



Certificate for the export of primates to Sweden

Part I: Details of dispatched consignment	I.1. Consignor Name: Address: Country: ISO country code:		I.2. Certificate unique 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 Name: Address: Country: ISO country code:		I.6 Operator conducting assembly operations independently of an establishment	
I.7. Country of origin: UNITED KINGDOM ISO country code: GB	I.8. Region of origin: Code:	I.9. Country of destination: SWEDEN ISO country code: SE	I.10. Region of destination: Code:	
I.11. Place of dispatch Name: Address: Approval number: ISO country code:		I.12. Place of destination Name: Address: Approval number: ISO country Code:		
I.13. Place of loading		I.14. Date and time of departure		
I.15. Means of transport Aircraft <input type="checkbox"/>		I.16. Transporter Name		

Vessel <input type="checkbox"/> Railway <input type="checkbox"/> Road vehicle <input type="checkbox"/> Other <input type="checkbox"/> Identification: Document:		Address: Approval number: ISO country code:	
I.17. Accompanying documents: Type: Code: ISO country code: Commercial document reference:		I.18. Transport conditions	
I.19. Container number / seal number Container number: Seal number:			
I.20. Certified as or for: Breeding <input type="checkbox"/> Approved Body <input type="checkbox"/> Other <input type="checkbox"/>			
I.21. For transit through a third country			
I.22. For transit through Member state(s)			
I.23. For export			
I.24. Estimated journey time		I.25. Journey log Yes <input type="checkbox"/> No <input type="checkbox"/>	
I.26. Total number of packages		I.27. Total quantity	
I.28. Total net weight/gross weight (kg)		I.29. Total space foreseen for the consignment	
I.30. Description of consignment			
Species (Scientific name)	Subspecies/Category	Age	Sex
CN code	Identification system	Identification number and/or name	

II. Health information

II.a. Certificate reference no

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I, the undersigned official veterinarian, hereby certify, that:

II.1. Animals ⁽¹⁾ in the consignment described in Part I meet the following requirements:

II.1.1. They have shown no clinical signs or symptoms of diseases, in particular relevant diseases listed in Annex of Commission Implementing Regulation (EU) 2018/1882 during the clinical examination or where this is not possible, a clinical inspection, which was carried out within the 48 hour period prior to departure of the consignment, on *date dd/mm/yyyy* (insert *date dd/mm/yyyy*).

II.2. To the best of my knowledge and as declared by the operator:

II.2.1. The animals come from an establishment where there are no abnormal mortalities with an undetermined cause.

II.2.2. The animals are consigned directly to the confined establishment of destination.

II.3. Arrangements are made to transport the consignment in accordance with Article 4 of Delegate Regulation (EU) 2020/688.

II.4. This certificate is valid for 10 days from the date of issuing. In the case of transport by waterway/sea of animals, the period of 10 days for the validity of the certificate may be extended by the duration of the journey by waterway/sea.

Animal welfare attestation

At the time of inspection, the animals covered by this health certificate were fit to be transported in accordance with the provision of Council Regulation (EC) No 1/2005 on the intended journey due to start on *(insert date)*.

Notes:

This animal health certificate shall be completed according to the notes for completion of certificates provided for in Chapter 2 of Annex I to Commission Implementing Regulation (EU) 2020/2235.

Part I:

Box reference I.11: "Place of dispatch": Indicate an approved establishment.

Box reference I.12: "Place of destination": Indicate a confined establishment approved in accordance with Articles 97 and 99 of Regulation (EU) 2016/429.

Part II:

(1) There can be one or more animals in the consignment.

Official Veterinarian

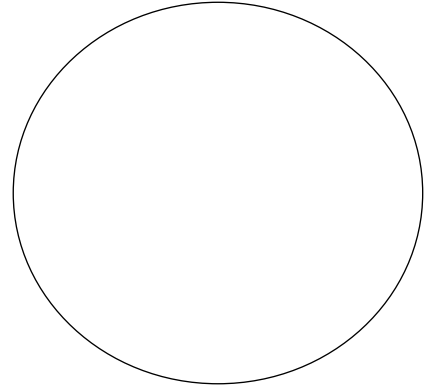
.....
Name (in capital letters)

.....
Qualification and title

Date:

Signature: _____

Stamp:



V. 9085EHC APPLICATION