

1.1 Name of the organization (or) individual
 1.2 Name of the person in charge of the vessel
 1.3 Telephone no.

Section 2: Itinerary

2.1 Place and country of departure
 2.2 Date and time of departure
 2.3 Name of the person in charge of the vessel
 2.4 Telephone no.


2.5 Place and country of destination
 2.6 Date and time of arrival

2.7 Date of arrival
 2.8 Total weight of the cargo (in kg)
 2.9 Volume of cargo (in m³)
 2.10 Total space provided for the cargo (in m³)

2.11 Name of the vessel where animals are to be loaded or transferred (including sea ports)	2.12 Arrival		2.13 Length in hours	2.14 Description of cargo and measurement, etc. of different lots (including sea ports)
	Date	Time		
...
...
...
...
...
...
...
...
...

7. I, the undersigned, hereby declare that I am responsible for the organization of the above-mentioned journey and I have made suitable arrangements to safeguard the welfare of the animals throughout the journey in accordance with the provisions of Council Regulation (EEC) No 1/2003.

8. Signature of the organizer
 [Redacted Signature]

Official stamp

 APHA Journey Log Reference
 JL10412

1.1 Organiser: see instruction in Article 3(2) of Council Regulation (EEC) No 1/2003
 1.2 If the organiser is a transporter the authorisation number must be specified

Section 2: Place of Departure

1. Keeper at the place of departure - Name and address (if different from the organizer mentioned at section 1)		
2. Place and Member State of departure		
3. Date and time of first animal loading	4. Number of animals loaded	5. Identification of the means of transport
10/6/16 12:30	63	
6. I, the keeper of the animals at the place of departure, hereby declare that I have been present at the loading of the animals. According to my knowledge, at the time of loading the above mentioned animals were fit for transport and the facilities and procedures for handling the animals were in accordance with the provisions of Regulation (EC) No 1/2005 on the protection of animals during transport and related operations.		
7. Signature of the keeper at the place of departure		
8. Additional checks at departure		
9. Veterinarian at the place of departure (name and address)		
10. I, Veterinarian, hereby declare that I have checked and approved the loading of the animals mentioned above. According to my knowledge, at the time of departure, the animals were fit for transport and the means of transport and the transport practices were in accordance with the provisions of Council Regulation (EC) No 1/2005.		
11. Signature of the Veterinarian:		

8 Keeper: see definition in Article 2(k) of Council Regulation (EC) No 1/2005 if different from Section 1.

Section 2: Place of Destination

1. Name of the place of destination (Place name) - Name



2. Page and Member State of destination (Checking point)

3. Date and time of the check

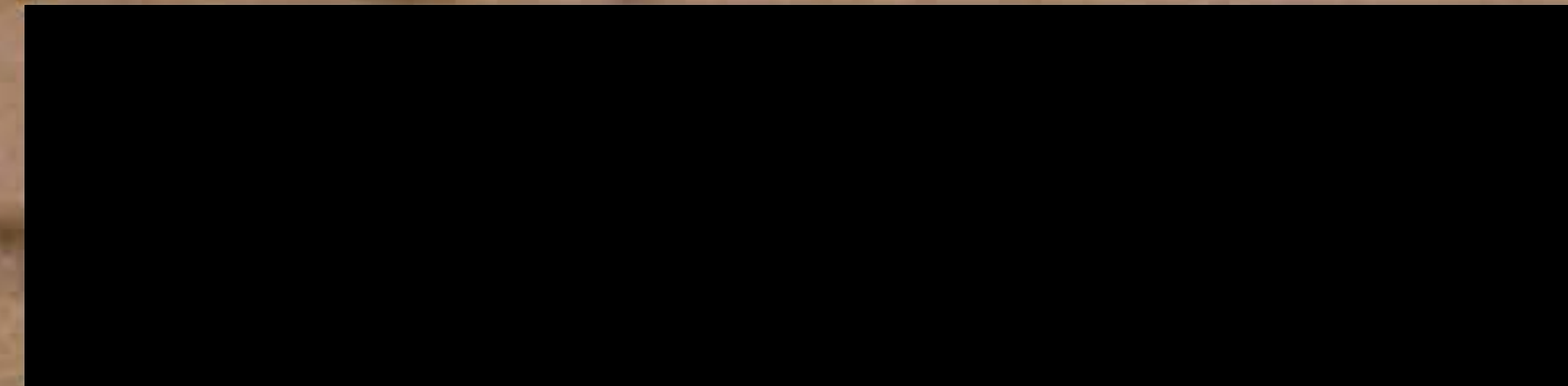
8/06/2016

4. Checks performed

5. Outcome of the checks

4.1. Transport

Identification number

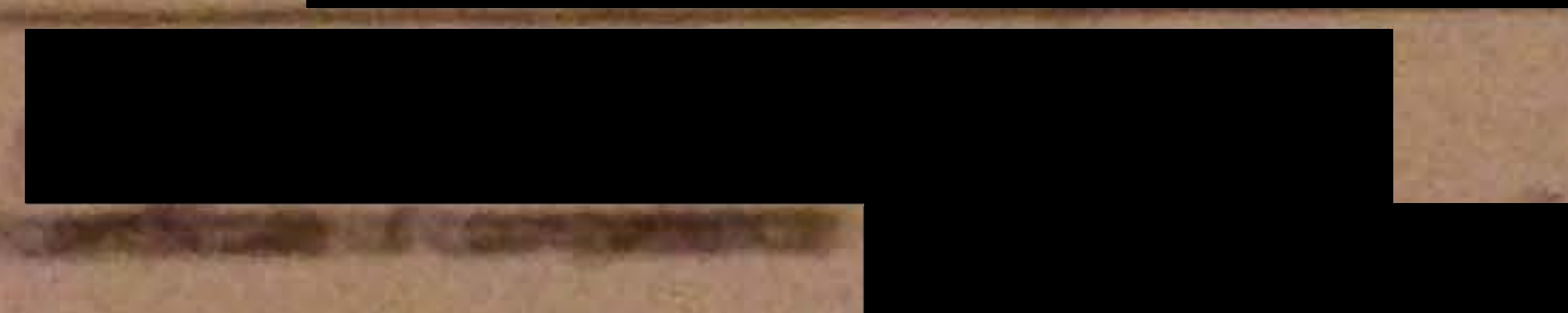


5.1. COMPLIANCE

5.2. RESERVATIONS

4.2. Driver

Number of the certificate of competence



4.3. Areas of transport

certification



4.4. Date of arrival

Arrival date (month and year)

2016

4.5. Journey log records and journey time limits

4.6. Animals (specify the number for each category)

Tags checked

0 Lost

0 Dead

Full

2/2

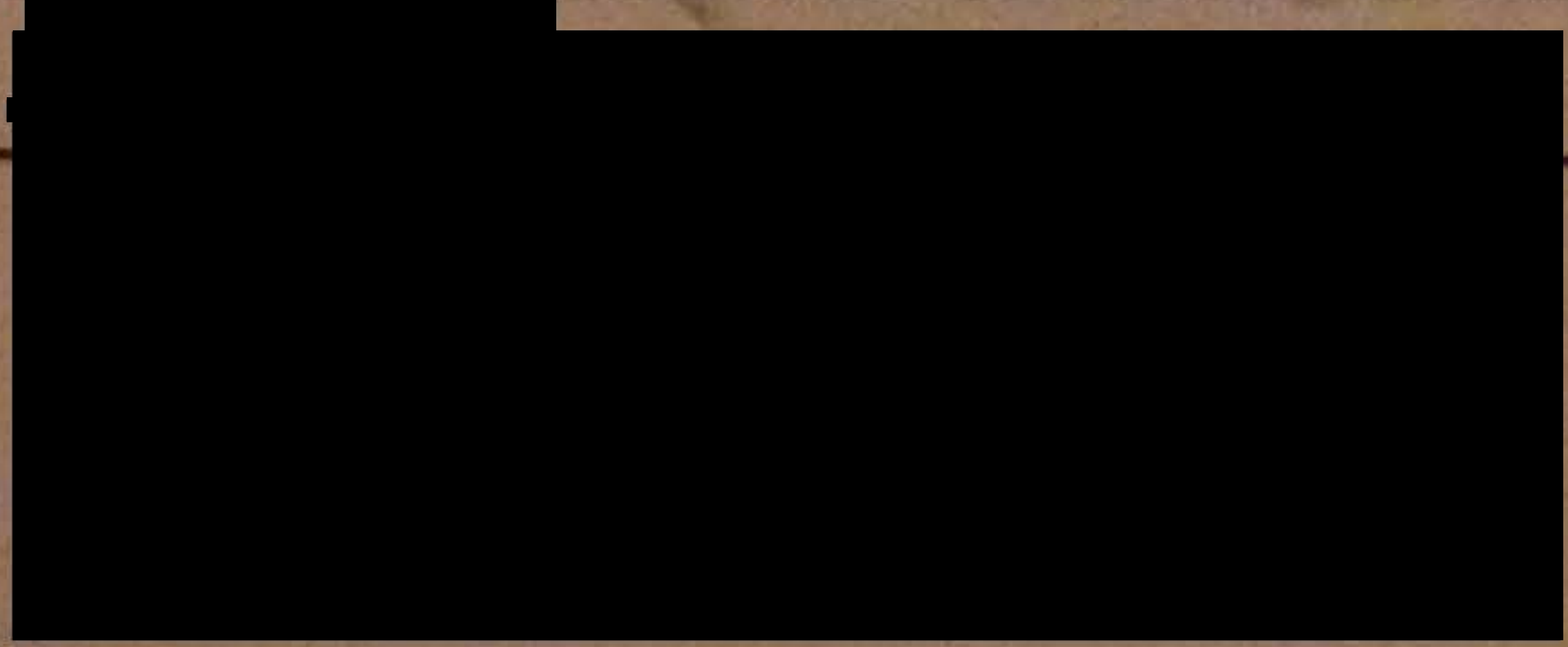
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1/1

6. The keeper of the animals at the place of destination (Official Veterinarian) hereby declares that I have checked the consignment of animals. According to my knowledge, at the time of the check the abovementioned findings were recorded. I am aware that the competent authorities must be informed as soon as possible of any reservation there may be and such time-limited animals are discovered.

7. Signature of the keeper of the place of destination (Official Veterinarian) with official stamp



8. Date of approval
9. Followed from Section 1
10. Followed from Section 2

Section 4: Declaration by the Transporter

DATE	TIME	DATE	TIME
11-06	14:00	11-06	15:30
12-06	11:00	12-06	11:00

1 HR 30mins REST + WATER
ARRIVE + UNLOAD AT PORT

To be completed by the driver during the course of the journey and to be available to the competent authorities of the place of departure within one month of the date of arrival at the place of destination

Actual itinerary - resting, transfer or exit points

Place and address	Arrival		Departure		Length of stop	Reason
	Date	Time	Date	Time		
[REDACTED]	10-6	03:30	10-6	04:00	30 mins	[REDACTED]
[REDACTED]	10-6	06:00	10-6	07:10	1 hr 10 mins	[REDACTED]
[REDACTED]	10-6	08:30	11-6	11:30	1 hr 02:55	[REDACTED]
[REDACTED]	11-6	11:30	12-6	12:30	1 hr 00 mins	[REDACTED]
[REDACTED]	13-6	10:20	13-6	10:30	10 mins	[REDACTED]
[REDACTED]	13-6	14:37	13-6	15:28	45 mins	[REDACTED]
[REDACTED]	13-6	18:45	13-6	19:45	1 hour	[REDACTED]
[REDACTED]					FINISH	[REDACTED]

Reason for any difference between actual and proposed itinerary/other observations:
 NO SCHEDULED STOP AT CALSERS
 TO SCHEDULED STOP AT CALSERS
 TO SCHEDULED STOP AT CALSERS

Number and reason for arrival injuries and/or deaths during the journey:
 NONE

As the transporter, I hereby certify that the entries above are correct and I am aware that any incident during the journey that leads to any fatality must be declared to the competent authorities of the place of departure.

Date and place: 1-7-16

Transporter signature