**Model Certificate for the Entry into Ireland of Captive Primates from an approved confined establishment in Great Britain**

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| COUNTRY | | | | | Animal Health Certificate to Ireland | | | | |
| **Part I: Details of Consignment** | I.1 **Consignor**  **Name**  **Address**  **Postal Code**  **Country**  **ISO Country Code** | | | | I.2 **Certificate Reference Number** | | | | 1.2a **Local Reference Number** |
| I.3 **Central Competent Authority** | | | | |
| I.4 **Local Competent Authority** | | | | |
| I.5 **Consignee**  **Name**  **Address**  **Postal Code** | | | | **I.6 Operator responsible for the consignment**  **Name**  **Address** | | | | |
| I.7 **Country Of Origin**  Great Britain  **ISO Code** GB | | I.8 **Region of Origin**  **ISO Code** | | I.9 **Country Of Destination** Ireland  **ISO Code** IE | | | | I.10 **Region of Destination**  **ISO Code** |
| I.11 **Place of Dispatch**  **Name Approval Number**  **Address**  **Postal Code** | | | | I. 12 **Place of Destination**  **Name Approval Number**  **Address**  **Postal Code** | | | | |
| I.13 **Place of Loading** | | | | I.14 **Date of Departure**  **Time of Departure** | | | | |
| I.15 **Means of Transport**  Aircraft Road Vehicle  Railway Wagon Ship Other  Identification  Documentary References | | | | I.16 **Entry BCP** | | | | |
| I.17 **CITES permit No.** | | | | |
| I.19 **Container Number/Seal number** | | | | | | | | |
| I.20 **Certified as for**  X  **Confined Establishment** | | | | I.22 **Quantity** | | | | |
| I.23 **Transit Through Third Country**  **Third Country ISO Code**  **Exit Point Code**  **Entry Point BCP Code** | | | | | | | | |
| I.24 **Transit through Member States**  **Member State ISO Code**  **Member State ISO Code**  **Member State ISO Code** | | | | | I.29 **For import into Ireland**  X | | | |
| I.30 **Identification of the Commodities** | | | | | | | | |
| **CN Code** | **Species (scientific name)** | | **Subspecies/category** | | | **Sex** | **Identification System** | |
| **Identification Number** | **Age** | | **Quantity** | | | **Nature of commodity** |  | |

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| **Part II: Health Information** |  | I.2 **Certificate Reference Number** | 1.2a **Local Reference Number** |
| **Animal Health Attestation**  I, the undersigned official veterinarian, certify that the animal(s) described in Part 1 meet the following requirements:   1. The territory described in boxes I.7. and I.8 is an OIE member country; 2. It/They\* have remained in the territory described in boxes I.7. and I.8. since birth, or they were imported into that country either:   (a) directly from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an EU Member State\*, or,  (b) from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a third country under the conditions at least as strict as those set out in this certificate\*;   1. The confined establishment is approved by the competent authority of the third country of origin; 2. The animal(s) described in this certificate have been examined today\*/on the day of collection\* and found to be free of clinical signs of infectious diseases including those referred to in Annex 1 of Delegated Regulation (EU) 2020/692 and emerging diseases, and are not subject to any official restrictions and remained in this body, institute or centre either since birth or for the following time ....................................................... (months or years); 3. The holding of origin described in box I.11 is not subject to animal health or animal welfare official controls or restrictions; 4. It/They\* were examined today\*/on the day of collection\* and was/were deemed fit for the intended journey, and there is no reason to suspect it/they have been exposed to an infectious disease prior to dispatch; 5. The primate(s) has undergone a test as described in the OIE Terrestrial Animal Health Code for tuberculosis infection within the last 6 months .................................................... (give date) with negative results, and the premises of origin has an ongoing surveillance scheme in place for primates for tuberculosis; 6. The animals are destined for direct entry into Ireland to a confined establishment where they will undergo isolation for a period of 30 days following arrival.   **Animal transport attestation**  I, undersigned official veterinarian/veterinarian responsible for the holding of origin and approved by the competent authority\*, hereby certify, that:   1. the animals described above have been treated before and during the time of loading in accordance with the relevant provisions of Council Regulation (EC) No 1/2005 or of recognised international standards for transport of animals, in particular as regards watering, feeding and the use of the transport container where applicable and they are fit for the intended transport; 2. the person in charge of the transport of animals submitted signed written statement, which proved that suitable arrangements have been made for the feeding, watering and care of the animals during transport in accordance with the international standards recognised for transport of animals; 3. a correctly registered transporter will be used to transport these animals to Ireland; 4. any transport box or container in which the animals are loaded into, is used for the first time or it has been cleaned and disinfected before loading with an officially authorised disinfectant; 5. the animals have been loaded for dispatch to Ireland into the means of transport described above, which have been so constructed that faeces, urine, litter or fodder could not flow or fall out of the vehicle or container during transportation. | | |
| **Notes:**  This certificate is valid for 10 days from the date of its issue until the date of documentary and identity checks carried out at the first Border Control Post of entry to the European Union. In the case of transport by sea, the validity of the certificate is extended by the additional period corresponding to the duration of the journey by sea.  **Part 1**  **Box reference I.6:** Serial number(s) of accompanying documents, e.g. CITES, if applicable  **Box I.11:** Approval number required  **Box I.12:** Approval number required  **Box I.13:** Approval number required  **Box I.17:** if applicable. For information on CITES requirements in Ireland please contact the National Parks and Wildlife Service (NPWS) at [CITES@chg.gov.ie](mailto:CITES@chg.gov.ie) or <https://www.npws.ie/>.  **Box reference I.19:** use the appropriate CN codes.  **Box reference I.30:**   * **Identification system:** Indicate transponder or other means of identification. Individual identification must be used wherever possible, but in the case of small animals batch identification may be used. A clear link between the live animals and the health certificate must be established. CITES requirements may indicate the type of identification required. * **Identification number:** Indicate the transponder or other identification means alphanumeric code. * **Age and Sex:** only to be completed if appropriate. * Add as many records as needed.   **Part 2**  \*Please complete and delete as applicable  Signature and Stamp must be of colour different from the print | | | |
| **Official veterinarian**:    Name (in Capitals) Qualification and title  Date Signature  Stamp | | | |