

PART 3

Model of passport issued in one of the territories or third countries listed in Part 1 of Annex II to this Regulation

The image shows a vertical rectangular form for a Pet Passport. It is divided into two main sections. The top section has a light gray background and contains four rounded rectangular boxes arranged vertically. The first box contains the text "[National emblem]". The second box contains the text "[territory or third country]". The third, larger box contains the text "PET PASSPORT" in large, bold, blue capital letters. The fourth, smaller box at the bottom of this section contains the text "ISO Country Code + Number". The bottom section of the form is a large, empty white rectangular area.

<b>[European Union]</b>	
<b>[territory or third country]</b>	
<b>PET PASSPORT</b>	
ISO Country Code + Number	Page 1 out of X

<b>Explanatory notes for completing the passport</b>
<ul style="list-style-type: none"><li>• In each Section of the passport the following format shall be used to indicate<ul style="list-style-type: none"><li>— a date: dd/mm/yyyy</li><li>— a time: 00:00</li></ul></li><li>• 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.</li><li>• Section V: only required<ul style="list-style-type: none"><li>— before movement into another Member State/... in accordance with EU animal health legislation; or</li><li>— 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</li><li>— in accordance with national legislation.</li></ul></li><li>• Section V, "VALID FROM<sup>2</sup>": information not required for booster vaccinations.</li></ul>
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 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	
<div style="border: 1px dashed black; padding: 10px; width: fit-content; margin: 0 auto;"> <p><i>PICTURE OF THE ANIMAL</i> (optional)</p> </div>	
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	_____
<b>The marking must be verified before any new entry is made on this passport</b>	
* 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 <sup>1</sup> VALID FROM <sup>2</sup> VALID UNTIL <sup>3</sup>	AUTHORISED VETERINARIAN
ISO Country Code + Number			1	<div style="border: 2px dashed black; border-radius: 10px; padding: 5px; width: 60px; margin: 0 auto;">*</div>
			2	
			3	
			1	<div style="border: 2px dashed black; border-radius: 10px; padding: 5px; width: 60px; 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"/>	<input type="text"/>
		2 <input type="text"/>	
		3 <input type="text"/>	
	<input type="text"/>	1 <input type="text"/>	<input type="text"/>
		2 <input type="text"/>	
		3 <input type="text"/>	
	<input type="text"/>	1 <input type="text"/>	<input type="text"/>
		2 <input type="text"/>	
		3 <input type="text"/>	
* At least name, address, telephone number and signature.			

<b>VI. RABIES ANTIBODY TITRATION TEST</b>	
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.	
ISO Country Code + Number	Sample collected on: _____
	Name of the authorised veterinarian: _____
	Address: _____
	Telephone number: _____
	Date: _____
<input type="text" value="STAMP &amp; SIGNATURE"/>	

<b>IN CASE OF A FURTHER TEST</b>	
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><i>STAMP &amp; SIGNATURE</i></p> </div>

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

VIII. OTHER ANTI-PARASITE TREATMENTS		
MANUFACTURER & NAME OF PRODUCT	DATE <sup>1</sup> TIME <sup>2</sup>	VETERINARIAN
<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"/>	



ISO Country Code + Number	<input type="text"/>	1 <input type="text"/>	<b>STAMP &amp; SIGNATURE</b>
		2 <input type="text"/>	
	<input type="text"/>	1 <input type="text"/>	<b>STAMP &amp; SIGNATURE</b>
		2 <input type="text"/>	
	<input type="text"/>	1 <input type="text"/>	<b>STAMP &amp; SIGNATURE</b>
	2 <input type="text"/>		
<input type="text"/>	1 <input type="text"/>	<b>STAMP &amp; SIGNATURE</b>	
	2 <input type="text"/>		
<input type="text"/>	1 <input type="text"/>	<b>STAMP &amp; SIGNATURE</b>	
	2 <input type="text"/>		

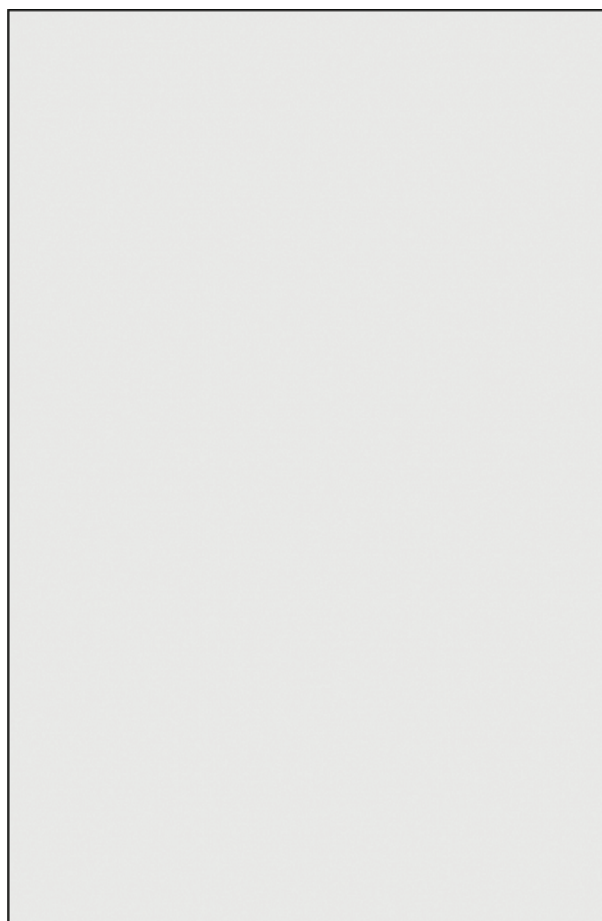
IX. OTHER VACCINATIONS			
MANUFACTURER & NAME OF VACCINE	BATCH NUMBER	VACCINATION DATE <sup>1</sup> VALID UNTIL <sup>2</sup>	VETERINARIAN
<input type="text"/>	<input type="text"/>	1 <input type="text"/>	<b>STAMP &amp; SIGNATURE</b>
		2 <input type="text"/>	
<input type="text"/>	<input type="text"/>	1 <input type="text"/>	<b>STAMP &amp; SIGNATURE</b>
		2 <input type="text"/>	
<input type="text"/>	<input type="text"/>	1 <input type="text"/>	<b>STAMP &amp; SIGNATURE</b>
		2 <input type="text"/>	

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"/>		
<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.





## PART 4

**Additional requirements concerning the passport issued in one of the territories or third countries listed in Part 1 of Annex II to this Regulation**

## 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: PANTONE® monochrome and national emblem in the upper quarter;

(ii) the ISO country code of the territory or third country of issue followed by a unique alphanumeric code (indicated as 'number' in the model of passport set out in Part 3), shall be printed on the bottom;

(b) inside front cover and inside back cover: colour white;

(c) back cover: colour PANTONE® monochrome.

## 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 territory or third country 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 3 are indicative.

## 4. Languages:

All printed text shall be in the official language(s) of the territory or third country 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.

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