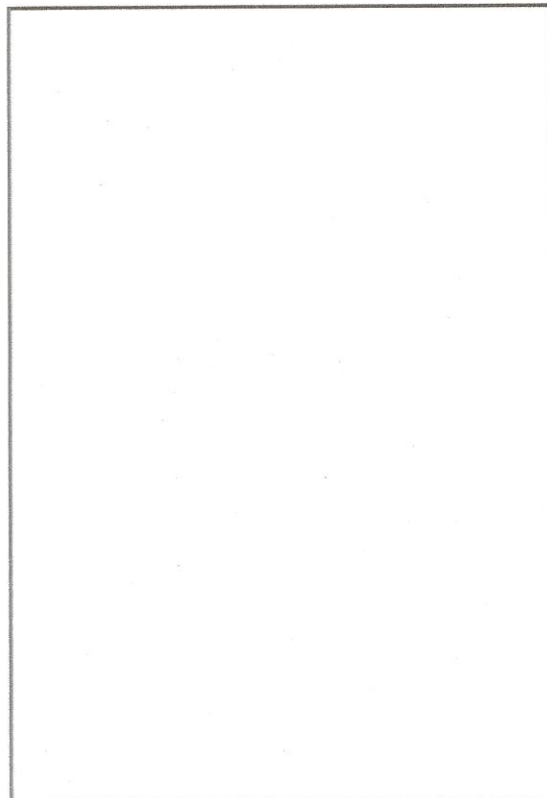


ANNEX III
Models of passports for the non-commercial movement of dogs, cats or ferrets

PART 1
Model of passport issued in a Member State





European Union
[Member State]

PET PASSPORT

ISO Country Code + Number

Page 1
out of X

Explanatory notes for completing the passport

- In each Section of the passport the following format shall be used to indicate
 - a date: dd/mm/yyyy
 - a time: 00:00
- Section III, point 5: information required where the animal has a clearly readable tattoo applied before 3 July 2011 and is not marked by the implantation of a transponder.
- Section V: only required
 - before movement into another Member State in accordance with EU animal health legislation; or
 - where the animal re-enters the Union after a movement to territories or third countries in accordance with EU animal health legislation (to be completed before the animal leaves the Union); or
 - in accordance with national legislation.
- Section V, "VALID FROM²": information not required for booster vaccinations.

ISO Country Code + Number

Explanatory notes for completing the passport

- Section VI: only required where the animal re-enters the Union after a movement to certain territories or a third countries in accordance with EU animal health legislation (to be completed before the animal leaves the Union).
- Section VII: only required before movement into certain Member States in accordance with EU animal health legislation.
- Section VIII to XI: may be required by territories or third countries of destination which accept the passport.
- Section X: only required where the animal is accompanied by a health certificate in accordance with EU animal health legislation.
- Section XII: additional information required under national legislation.

ISO Country Code + Number

I. DETAILS OF OWNERSHIP

1. Name: _____
Surname: _____
Address: _____

Post-Code: _____
City: _____
Country _____
Telephone number*: _____
Signature: _____
2. Name: _____
Surname: _____
Address: _____

Post-Code: _____
City: _____
Country _____
Telephone number*: _____
Signature: _____

* optional

ISO Country Code + Number

II. DESCRIPTION OF ANIMAL

PICTURE OF THE ANIMAL
(optional)

1. Name*: _____
2. Species: _____
3. Breed*: _____
4. Sex _____
5. Date of Birth*: _____
6. Colour: _____
7. Any notable or discernable features or characteristics: _____

* as stated by owner

ISO Country Code + Number

III. MARKING OF ANIMAL

1. Transponder alphanumeric code

2. Date of application or reading* of the transponder

3. Location of the transponder

4. Tattoo alphanumeric code

5. Date of application/date of reading of the tattoo
_____/_____/_____
6. Location of the tattoo

The marking must be verified before any new entry is made on this passport

* delete as necessary

ISO Country Code + Number

IV. ISSUING OF THE PASSPORT

Name of the authorised veterinarian: _____

Address: _____

Post-code: _____

City: _____

Country: _____

Telephone number: _____

E-mail address: _____

Date of issuing: _____

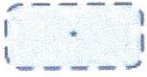


*STAMP &
SIGNATURE*

ISO Country Code + Number


V. VACCINATION AGAINST RABIES

| | MANUFACTURER & NAME OF VACCINE | BATCH NUMBER | VACCINATION DATE ¹ VALID FROM ² VALID UNTIL ³ | AUTHORISED VETERINARIAN |
|---------------------------|-----------------------------------|-----------------|---|--|
| ISO Country Code + Number | | | 1 | <div style="border: 1px dashed black; width: 80px; height: 40px; margin: 0 auto;"></div> |
| | | | 2 | |
| | | | 3 | |
| | | | 1 | <div style="border: 1px dashed black; width: 80px; height: 40px; margin: 0 auto;"></div> |
| | | | 2 | |
| | | | 3 | |

* At least name, address, telephone number and signature.

| | | | |
|---------------------------|----------------------|------------------------|---|
| ISO Country Code + Number | <input type="text"/> | 1 <input type="text"/> |  |
| | | 2 <input type="text"/> | |
| | | 3 <input type="text"/> | |
| ISO Country Code + Number | <input type="text"/> | 1 <input type="text"/> |  |
| | | 2 <input type="text"/> | |
| | | 3 <input type="text"/> | |
| ISO Country Code + Number | <input type="text"/> | 1 <input type="text"/> |  |
| | | 2 <input type="text"/> | |
| | | 3 <input type="text"/> | |

* At least name, address, telephone number and signature.

| VI. RABIES ANTIBODY TITRATION TEST | |
|------------------------------------|---|
| ISO Country Code + Number | <p>I, the undersigned, confirm that I have seen an official record stating that the rabies antibody titration test performed at an EU-approved laboratory on a sample of blood collected on the date mentioned below from the above described animal proved a response to anti-rabies vaccination at a level of serum neutralising antibody equal to or greater than 0.5 IU/ml.</p> |
| | <p>Sample collected on: _____</p> |
| | <p>Name of the authorised veterinarian: _____</p> |
| | <p>Address: _____ _____</p> |
| | <p>Telephone number: _____</p> |
| | <p>Date: _____</p> |
| |  |

| IN CASE OF A FURTHER TEST | |
|---|---|
| ISO Country Code + Number | <p>I, the undersigned, confirm that I have seen an official record stating that the rabies antibody titration test performed at an EU-approved laboratory on a sample of blood collected on the date mentioned below from the above described animal proved a response to anti-rabies vaccination at a level of serum neutralising antibody equal to or greater than 0.5 IU/ml.</p> |
| | <p>Sample collected on: _____</p> |
| | <p>Name of the authorised veterinarian: _____</p> |
| | <p>Address: _____ _____</p> |
| | <p>Telephone number: _____</p> |
| | <p>Date: _____</p> |
| <div style="border: 1px dashed black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>STAMP & SIGNATURE</p> </div> | |

| VII. ANTI-ECHINOCOCCUS TREATMENT | | |
|----------------------------------|--|---|
| MANUFACTURER & NAME OF PRODUCT | DATE ¹ TIME ² | VETERINARIAN |
| ISO Country Code + Number | 1 | <div style="border: 1px dashed black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>STAMP & SIGNATURE</p> </div> |
| | 2 | |
| | 1 | <div style="border: 1px dashed black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>STAMP & SIGNATURE</p> </div> |
| | 2 | |
| | 1 | <div style="border: 1px dashed black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>STAMP & SIGNATURE</p> </div> |
| | 2 | |

| | | | |
|---------------------------|---|-------------------|-------------------|
| ISO Country Code + Number | | 1 | STAMP & SIGNATURE |
| | | 2 | |
| | | 1 | STAMP & SIGNATURE |
| | | 2 | |
| | | 1 | STAMP & SIGNATURE |
| 2 | | | |
| | 1 | STAMP & SIGNATURE | |
| | 2 | | |
| | 1 | STAMP & SIGNATURE | |
| | 2 | | |

| VIII. OTHER ANTI-PARASITE TREATMENTS | | |
|--------------------------------------|--|-------------------|
| MANUFACTURER & NAME OF PRODUCT | DATE ¹ TIME ² | VETERINARIAN |
| | 1 | STAMP & SIGNATURE |
| | 2 | |
| | 1 | STAMP & SIGNATURE |
| | 2 | |
| | 1 | STAMP & SIGNATURE |
| | 2 | |

| | | | |
|---------------------------|---|----------------------|----------------------|
| ISO Country Code + Number | | 1 | STAMP & SIGNATURE |
| | | 2 | |
| | | 1 | STAMP & SIGNATURE |
| | | 2 | |
| | | 1 | STAMP & SIGNATURE |
| 2 | | | |
| | 1 | STAMP & SIGNATURE | |
| | 2 | | |
| | 1 | STAMP & SIGNATURE | |
| | 2 | | |

| IX. OTHER VACCINATIONS | | | |
|-----------------------------------|-----------------|---|----------------------|
| MANUFACTURER & NAME OF VACCINE | BATCH NUMBER | VACCINATION DATE ¹ VALID UNTIL ² | VETERINARIAN |
| | | 1 | STAMP & SIGNATURE |
| | | 2 | |
| | | 1 | STAMP & SIGNATURE |
| | | 2 | |
| | | 1 | STAMP & SIGNATURE |
| | | 2 | |

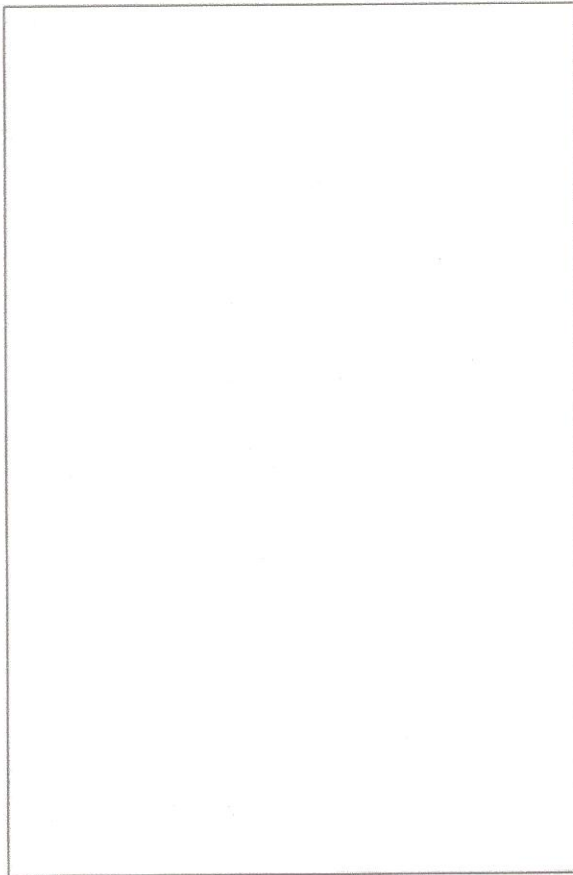
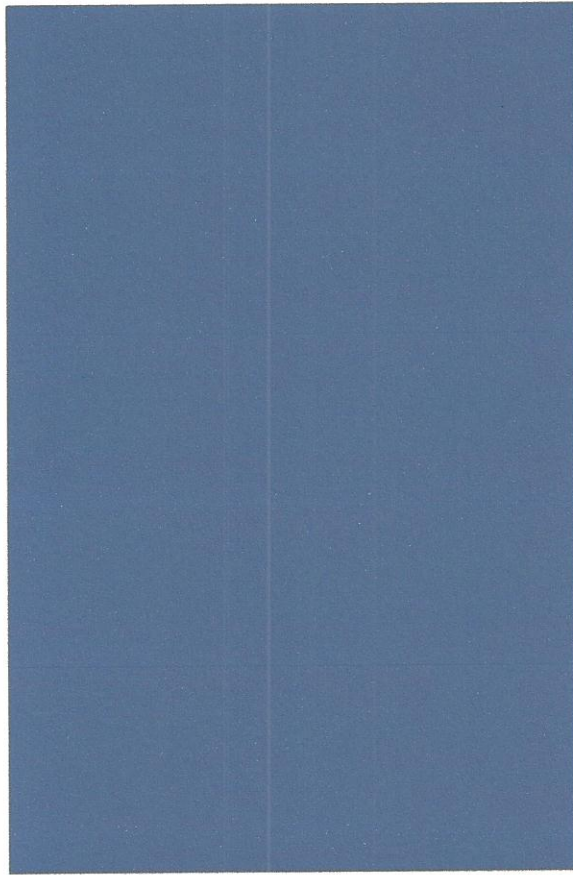
| | | | |
|---------------------------|------------------------|------------------------|-------------------|
| ISO Country Code + Number | <input type="text"/> | 1 <input type="text"/> | STAMP & SIGNATURE |
| | | 2 <input type="text"/> | |
| | <input type="text"/> | 1 <input type="text"/> | STAMP & SIGNATURE |
| | | 2 <input type="text"/> | |
| | <input type="text"/> | 1 <input type="text"/> | STAMP & SIGNATURE |
| | 2 <input type="text"/> | | |
| <input type="text"/> | 1 <input type="text"/> | STAMP & SIGNATURE | |
| | 2 <input type="text"/> | | |

| X. CLINICAL EXAMINATION | | |
|---|----------------------|-------------------------|
| DECLARATION | DATE | AUTHORISED VETERINARIAN |
| The animal shows no signs of diseases and is fit to be transported for the intended journey | <input type="text"/> | <input type="text"/> |
| The animal shows no signs of diseases and is fit to be transported for the intended journey | <input type="text"/> | <input type="text"/> |
| The animal shows no signs of diseases and is fit to be transported for the intended journey | <input type="text"/> | <input type="text"/> |
| The animal shows no signs of diseases and is fit to be transported for the intended journey | <input type="text"/> | <input type="text"/> |

* At least name, address, telephone number and signature.

| XI. LEGALISATION | | |
|---------------------------|------|----------------------|
| LEGALISING BODY | DATE | STAMP/ SIGNATURE |
| ISO Country Code + Number | | STAMP & SIGNATURE |
| | | STAMP & SIGNATURE |
| | | STAMP & SIGNATURE |
| | | STAMP & SIGNATURE |

| XII. OTHERS | |
|---------------------------|--|
| ISO Country Code + Number | |
| | |
| | |
| | |
| | |
| | |
| | |



PART 2
Additional requirements concerning the passport issued in a Member State

1. Format of the passport:
The dimension of the passport shall be 100 × 152 mm.
2. Cover of the passport:
 - (a) front cover:
 - (i) colour: blue (PANTONE ® Reflex Blue) and yellow stars (PANTONE ® Yellow) in the upper quarter complying with the specification of the European emblem ⁽¹⁾;
 - (ii) the words 'European Union' and the name of the Member State of issue shall be printed in the same typeface;
 - (iii) the ISO country code of the Member State of issue followed by a unique alphanumeric code (indicated as 'number' in the model of passport set out in Part 1) shall be printed on the bottom;
 - (b) inside front cover and inside back cover: colour white;
 - (c) back cover: colour blue (PANTONE ® Reflex Blue).
3. Sequences of the headings and numbering of pages of the passport:
 - (a) the sequence of the headings (with the roman numbers) must be strictly respected;
 - (b) the pages of the passport shall be numbered at the bottom of each page in the following format: 'x out of n', where x is the current page and n is the total number of pages of the passport;
 - (c) the ISO country code of the Member State of issue followed by a unique alphanumeric code shall be printed on each page of the passport;
 - (d) the number of pages and the size and shape of the boxes in the model of passport set out in Part 1 are indicative.
4. Languages:
All printed text shall be in the official language(s) of the Member State of issue and in English.
5. Security features:
 - (a) after the required information has been entered in Section III of the passport, a transparent adhesive laminate shall seal the page;
 - (b) where the information on one of the pages of the passport takes the form of a sticker, a transparent adhesive laminate shall seal that sticker in the case where the latter is not self-destructed when it is removed.

⁽¹⁾ Graphics guide to the European Emblem: <http://publications.europa.eu/code/en/en-5000100.htm>