



Health certificate for the import of wild or domestic lagomorphs into Switzerland

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| Part I: Details of dispatched consignment | I.1. Consignor/Exporter* Name: Address: Phone number: | I.2. Certificate reference number: |
| | | I.3. Central Competent Authority:* Department for Environment, Food and Rural Affairs (DEFRA) |
| | | I.4. Local Competent Authority: Animal and Plant Health Agency (APHA) |
| | I.5. Consignee/Importer* Name: Address: Phone number: | I.6. Operator responsible for the consignment Name: Address: Phone number: |
| | I.7. Country of origin *: UNITED KINGDOM ISO code: GB | I.8. Country of destination: SWITZERLAND ISO code: CH |
| | I.9. Place of dispatch* Name: Address: Approval number: Phone number: | I.10. Place of destination* Name: Address: Approval number: Phone number: |
| | I.11. Place of loading* | I.12. Date and time of departure* |
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| I.13. Means of transport Airplane <input type="checkbox"/> Vessel <input type="checkbox"/> Railway <input type="checkbox"/> Road vehicle <input type="checkbox"/> Other <input type="checkbox"/> Identification: | | I.14. Entry border inspection post* | | | |
|---|---------------------------|--|-----------------------|-----|-----|
| I.15. | | I.16. Accompanying documents: Type/number: | | | |
| I.17. Container/seal number: | | I.18. Commodity code (HS code)* 0106 1400 | | | |
| I.19. Total number of packages: | | I.20. Quantity* Total number: | | | |
| I.21. Description of goods* | | | | | |
| Quantity | Species (scientific name) | Breed | Identification system | Age | Sex |
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| | | | | | |
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*compulsory

II. Health information*

II.a. Certificate reference number

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I, the undersigned official veterinarian, hereby certify that the animals herein described meet the following requirements:

II.1. The holding and the area within a 10 km radius around the holding have been free of and are not under any official animal health control measures with respect to OIE-listed diseases, which may be transmitted by the certified animals for at least 40 days before loading;

II.2. ⁽¹⁾ In case of domestic rabbits: The animals were kept in captivity in the country of origin mentioned in box I.7. since birth or for at least six months before export;

II.3. The animals do not come from a holding or have been in contact with animals from a holding on which myxomatosis, tularaemia, rabbit haemorrhagic disease or (in case of hares) European brown hare syndrome is currently present or suspected or was present during the last six months;

II.4. No cases of myxomatosis, tularaemia, rabbit haemorrhagic disease or (in case of hares) European brown hare syndrome have been reported in a radius of 10 km around the holding or the place where the animals were caught during the last 30 days;

II.5. The animals have been examined at the place of origin within 24 hours before loading, were free from clinical evidence of infectious or contagious diseases or external parasites and fit for transport;

II.6. The vehicles, containers and all removable equipment for the transport of the animals have been used for the first time or have been cleaned and disinfected before loading;

II.7. During transport to the place of loading and during transit to Switzerland the animals were not transported with animals that do not meet the criteria for export to Switzerland.

⁽¹⁾ Delete as applicable

Notes**Part I:**

- Box I.2.: A separate certificate is to be provided for each consignment and the original must accompany the consignment to the border inspection post (BIP) in the EU or Switzerland. The period of validity is 10 days.
- Box I.11.: Name of the city or place where the animals/products are loaded
- Box I.16.: CITES permit, airway bill etc.
- Box I.21.: Individual identification must be used if possible. In case of small animals, batch identification can be used.
 - Specify the identification system (such as tag, tattoo, microchip etc.).
 - Age: Date of birth (dd/mm/yyyy) if possible
 - Sex (M = male, F = female, C = castrated).

Part II:

- The signature and the stamp must be in a different colour of that of the printing.

Official Veterinarian

Name (in capital letters):

Qualification and title:

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Address:

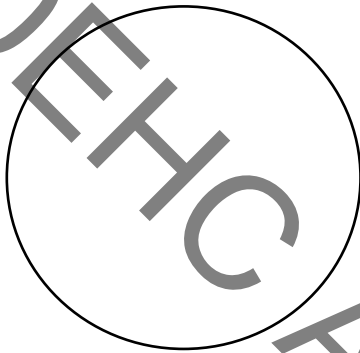
Signature:

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Date:

Stamp:



V.A. 4280EHC APPLICATION