



CERTIFIKAT O ZDRAVLJU ŽIVOTINJA ZA NEKOMERCIJALNO PREMJEŠTANJE PASA KUĆNIH LJUBIMACA, MAČAKA KUĆNIH LJUBIMACA I PITOMIH  
VREĆICA KUĆNIH LJUBIMACA IZ BOSNE I HERCEGOVINE U \_\_\_\_\_, IZ ČLANKA 18. STAV 1. DELEGIране

UREDBE KOMISIJE (EU) 2026/131

ANIMAL HEALTH CERTIFICATE FOR THE NON-COMMERCIAL MOVEMENT INTO \_\_\_\_\_ FROM BOSNIA AND  
HERZEGOVINA OF PET DOGS, PET CATS OR PET FERRETS REFERRED TO IN ARTICLE 18(1) OF DELEGATED REGULATION (EU) NO 2026/131

| Bosna i Hercegovina / Bosnia and Herzegovina                               |                                            |                    |                                                         | Certifikat o zdravlju životinja za EU / Animal health certificate to EU |                                             |                                                      |
|----------------------------------------------------------------------------|--------------------------------------------|--------------------|---------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------|
| Dio I: detalji o pošiljci / Part I: details of the dispatched consignment: | I.1. Pošiljalac / Consignor                |                    |                                                         | I.2. Referentni broj certifikata / Certificate reference number         |                                             | I.2.a.                                               |
|                                                                            | Ime / Name                                 |                    |                                                         |                                                                         |                                             |                                                      |
|                                                                            | Adresa / Address                           |                    |                                                         | I.3. Centralno nadležno tijelo / Central Competent Authority            |                                             |                                                      |
|                                                                            | Tel. br. / Phone                           |                    |                                                         | I.4. Lokalno nadležno tijelo / Local Competent Authority                |                                             |                                                      |
|                                                                            | I.5. Primaatelj / Consignee                |                    |                                                         | I.6.                                                                    |                                             |                                                      |
|                                                                            | Ime / Name                                 |                    |                                                         |                                                                         |                                             |                                                      |
|                                                                            | Adresa / Address                           |                    |                                                         |                                                                         |                                             |                                                      |
|                                                                            | Poštanski broj / Postal code               |                    |                                                         |                                                                         |                                             |                                                      |
|                                                                            | Tel. br. / Phone                           |                    |                                                         |                                                                         |                                             |                                                      |
|                                                                            | I.7. Država porijekla / Country of origin  | Kod ISO / ISO code | I.8.                                                    | I.9.                                                                    | I.10.                                       |                                                      |
|                                                                            | Bosna i Hercegovina/Bosnia and Herzegovina | BA                 |                                                         |                                                                         |                                             |                                                      |
|                                                                            | I.11.                                      |                    |                                                         | I.12.                                                                   |                                             |                                                      |
|                                                                            | I.13.                                      |                    |                                                         | I.14.                                                                   |                                             |                                                      |
|                                                                            | I.15.                                      |                    |                                                         | I.16.                                                                   |                                             |                                                      |
|                                                                            |                                            |                    |                                                         | I.17.                                                                   |                                             |                                                      |
| I.18. Opis pošiljke / Description of commodity                             |                                            |                    | I.19. Kod pošiljke (CT broj) / Commodity code (HS code) |                                                                         |                                             |                                                      |
|                                                                            |                                            |                    | 010619                                                  |                                                                         |                                             |                                                      |
| I.21.                                                                      |                                            |                    | I.20. Količina / Quantity                               |                                                                         |                                             |                                                      |
| I.23.                                                                      |                                            |                    | I.22.                                                   |                                                                         |                                             |                                                      |
|                                                                            |                                            |                    | I.24.                                                   |                                                                         |                                             |                                                      |
| I.25. Pošiljka je namijenjena / Commodities certified for:                 |                                            |                    |                                                         |                                                                         |                                             |                                                      |
| Kućni ljubimci / Pets <input type="checkbox"/>                             |                                            |                    |                                                         |                                                                         |                                             |                                                      |
| I.26.                                                                      |                                            |                    | I.27.                                                   |                                                                         |                                             |                                                      |
| I.28. Identifikacija pošiljke / Identification of the commodities          |                                            |                    |                                                         |                                                                         |                                             |                                                      |
| Vrsta (naučni naziv)/Species (scientific name)                             | Spol/Sex                                   | Boja/Colour        | Pasma/Breed                                             | Identifikacijski broj/Identification number                             | Sustav identifikacije/Identification system | Datum rođenja(dd/mm/gggg)/Date of birth (dd/mm/yyyy) |
|                                                                            |                                            |                    |                                                         |                                                                         |                                             |                                                      |
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| II. Podaci o zdravlju / Health information |  | II.a. Referentni broj sertifikata / Certificate reference number | II.b. |
|--------------------------------------------|--|------------------------------------------------------------------|-------|

Ja, dolje potpisani službeni veterinar<sup>(1)</sup> / veterinar kojeg je ovlastilo nadležno tijelo<sup>(1)</sup> Bosne i Hercegovine potvrđujem da/ I, the undersigned official veterinarian<sup>(1)</sup>/ veterinarian authorised by the competent authority<sup>(1)</sup> of Bosnia and Herzegovina certify that:

(1) bilo/ either [ II.1. broj životinja opisanih u rubrici I.28. koje se premještaju nije veći od pet; / the animals described in Box I.28. are moved in a number of five or less; ]

(1) ili/ or [ II.1. broj životinja opisanih u rubrici I.28. koje se premještaju je veći od pet, imaju više od šest mjeseci i sudjelovat će na natjecanjima, izložbama ili sportskim događajima ili na treninzima za takva događanja, a vlasnik ili fizička osoba dostavila su dokaze<sup>(2)</sup> da su životinje registrirane: / the animals described in Box I.28 are moved in a number of more than five, are more than six months old and are going to participate in competitions, exhibitions or sporting events or in training for those events, and the owner or the natural person has provided evidence<sup>(2)</sup> that the animals are registered:

(1) bilo/ either [ za prisustvovanje takvom događanju; / to attend such event; ]

(1) ili/ or [ pri udruzi koja organizira takva događanja; / with an association organising such events; ]

[ II.2. Životinje opisane u rubrici I.28. ne pokazuju simptome bolesti i sposobne su za nekomercijalno premještanje \_\_\_\_\_ (unijeti datum u formatu dd/mm/gggg); / the animals described in Box I.28 show no disease symptoms and are fit for the non-commercial movement on \_\_\_\_\_ (insert date dd/mm/yyyy); ]

[ II.3. Životinje opisane u rubrici I.28 u trenutku cijepljenja protiv bjesnoće bile su stare najmanje 12 tjedana i protekao je najmanje 21 dan od završetka primarnog cijepljenja protiv bjesnoće<sup>(3)</sup> provedenog u skladu sa zahtjevima valjanosti iz dijela I. Priloga VII. Delegirane Uredbe Komisije (EZ) br. 2020/688 i sva daljnja ponovna cijepljenja su obavljena unutar razdoblja valjanosti prethodnog cijepljenja<sup>(4)</sup>; i / the animals described in Box I.28 were at least 12 weeks old at the time of vaccination against rabies and at least 21 days have elapsed since the completion of the primary anti-rabies vaccination<sup>(3)</sup> carried out in accordance with the validity requirements set out in Part I of Annex VII to Commission Delegated Regulation (EU) 2020/688 and any subsequent revaccination was carried out within the period of validity of the preceding vaccination<sup>(4)</sup>; and:

(1) bilo/ either [ II.3.1. Životinje opisane u rubrici I.28. dolaze iz treće zemlje ili područja navedenih u Prilogu II. Provedbenoj uredbi Komisije (EU) 2026/636 1) izravno ili 2) preko treće zemlje ili područja navedenih u tom prilogu ili 3) preko treće zemlje ili područja koji nisu oni navedeni u tom prilogu u skladu s člankom 17. stavkom 2. Delegirane uredbe Komisije (EU) 2026/131<sup>(5)</sup>, a podaci o relevantnim cijepljenjima protiv bjesnoće navedeni su u tablici u nastavku; / the animals described in Box I.28 come from a third country or a territory listed in Annex II to Commission Implementing Regulation (EU) 2026/636, either 1) directly, or 2) through a third country or territory listed in that Annex or 3) through a third country or territory other than those listed in that Annex in accordance with Article 17<sup>(6)</sup> of Commission Delegated Regulation (EU) 2026/131<sup>(5)</sup>, and the details of the relevant anti rabies vaccination(s) are provided in the table below; ]

(1) or/ ili [ II.3.1. Životinje opisane u rubrici I.28. dolaze iz treće zemlje ili područja, ili je planiran njihov provoz kroz treću zemlju ili područje, koji nisu oni navedeni u Prilogu I. ili Prilogu II. Provedbenoj uredbi (EU) 2026/636, a test titracije protutijela na bjesnoću<sup>(6)</sup>, proveden na uzorku krvi koji je uzeo veterinar kojeg je odobrilo nadležno tijelo na datum naveden u tablici u nastavku najmanje 30 dana nakon datuma primarnog cijepljenja ili unutar aktualne valjane serije cijepljenja i najmanje 90 dana prije datuma izdavanja ovog sertifikata o zdravlju životinja, pokazao je titar protutijela jednak ili veći od 0,5 IU/ml<sup>(7)</sup> i docjepljivanje je provedeno u razdoblju valjanosti prethodnog cijepljenja<sup>(4)</sup>, a podaci o relevantnim cijepljenjima protiv bjesnoće i datumu uzorkovanja za testiranje imunološkog odgovora navedeni su u sljedećoj tablici: / the animals described in Box I.28 come from, or are scheduled to transit through, a third country or territory other than those listed in Annex I or Annex II to Implementing Regulation (EU) 2026/636 and a rabies antibody titration test<sup>(6)</sup>, carried out on a blood sample taken by the veterinarian authorised by the competent authority, on the date indicated in the table below at least 30 days after the date of the primary vaccination, or within a current valid vaccination series, and not less than 90 days prior to the date of issue of this animal health certificate, proved an antibody titre equal to or greater than 0,5 IU/ml<sup>(7)</sup> and any subsequent revaccination was carried out within the period of validity of the preceding vaccination<sup>(4)</sup>, and the details of the relevant anti-rabies vaccination(s) and the date of sampling for testing the immune response are provided in the table below:

| Transponder ili tetovaža / Transponder or tattoo                     |                                                                                                                                              | Datum cijepljenja<br>(dd/mm/gggg)/<br>Date of<br>vaccination<br>[dd/mm/yyyy] | Naziv<br>proizvođača<br>cijepljiva/<br>Name and<br>manufacturer<br>of<br>vaccine | Serijski<br>broj /<br>Batch<br>number | Valjanost cjepljiva / Validity of<br>vaccination |                                         | Datum uzimanja<br>krvnih uzoraka<br>(dd/mm/gggg)/<br>Date of the blood<br>sample<br>[dd/mm/yyyy] |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------|
| Alfnumerički kod životinja /<br>Alphanumerical code of the<br>animal | Datum ugradnje i/ili čitanja<br>( <sup>8</sup> ) [dd/mm/gggg] /<br>Date of implementation<br>and/or reading <sup>(10)</sup><br>[dd/mm/yyyy]/ |                                                                              |                                                                                  |                                       | od/ from<br>(dd/mm/gggg)/<br>[dd/mm/yyyy]        | do/ to<br>(dd/mm/gggg)/<br>[dd/mm/yyyy] |                                                                                                  |
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(1) bilo/ either [ II.4. psi opisani u rubrici I.28. namijenjeni su državi članici ili njezinoj zoni sa statusom „slobodno od bolesti“ za Echinococcus multilocularis<sup>(9)</sup> i tretirani su protiv Echinococcus multilocularis, a pojednostini o lijeku koji je dao veterinar u skladu s Prilogom XXI. Delegiranoj uredbi Komisije (EU) 2020/692 navedene su u sljedećoj tablici<sup>(10)</sup> (11). / the dogs described in Box I.28 are destined for a Member State or zone thereof with disease free status from Echinococcus multilocularis<sup>(9)</sup> and have been treated against Echinococcus multilocularis, and the details of the treatment carried out by the administering veterinarian in accordance with Annex XXI to Commission Delegated Regulation (EU) 2020/692 are provided in the table below<sup>(10)</sup> (11). ]

(1) ili/ or [ II.4. psi opisani u rubrici I.28. nisu tretirani protiv Echinococcus multilocularis<sup>(12)</sup>. / the dogs described in Box I.28 have not been treated against Echinococcus multilocularis<sup>(12)</sup>. ]

| Transponder ili broj tetovaže pas /<br>Transponder or tattoo number of the dog | Tretiranje protiv ehinokokozе /<br>Anti-echinococcus treatment            |                                                                                                           | Veterinar koji je tretirao životinju<br>Administering veterinarian             |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
|                                                                                | Naziv i proizvođača proizvoda/<br>Name and manufacturer of the<br>product | Datum [dd/mm/gggg] i vrijeme<br>[00:00] tretmana / Date<br>[dd/mm/yyyy] and time of<br>treatment [00:00]/ | Ime tiskanim slovima, pečat i potpis/<br>Name in capitals, stamp and signature |
|                                                                                |                                                                           |                                                                                                           |                                                                                |
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(1) bilo/ either [ II.5. vlasnik je izjavio<sup>(13)</sup> da je premještanje kućnih ljubimaca nekomercijalno premještanje. / the owner has declared<sup>(13)</sup> that the movement of the pet animals is a non-commercial movement. ]

(1) ili/ or [ II.5. vlasnik je odobrio nekomercijalno premještanje kućnog ljubimca u potpisanoj izjavi<sup>(14)</sup> i dostavio dokaze<sup>(2)</sup> o svojem kretanju te je vlasnik / ovlaštena osoba izjavio/-la<sup>(13)</sup> da je premještanje kućnog ljubimca nekomercijalno premještanje. / the owner has authorised the non-commercial movement of the pet animal in a signed declaration<sup>(14)</sup> and provided evidence<sup>(2)</sup> of his/her/their movement and the owner/authorised person has declared<sup>(13)</sup> that the movement of the pet animal is a non-commercial movement. ]

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| II. Podaci o zdravlju / Health information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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Referentni broj certifikata / Certificate reference number | II.b. |
| <p><b>Napomene / Notes</b></p> <p>(a) Ovaj certifikat o zdravlju životinja namijenjen je za pse kućne ljubimce (<i>Canis lupus familiaris</i>), mačke kućne ljubimce (<i>Felis silvestris catus</i>) i pitome vretice kućne ljubimce (<i>Mustela putorius furo</i>). / This animal health certificate is meant for pet dogs (<i>Canis lupus familiaris</i>), pet cats (<i>Felis silvestris catus</i>) and pet ferrets (<i>Mustela putorius furo</i>).</p> <p>(b) Ovaj certifikat o zdravlju životinja valjan je 10 dana od datuma kad ga je izdao službeni veterinar ili, u slučaju ovlaštenog veterinara, od datuma kad ga je ovjerilo nadležno tijelo do datuma provjere dokumentacije i identiteta obavljene na određenoj tački ulaska putnika u Uniju / This animal health certificate is valid for 10 days from the date of issue by the official veterinarian or in the case of the authorised veterinarian, the date of endorsement by the competent authority until the date of the documentary and identity checks at the designated travellers' point of entry into the Union.</p> <p>U slučaju prijevoza morem navedeno razdoblje od 10 dana produljuje se za dodatno razdoblje koje odgovara trajanju putovanja morem. / In the case of transport by sea, that period of 10 days is extended by an additional period corresponding to the duration of the journey by sea.</p> <p>U svrhu dodatnog premještanja u druge države članice, ovaj certifikat o zdravlju životinja valjan je ukupno šest mjeseci od datuma provjere dokumentacije i identiteta obavljene na tački ulaska putnika u Uniju ili do datuma isteka valjanosti cijepljenja protiv bjesnoće, ovisno o tome koji je datum raniji. / For the purpose of further movement into other Member States, this animal health certificate is valid for a total period of six months from the date of the documentary and identity checks carried out at the travellers' point of entry into the Union or until the date of expiry of the validity of the anti-rabies vaccination, whichever date is earlier.</p> <p><b>Dio I: / Part I:</b></p> <p>— Rubrika I.5/Box I.5: Primatelj: navesti državu članicu prvog odredišta/ Consignee: Indicate Member State of first destination.</p> <p>— Rubrika I.28.: Način identifikacije: Odbirati jedno od sljedećeg: transponder ili tetovaža / Box I.28.: Identification system : Select of the following : transponder or tattoo<br/>Identifikacijski broj: navesti alfanumerički kod transpondera ili tetovaže. / Identification number: Indicate the transponder or tattoo alphanumeric code.<br/>Datum rođena: Kako ga je naveo vlasnik. / Date of birth: As stated by the owner.</p> <p><b>Dio II/ Part II:</b></p> <p>(1) Odbirati ako se primjenjuje. / Keep as appropriate.</p> <p>(2) Dokazi iz tačke II.1. (npr. potvrda o sudjelovanju na događanju, dokaz o članstvu) i tačke II.5. (npr. ukrcajna propusnica, avionska karta) moraju se dostaviti na zahtjev nadležnih tijela odgovornih za provjere iz tačke (b) Napomena. / The evidence referred to in point II.1 (e.g. receipt of entry to the event, proof of membership) and II.5 (e.g. boarding pass, flight ticket) shall be surrendered on request by the competent authorities responsible for the checks referred to in point (b) of the Notes.</p> <p>(3) Svako docijepljivanje smatra se primarnim cijepljenjem ako nije provedeno u razdoblju valjanosti prethodnog cijepljenja. / Any revaccination must be considered a primary vaccination if it was not carried out within the period of validity of a previous vaccination</p> <p>(4) Certifikatu o zdravlju životinja prilaže se ovjerena preslika s podacima o identifikaciji i cijepljenju životinja. / A certified copy of the identification and vaccination details of the animals concerned shall be attached to the animal health certificate.</p> <p>(5) Uvjet za treću opciju je da vlasnik ili fizička osoba koja ima pisano odobrenje vlasnika za obavljanje nekomercijalnog premještanja životinja u ime vlasnika dostave na zahtjev nadležnih tijela odgovornih za provjere iz tačke (b) Napomena izjavu u kojoj se navodi da životinje nisu bile u kontaktu sa životinjama vrsta prijemljivih na bjesnoću i da su ostale zatvorene u prijevoznom sredstvu ili unutar područja međunarodne zračne luke tijekom provoza kroz područje ili treću zemlju koji nisu oni navedeni u prilogu Provedbenoj uredbi (EU) 2026/636. Ta izjava mora biti u skladu sa zahtjevima u pogledu formata, izgleda i jezika iz dijela 5. i dijela 6. Priloga V. Provedbenoj uredbi Komisije (EU) 2026/705. / The third option is subject to the condition that the owner or the natural person who has authorisation in writing from the owner to carry out the non-commercial movement of the animals on behalf of the owner, provides on request by the competent authorities responsible for the checks referred to in Notes, point (b), a declaration stating that the animals have had no contact with animals of species susceptible of rabies and remain secure within the means of transport or the perimeter of an international airport during the transit through a territory or a third country other than those listed in the Annexes to Implementing Regulation (EU) 2026/636. This declaration shall comply with the format, layout and language requirements set out in Parts 5 and 6 of Annex V to Commission Implementing Regulation (EU) 2026/705.</p> <p>(6) Test titracije protutijela na bjesnoću iz tačke II.3.1./ The rabies antibody titration test referred to in point II.3.1:<br/>— mora se provesti bez nepotrebne odgode na uzorku koji je uzeo službeni veterinar ili ovlašten veterinar najmanje 30 dana nakon datuma primarnog cijepljenja ili unutar aktualne valjane serije cijepljenja i najmanje 90 dana prije datuma izdavanja ovog certifikata o zdravlju životinja; / must be carried out without undue delay on a sample collected by an official veterinarian or an authorised veterinarian, at least 30 days after the date of the primary vaccination, or within a current valid vaccination series, and not less than 90 days prior to the date of issue of this animal health certificate;<br/>— mora izmjeriti razinu neutralizirajućih protutijela na virus bjesnoće u serumu jednaku ili veću od 0,5 IU/ml; / must measure a level of neutralising antibody to rabies virus in serum equal to or greater than 0,5 IU/ml;<br/>— mora obaviti službeni laboratorij određen u skladu s člankom 37. Uredbe (EU) 2017/625 Europskog parlamenta i Vijeća ili laboratorij u trećoj zemlji ili području s popisa u Prilogu VIII. Provedbenoj uredbi Komisije (EU) 2021/404 određen u skladu s člankom 37. stavcima 4. i 5. Uredbe (EU) 2017/625 za obavljanje testa titracije protutijela na bjesnoću, kako je predviđeno u tački 1. Priloga XXI. Delegiranoj uredbi (EU) 2020/692; / must be performed by an official laboratory designated in accordance with Article 37 of Regulation (EU) 2017/625 of the European Parliament and of the Council or a laboratory in a third country or territory listed in Annex VIII to Commission Implementing Regulation (EU) 2021/404 designated in accordance with Article 37(4) and (5) of Regulation (EU) 2017/625 for the performance of the rabies antibody titration test as provided in point 1 of Annex XXI to Delegated Regulation (EU) 2020/692;<br/>— ne mora se ponoviti na životinji koja je nakon provedenog testa sa zadovoljavajućim rezultatima docijepljena protiv bjesnoće tijekom razdoblja valjanosti prethodnog cijepljenja. / does not have to be renewed on an animal, which following that test with satisfactory results, has been revaccinated against rabies within the period of validity of a previous vaccination.<br/>Certifikatu o zdravlju životinja prilaže se ovjerena preslika službenog izvješća određenog laboratorija o rezultatima testa na protutijela bjesnoće iz tačke II.3.1. / A certified copy of the identification and vaccination details of the animals concerned shall be attached to the certificate.</p> <p>(7) Potvrđivanjem tog rezultata službeni veterinar potvrđuje da je provjerio autentičnost laboratorijskog izvješća o rezultatima testa titracije protutijela na bjesnoću iz tačke II.3.1. što je bolje mogao, a kad je to potrebno i stupanjem u kontakt s laboratorijem navedenim u izvješću. / By certifying this result, the official veterinarian confirms that he has verified, to the best of his ability and where necessary with contacts with the laboratory indicated in the report, the authenticity of the laboratory report on the results of the antibody titration test referred to in point II.3.1.</p> <p>(8) U vezi s napomenom (4), označavanje predmetnih životinja ugradnjom transpondera ili jasno čitljivom tetovažom tetoviranom prije 3. srpnja 2011. mora se provjeriti prije svakog unosa u ovaj certifikat o zdravlju životinja i mora prethoditi svakom cijepljenju ili, ako je primjenjivo, testiranju koje se provodi na tim životinjama. / In conjunction with note (4), the marking of the animals concerned by the implantation of a transponder or by a clearly readable tattoo applied before 3 July 2011 must be verified before any entry is made in this animal health certificate and must always precede any vaccination, or where applicable, testing carried out on those animals.</p> <p>(9) Države članice ili njihove zone uvrštene na popis u Prilogu XIX. Provedbenoj uredbi Komisije (EU) 2021/620. / Member States or zones thereof listed in Annex XIX to Commission Implementing Regulation (EU) 2021/620.</p> <p>(10) U tablicu iz tačke II.4. treba unijeti podatke o dodatnom tretiranju ako je obavljeno nakon datuma potpisivanja certifikata o zdravlju životinja i prije predviđenog ulaska u državu članicu ili njezinu zonu sa statusom „slobodno od bolesti” za <i>Echinococcus multilocularis</i>. / The table referred to in point II.4 must be used to document the details of a further treatment if administered after the date the animal health certificate was signed and prior to the scheduled entry into a Member State or zone thereof with disease free status from <i>Echinococcus multilocularis</i>.</p> <p>(11) U tablicu iz tačke II.4. treba unijeti podatke o tretiranjima ako su obavljena nakon datuma potpisivanja certifikata o zdravlju životinja u svrhu dodatnog premještanja u druge države članice opisanog u tački (b) Napomena te u vezi s bilješkom (12). / The table referred to in point II.4 must be used to document the details of treatments if administered after the date the animal health certificate was signed for the purpose of further movement into other Member States described in point (b) of the Notes and in conjunction with note (12).</p> <p>(12) Tretiranje protiv <i>Echinococcus multilocularis</i> iz tačke II.4.: / The treatment against <i>Echinococcus multilocularis</i> referred to in point II.4 must:<br/>— mora obaviti veterinar u roku od najviše 120 sati i najmanje 24 sata prije trenutka planiranog ulaska pasa u državu članicu ili njezinu zonu sa statusom „slobodno od bolesti” za</p> |                                                                  |       |

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| II. Podaci o zdravlju / Health information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | II.a. Referentni broj certifikata / Certificate reference number | II.b |
| <p>Echinococcus multilocularis, / be administered by a veterinarian within a period of not more than 120 hours and not less than 24 hours before the time of the scheduled entry of the dogs into a Member State or zone thereof with disease free status from Echinococcus multilocularis;</p> <p>– mora se obaviti odobrenim lijekom koji sadržava odgovarajuću dozu prazikvantela ili farmakološki djelatnih tvari koje same ili u kombinaciji dokazano smanjuju broj zrelih i nezrelih crijevnih oblika Echinococcus multilocularis u dotičnoj vrsti domaćinu. / consist of an approved medicinal product which contains the appropriate dose of praziquantel or pharmacologically active substances, which alone or in combination, have been proven to reduce the burden of mature and immature intestinal forms of Echinococcus multilocularis in the host species concerned</p> <p>(<sup>13</sup>) Izjava iz tačke II.5. prilaže se ovom certifikatu o zdravlju životinja i u skladu je s predloškom i dodatnim zahtjevima utvrđenima u dijelovima 2. i 6. Priloga V. Provedbenoj uredbi (EU) 2026/705. / The declaration referred to in point II.5 shall be attached to this animal health certificate and comply with the model and additional requirements set out in Parts 2 and 6 of Annex V to Implementing Regulation (EU) 2026/705.</p> <p>(<sup>14</sup>) Izjava iz tačke II.5. prilaže se ovom certifikatu o zdravlju životinja i u skladu je s predloškom i dodatnim zahtjevima utvrđenima u dijelovima 1. i 6. Priloga V. Provedbenoj uredbi (EU) 2026/705. / The declaration referred to in point II.5 shall be attached to this animal health certificate and comply with the model and additional requirements set out in Parts 1 and 6 of Annex V to Implementing Regulation (EU) 2026/705.</p> |                                                                  |      |
| <p>Službeni veterinar/Ovlašteni veterinar / Official veterinarian / Authorized veterinarian</p> <p>Ime (velikim tiskanim slovima): / Name (in capital letters):</p> <p>Kvalifikacija i titula: / Qualification and title:</p> <p>Adresa / Address</p> <p>Telefon: / Telephone:</p> <p>Datum: / Date:</p> <p>Potpis: / Signature:</p> <p>Pečat: / Stamp:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  |      |
| <p>Ovjera nadležnog tijela (nije potrebno kada certifikat potpisuje službeni veterinar) / Endorsement by the competent authority (not necessary when the certificate is signed by an official veterinarian)</p> <p>Ime (velikim tiskanim slovima): / Name (in capital letters):</p> <p>Kvalifikacija i titula: / Qualification and title:</p> <p>Adresa / Address</p> <p>Telefon: / Telephone:</p> <p>Datum: / Date:</p> <p>Potpis: / Signature:</p> <p>Pečat: / Stamp:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  |      |
| <p>Službenik na ulaznoj tački za putnike / Official at the travelers point of entry</p> <p>Ime službenika ili relevantnog javnog tijela (velikim tiskanim slovima): / Name of the official or of the relevant public authority (in capital letters):</p> <p>Adresa / Address</p> <p>Telefon: / Telephone:</p> <p>E-mail adresa: / E-mail address:</p> <p>Datum obavljenih dokumentacijskih i identifikacijskih pregleda: / Date of completion of the documentary and identity checks:</p> <p>Potpis: / Signature:</p> <p>Pečat: / Stamp:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |      |