



**Europska unija
Republika Hrvatska
European Union
Republic of Croatia**

**PUTOVNICA
ZA KUĆNE LJUBIMCE
PET PASSPORT**

ISO oznaka države + broj

Izdaje: Ministarstvo poljoprivrede
Uprava za veterinarstvo i sigurnost hrane
Tisak i distribucija: Narodne novine d.d., Zagreb
Oznaka za narudžbu: **150941** (12) EU

ISO oznaka države + broj



**Europska unija
Republika Hrvatska
European Union
Republic of Croatia**

**PUTOVNICA
ZA KUĆNE LJUBIMCE
PET PASSPORT**

Napomene s objašnjenjem za ispunjavanje putovnice

- U svakom odjeljku putovnice koristi se sljedeći format za navođenje
 - datuma: dd/mm/ggg
 - vremena: 00:00
- Odjeljak III. točka 5.: podaci se zahtijevaju kad životinja ima jasno čitljivu tetovažu tetoviranu prije 3. srpnja 2011. i nije označena ugradnjom transpondera.
- Odjeljak V.: podaci se zahtijevaju samo
 - prije premještanja u drugu državu članicu u skladu sa zakonodavstvom EU-a o zdravlju životinja; ili
 - kad životinja ponovno ulazi u Uniju nakon premještanja na državna područja ili u treće zemlje u skladu sa zakonodavstvom EU-a o zdravlju životinja (mora se ispuniti prije nego što životinja napusti Uniju); ili
 - u skladu s nacionalnim zakonodavstvom.
- Odjeljak V. „VRIJEDI OD²ⁿ”: podaci se ne zahtijevaju za ponovljena cijepljenja.
- Odjeljak VI.: zahtijeva se samo kad životinja ponovno ulazi u Uniju nakon premještanja na određena državna područja ili treće zemlje u skladu sa zakonodavstvom EU-a o zdravlju životinja (mora se ispuniti prije nego što životinja napusti Uniju).
- Odjeljak VII.: zahtijeva se samo prije premještanja u određene države članice u skladu sa zakonodavstvom EU-a o zdravlju životinja.
- Odjeljci od VIII. do XI.: ispunjavanje mogu zahtijevati državna područja ili treće zemlje odredišta koji prihvaćaju putovnicu.
- Odjeljak X.: zahtijeva se samo kad životinju prati zdravstveni certifikat u skladu sa zakonodavstvom EU-a o zdravlju životinja.
- Odjeljak XII.: dodatne informacije koje se zahtijevaju prema nacionalnom zakonodavstvu.

Explanatory notes for completing the passport

- In each Section of the passport the following format shall be used to indicate
 - a date: dd/mm/ggg
 - a time: 00:00
- Section III, point 5: information required where the animal has a clearly readable tattoo applied before 3 July 2011. It is not marked by the implantation of a transponder.
- Section V: only required
 - before movement into another Member State in accordance with EU animal health legislation; or
 - where the animal re-enters the Union after a movement to territories or third countries in accordance with EU animal health legislation (to be completed before the animal leaves the Union); or
 - in accordance with national legislation.
- Section V, "VALID FROM²": information not required for booster vaccinations.
- Section VI: only required where the animal re-enters the Union after a movement to certain territories or a third country in accordance with EU animal health legislation (to be completed before the animal leaves the Union).
- Section VII: only required before movement into certain Member States in accordance with EU animal health legislation.
- Section VIII to XI: may be required by territories or third countries of destination which accept the passport.
- Section X: only required where the animal is accompanied by a health certificate in accordance with EU animal health legislation.
- Section XII: additional information required under national legislation.

I. PODACI O VLASNIŠTVU DETAILS OF OWNERSHIP

1. Ime / Name: _____

Prezime / Surname: _____

Adresa / Address: _____

Poštanski broj / Post-code: _____

Grad / City: _____

Država / Country: _____

Telefonski broj* / Telephone number*: _____

Potpis / Signature: _____

2. Ime / Name: _____

Prezime / Surname: _____

Adresa / Address: _____

Poštanski broj / Post-code: _____

Grad / City: _____

Država / Country: _____

Telefonski broj* / Telephone number*: _____

Potpis / Signature: _____

* nije obavezno / optional

II. OPIS ŽIVOTINJE DESCRIPTION OF ANIMAL

SLIKA ŽIVOTINJE
(nije obavezno) /
PICTURE OF THE ANIMAL
(optional)

1. Ime* / Name*: _____
2. Vrsta / Species: _____
3. Pasma* / Breed*: _____
4. Spol / Sex: _____
5. Datum rođenja* / Date of Birth*: _____
6. Boja / Colour: _____
7. **Bilo koje vidljive ili razlikovne osobine ili karakteristike:**
Any notable or discernable features or characteristics:

* kako je naveo posjednik / as stated by owner

III. OZNAČIVANJE ŽIVOTINJE MARKING OF ANIMAL

1. Alfaničnerička oznaka transpondera
Transponder alphanumeric code

2. Datum stavljanja ili očitavanja* transpondera
Date of application or reading* of the transponder

3. Položaj transpondera / Location of the transponder

4. Alfaničnerički kod tetovaže / Tattoo alphanumeric code

5. Datum stavljanja / datum očitavanja tetovaže
Date of application / date of reading of the tattoo

6. Položaj tetovaže / Location of the tattoo

**Potrebno je provjeriti oznaku prije bilo kojeg
novog unosa u ovu putovnicu**
**The marking must be verified before any new
entry is made on this passport**

* prekrižiiti nepotrebno / delete as necessary

IV. IZDAVANJE PUTOVNICE ISSUING OF THE PASSPORT

Ime ovlaštenog veterinara:

Name of the authorised veterinarian:

Adresa / Address: _____

Poštanski broj / Post-code: _____

Grad / City: _____

Država / Country: _____

Telefonski broj / Telephone number: _____

E-mail adresa / E-mail address: _____

Datum izdavanja / Date of issuing: _____



ŽIG I POTPIS
STAMP & SIGNATURE

V. CIJEPLJENJE PROTIV BJESNOĆE VACCINATION AGAINST RABIES

PROIZVOĐAČ
I NAZIV CJEPIVA
MANUFACTURER &
NAME OF VACCINE

BROJ SERIJE
BATCH NUMBER

DATUM
CIJEPLJENJA¹
VRIJEDI OD²
VRIJEDI DO³
VACCINATION DATE¹
VALID FROM²
VALID UNTIL³

OVLASŢENI
VETERINAR
(žig i potpis)*
AUTHORISED
VETERINARIAN
(stamp & signature)*

1

2

3

1

2

3

V. CIJEPLJENJE PROTIV BJESNOĆE VACCINATION AGAINST RABIES

PROIZVOĐAČ
I NAZIV CJEPIVA
MANUFACTURER &
NAME OF VACCINE

BROJ SERIJE
BATCH NUMBER

DATUM
CIJEPLJENJA¹
VRIJEDI OD²
VRIJEDI DO³
VACCINATION DATE¹
VALID FROM²
VALID UNTIL³

OVLASŢENI
VETERINAR
(žig i potpis)*
AUTHORISED
VETERINARIAN
(stamp & signature)*

1

2

3

1

2

3

VI. TEST TITRACIJE PROTUTIJELA NA BJESNOĆU RABIES ANTIBODY TITRATION TEST

Ja, u nastavku potpisani, potvrđujem da sam izvršio uvid u službeni zapis u kojem se navodi da je test titracije protutijela na bjesnoću proveden u laboratoriju koji je odobrila EU na uzorku krvi uzetom od prethodno opisane životinje na datum koji je naveden u nastavku, kao odgovor na cijepljenje protiv bjesnoće dokazao razinu neutralizirajućih protutijela u serumu jednaku ili veću od 0,5 IU/ml.

I, the undersigned, confirm that I have seen an official record stating that the rabies antibody titration test performed at an EU-approved laboratory on a sample of blood collected on the date mentioned below from the above described animal proved a response to anti-rabies vaccination at a level of serum neutralising antibody equal to or greater than 0.5 IU/ml.

Uzorak uzet na dan / Sample collected on: _____

Ime ovlaštenog veterinaru / Name of the authorised veterinarian: _____

Adresa / Address: _____

Telefonski broj / Telephone number: _____

Datum / Date: _____

VETERINAR
(žig i potpis)
VETERINARIAN
(stamp & signature)

U SLUČAJU DALJNJEG TESTA IN CASE OF A FURTHER TEST

Ja, u nastavku potpisani, potvrđujem da sam izvršio uvid u službeni zapis u kojem se navodi da je test titracije protutijela na bjesnoću proveden u laboratoriju koji je odobrila EU na uzorku krvi uzetom od prethodno opisane životinje na datum koji je naveden u nastavku, kao odgovor na cijepljenje protiv bjesnoće dokazao razinu neutralizirajućih protutijela u serumu jednaku ili veću od 0,5 IU/ml.

I, the undersigned, confirm that I have seen an official record stating that the rabies antibody titration test performed at an EU-approved laboratory on a sample of blood collected on the date mentioned below from the above described animal proved a response to anti-rabies vaccination at a level of serum neutralising antibody equal to or greater than 0.5 IU/ml.

Uzorak uzet na dan / Sample collected on: _____

Ime ovlaštenog veterinaru / Name of the authorised veterinarian: _____

Adresa / Address: _____

Telefonski broj / Telephone number: _____

Datum / Date: _____

VETERINAR
(žig i potpis)
VETERINARIAN
(stamp & signature)

**VII. TRETIRANJE PROTIV EHINOKOZE
ANTI-ECHINOCOCCUS TREATMENT**

VETERINAR
(žig i potpis)
VETERINARIAN
(stamp & signature)

DATUM¹
VRIJEME² /
DATE¹
TIME²

PROIZVOĐAČ I NAZIV PROIZVODA /
MANUFACTURER & NAME OF PRODUCT

1

2

1

2

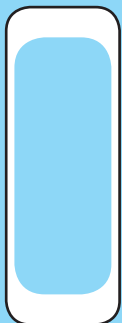
1

2



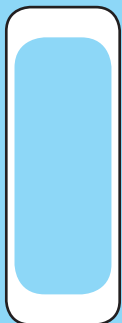
1	2
---	---

--



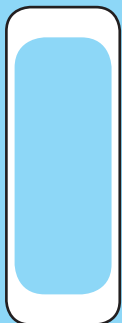
1	2
---	---

--



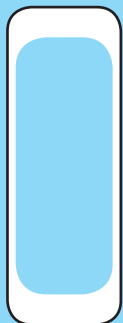
1	2
---	---

--



1	2
---	---

--



1	2
---	---

--

**VII. TRETIRANJE PROTIV EHINOKOZE
ANTI-ECHINOCOCCUS TREATMENT**

DATUM¹
VRIJEME² /

DATE¹
TIME²

VETERINAR
(žig i potpis)
VETERINARIAN
(stamp & signature)

PROIZVOĐAČ I NAZIV PROIZVODA /
MANUFACTURER & NAME OF PRODUCT

1

2

1

2

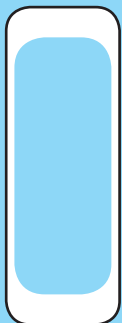
1

2



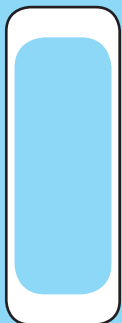
1	2
---	---

--



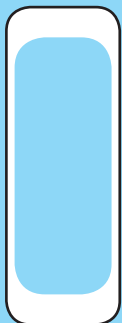
1	2
---	---

--



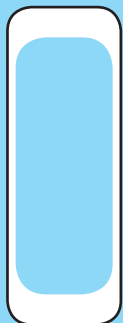
1	2
---	---

--



1	2
---	---

--



1	2
---	---

--

**VIII. OSTALI TRETMANI PROTIV PARAZITA
OTHER ANTI-PARASITE TREATMENTS**

VETERINAR
(žig i potpis)
VETERINARIAN
(stamp & signature)

DATUM¹
VRIJEME² /
DATE¹
TIME²

PROIZVOĐAČ I NAZIV PROIZVODA /
MANUFACTURER & NAME OF PRODUCT

1

2

1

2

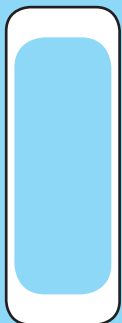
1

2



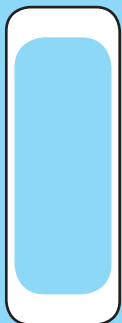
1	2
---	---

--



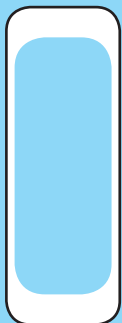
1	2
---	---

--



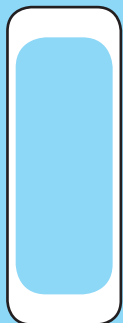
1	2
---	---

--



1	2
---	---

--



1	2
---	---

--

**VIII. OSTALI TRETMANI PROTIV PARAZITA
OTHER ANTI-PARASITE TREATMENTS**

VETERINAR
(žig i potpis)
VETERINARIAN
(stamp & signature)

DATUM¹
VRIJEME² /
DATE¹
TIME²

PROIZVOĐAČ I NAZIV PROIZVODA /
MANUFACTURER & NAME OF PRODUCT

1

2

1

2

1

2

1	2	1	2	1	2	1	2	1	2

ISO oznaka države + broj

IX. OSTALA CIJEPLJENJA / OTHER VACCINATIONS

PROIZVOĐAČ
I NAZIV CJEPIVA
MANUFACTURER &
NAME OF VACCINE

BROJ SERIJE
BATCH NUMBER

DATUM
CIJEPLJENJA¹
VRIJEDI DO²
VACCINATION DATE¹
VALID UNTIL²

VETERINAR
(žig i potpis)
VETERINARIAN
(stamp & signature)

1

2

1

2

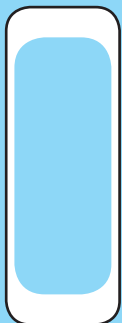
1

2



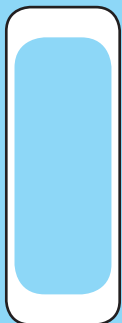
1	2
---	---

--



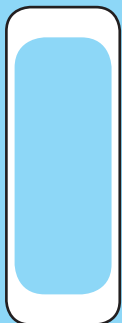
1	2
---	---

--



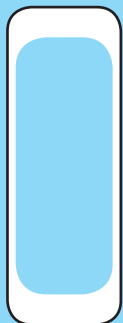
1	2
---	---

--



1	2
---	---

--



1	2
---	---

--

IX. OSTALA CIJEPLJENJA / OTHER VACCINATIONS

PROIZVOĐAČ
I NAZIV CJEPIVA
MANUFACTURER &
NAME OF VACCINE

BROJ SERIJE
BATCH NUMBER

DATUM
CIJEPLJENJA¹
VRIJEDI DO²
VACCINATION DATE¹
VALID UNTIL²

VETERINAR
(žig i potpis)
VETERINARIAN
(stamp & signature)

1

2

1

2

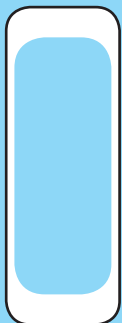
1

2



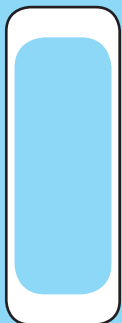
1	2
---	---

--



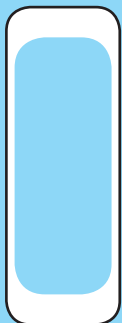
1	2
---	---

--



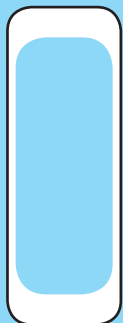
1	2
---	---

--



1	2
---	---

--



1	2
---	---

--

IX. OSTALA CIJEPLJENJA / OTHER VACCINATIONS

PROIZVOĐAČ
I NAZIV CJEPIVA
MANUFACTURER &
NAME OF VACCINE

BROJ SERIJE
BATCH NUMBER

DATUM
CIJEPLJENJA¹
VRIJEDI DO²
VACCINATION DATE¹
VALID UNTIL²

VETERINAR
(žig i potpis)
VETERINARIAN
(stamp & signature)

1

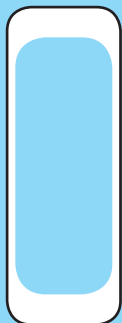
2

1

2

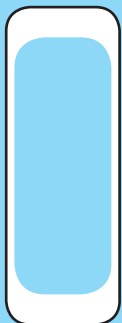
1

2



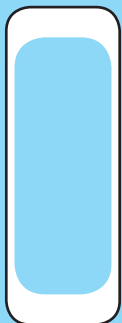
1	2
---	---

--



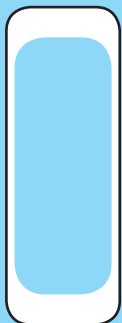
1	2
---	---

--



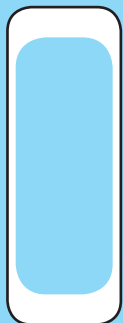
1	2
---	---

--



1	2
---	---

--



1	2
---	---

--

X. KLINIČKA PRETRAGA / CLINICAL EXAMINATION

OVLAŠTENI VETERINAR*
AUTHORISED VETERINARIAN*

DATUM / DATE

IZJAVA / DECLARATION

Životinja ne pokazuje znakove bolesti i sposobna je za planirani put / The animal shows no signs of diseases and is fit to be transported for the intended journey

Životinja ne pokazuje znakove bolesti i sposobna je za planirani put / The animal shows no signs of diseases and is fit to be transported for the intended journey

Životinja ne pokazuje znakove bolesti i sposobna je za planirani put / The animal shows no signs of diseases and is fit to be transported for the intended journey

Životinja ne pokazuje znakove bolesti i sposobna je za planirani put / The animal shows no signs of diseases and is fit to be transported for the intended journey

X. KLINIČKA PRETRAGA / CLINICAL EXAMINATION

OVLAŠTENI VETERINAR*
AUTHORISED VETERINARIAN*

DATUM / DATE

IZJAVA / DECLARATION

Životinja ne pokazuje znakove bolesti i sposobna je za planirani put / The animal shows no signs of diseases and is fit to be transported for the intended journey

Životinja ne pokazuje znakove bolesti i sposobna je za planirani put / The animal shows no signs of diseases and is fit to be transported for the intended journey

Životinja ne pokazuje znakove bolesti i sposobna je za planirani put / The animal shows no signs of diseases and is fit to be transported for the intended journey

Životinja ne pokazuje znakove bolesti i sposobna je za planirani put / The animal shows no signs of diseases and is fit to be transported for the intended journey

* Barem ime, adresa, telefonski broj i potpis. / At least name, address, telephone number and signature.

XI. OVJERA / LEGALISATION

ŽIG I POTPIS
STAMP & SIGNATURE

DATUM / DATE

OVJERAVAJUĆE TIJELO / LEGALISING BODY

XI. OVJERA / LEGALISATION

ŽIG I POTPIS
STAMP & SIGNATURE

OVJERAVAJUĆE TIJELO / LEGALISING BODY

DATUM / DATE

ISO oznaka države + broj

Strana/ Page
31 od/out of 32

XII. OSTALO / OTHERS