SERIAL NUMBER

**Appendix III**

**VETERINARY CERTIFICATE FOR A HEALTHY ANIMAL THAT HAS SUFFERED AN ACCIDENT THAT PREVENTED ITS TRANSPORT TO THE SLAUGHTERHOUSE FOR WELFARE REASONS.**

**Owner’s** Name............................................................................................................................

Address............................................................................................................................

Herd Number ...........................................

**Animal’s** Description............Breed ....................................Colour ........................................Sex ……..

Tag Number............................................

**Clinical Examination** Date......................... Time.................................

**Clinical findings and disability** ............................................................................................................................

I wish to state, having carried out a clinical examination of the above described animal, that in my opinion it is not showing signs or symptoms of any disease or condition as per Annex 1 of Regulation 854/2004 which is likely to render its meat unfit for human consumption or to infect other animals in the slaughterhouse or to cause danger to health by contaminating the premises or meat therein.

I have not administered or authorised, nor am I aware of the authorisation and the administration of any medicament, antibiotic, chemotherapeutic or other substance whose withdrawal period has not been completed. I have explained the term *“withdrawal period* ” to the owner or person in charge of the animal.

**Transport**

1 hereby certify that

* this animal is an otherwise healthy animal that has suffered an acute accident that prevents its transport to the slaughterhouse for welfare reasons.
* this animal has been examined by me and is in my opinion **unfit for transport alive** to a slaughterhouse and that such transport is likely to cause further injury or unnecessary suffering to the animal.
* this animal has been humanely slaughtered by a licensed slaughterman or veterinary practitioner in accordance with The Slaughter of Animals Act 1935 and the European Communities(Welfare of Farmed Animals) Regulations 2008 (S.I. No. 14 of 2008).

**Signature of Veterinary Practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Practice Stamp……………………**

**Name** (Block Letters)**…………………………………………………………………………………….**

Address : ………………………………………………………………………………………………..

**Date : …………………………**

**Slaughter of the Animal**

|  |
| --- |
| **Name of PVP/slaughterman** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Time of Slaughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Destination of emergency slaughter animal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(slaughterhouse)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature of slaughterman/PVP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Appendix IV**

SERIAL NUMBER

**VETERINARY CERTIFICATE TO ACCOMPANY AN INJURED/CASUALTY** **ANIMAL INTENDED FOR SLAUGHTER**

**Owner’s** Name............................................................................................................................

Address............................................................................................................................

 Herd Number ...........................................

**Animal’s** Description...............Breed................................Colour.............................................Sex................................

Tag Number............................................

**Clinical Examination** Date......................... Time.................................

**Clinical Findings and Disability ...................................................................................................**

I wish to state, having carried out a clinical examination of the above described animal, that in my opinion it is not showing signs or symptoms of any disease or condition as per Annex 1 of Regulation 854/2004 which is likely to render its meat unfit for human consumption or to infect other animals in the slaughterhouse or to cause danger to health by contaminating the premises or meat therein.

I have not administered or authorised, nor am I aware of the authorisation and the administration of any medicament, antibiotic, chemotherapeutic or other substance whose withdrawal period has not been completed. I have explained the term *“withdrawal period* ” to the owner or person in charge of the animal.

**Transport Authorisation**

I hereby authorise the transport of this animal to (state name of slaughterhouse)................................................................ as it is my opinion that such transport is not likely to cause further injury or unnecessary suffering for the animal.

**Signature of Veterinary Practitioner**................................................................................

**Practice Stamp**

**Name** (Block Letters)......................................................................................................

**Address**.........................................................................................................................

**Date**...................... **Time** …………………………….

# Declaration by the Owner or Person in Charge of the Animal

I wish to state, to the best of my knowledge and belief, that the above described animal has not been treated with any medicine whose withdrawal period has not been completed. The term “*withdrawal period* ” has been adequately explained to me.

**Signature**...........................................................................................................

**Name** (Block Letters)………………………………………………………….

Appendix V

OWNER DECLARATION TO ACCOMPANY THE EMERGENCY SLAUGHTER ANIMAL TO THE SLAUGHTERHOUSE.

Failure by the Owner/Keeper to complete the documentation in full for arrival at the abattoir will result in disposal of the emergency slaughter animal as a Category 1 animal by-product. Regulation 853/2004 Annex III, Section I, Chapter VI, paragraph 5 & 6

**All Boxes must be completed in full**

|  |  |
| --- | --- |
| Owner’s name, address  |  |
| Herd number / Holding number |  |
| Production site address (if different) |  |
| Contact name, telephone number and email address of owner/owner’s agent |  |
| Identity of Animal (tag no.) |  |
| breed |  |
| age |  |
| sex |  |
|  Nature of the accident (describe) |  |

Owner/Agent’s Declaration

|  |  |  |
| --- | --- | --- |
| Record all **veterinary medicinal products or other treatments** administered to the animal, within the last 6 months, dates of administration and withdrawal periods |  |  |
|  | Yes | No |
| Tuberculosis Is the animal a reactor or inconclusive reactor to the TB test?Is the holding under a TB restriction order? |  |  |
| BrucellosisIs the animal a Brucellosis reactor?Is the holding under a Brucellosis restriction order? |  |  |
| Is the holding/area under restrictions for other animal health or other reasons? |  |  |
| Have any analyses shown that the animal may have been exposed to food-borne zoonoses or substances likely to result in residues in meat? If yes, attach a copy. |  |  |
| Is the animal clean |  |  |

|  |  |  |
| --- | --- | --- |
| Status (e.g. owner, manager, stockman) |  |  |

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_being the Owner/Keeper of the animal described above hereby declare that the animal has not, to my knowledge, been in receipt of any substance, the withdrawal period of which has not expired. The term ‘withdrawal period’ has been explained to me.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Owner / Keeper**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name in Block Capitals**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of signing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**