date of issue.

V / Done at:

Datum izdaje / Date of issue:

Žig / Stamp

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

⁽¹⁾ neustrezno črtaj / delete as appropriate

⁽²⁾ v primeru da je bilo ponovno cepljenje proti steklini opravljeno po izteku veljavnosti predhodnega cepljenja, se šteje kot primarno cepljenje / in the case that revaccination was done after the period of validity of previous vaccination, it is considered as primary vaccination