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Hayvan Sahibinin**/ Responsible Person Accompanying the Animal   |  |  | | --- | --- | | **Adı**/ First name : | **Soyadı**/ Surname : | | **Adresi**/ Address : | | | **Posta Kodu**/ Postcode : | **Şehir**/ City : | | **Ülke**/ Country : | **Telefon**/ Telephone : | | | **II. Hayvanın Tanımı**/ Description of the Animal   |  |  | | --- | --- | | **Türü**/ Species : | **Irkı**/ Breed : | | **Cinsiyeti**/ Sex : | **Renk ve İşaretler**/ Colour and type: | | **Doğum Tarihi**/ Date of birth : | | | **III. Hayvanın Kimliği**/ Identification of the animal   |  |  | | --- | --- | | **Mikro-çip No**/ Microchip number : | | | **Mikro-çipin Yeri**/ Location of microchip : | **Mikro-çip yapıldığı tarih**/ Date of microchipping : | | **Dövme No**/ Tattoo number : | **Dövme yapıldığı tarih**/ Date of tattooing : | | | **IV. Kuduz Hastalığına Karşı Aşılama**/ Vaccination against Rabies   |  |  |  | | --- | --- | --- | | **Aşının adı ve Üretici**/ Manufacturer and name of vaccine : | | | | Parti No**/ Batch Number :** | **Aşılama Tarihi**/ Vaccination Date: | **Geçerlilik Süresi**/ Valid until : | | | **V. Kuduz Hastalığında serolojik testler** ( **talep edildiğinde )/** Rabies serological test(When required)  **Ben, ………………………(gün/ay/yıl) tarihinde hayvandan alınan kan örneğinde Avrupa Birliği tarafından onaylanmış bir laboratuvarda yapılmış olan bir serolojik teste ait ve anti-kuduz antikor titresinin 0,5 IU/ml veya daha yüksek olduğunu belgeleyen resmi kayıtları gördüm.**/ I have seen an official record of the result of a serological test for the animal, carried out on a sample taken on(dd/mm/yyyy) ....................., and tested in an EU-approved laboratory, which states that the rabbies neutralising antibody titre was equal to or greater than 0.5 IU/ml. |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Resmi Veteriner Hekim veya yetkili otorite tarafından yetkilendirilmiş Veteriner Hekim(yetkilendirilmiş veteriner hekim ise bir sonraki bölümde Yetkili Otorite bunu onaylamak durumundadır.)(\*)/** Official Veterinarian or Veterinarian authorised by the competent authority( in the latter case, the competent authority must endorse the certificate)(\*)   |  |  | | --- | --- | | **Adı Soyadı**/ First Name,Surname : | **İMZA, TARİH&MÜHÜR**/ SIGNATURE, DATE&STAMP | | **Adres**/ Address : | | **Posta kodu**/ Postcode : | | **Şehir**/ City : | | **Ülke**/ Country : | | **Telefon**/ Telephone : | | **(\*)Uygun olarak siliniz/**Delete as applicable | | | | | |  | | --- | | **Yetkili otorite tarafından onaylama(Resmî Veteriner tarafından onaylamış ise gerekli değil)**/ Endorsement by the competent authority( Not necessary when the certificate is signed by an official veterinarian) | | **TARİH&MÜHÜR**/ DATE&STAMP : | | | | **VI. Kene Enfestasyonu Tedavisi (talep edildiğinde)**/ Tick Treatment(when required) | | | **Ürünün ve imalatçısının adı**/ Manufacturer and name of product : | | | **Tedavinin uygulandığı tarih ve uygulama saati(gg/aa/yy+saat)**/ Date and time of treatment(dd/mm/yy+24-hour clock) | | | **Veteriner Hekimin adı**/ Name of veterinarian : | | | **Adres**/ Address : | **İMZA, TARİH&MÜHÜR**/ SIGNATURE, DATE&STAMP | | **Postakodu**/ Postcode : | | **Şehir**/ City : | | **Ülke**/ Country : | | **Telefon**/ Telephone : | | **VII. Ekinokok ozis Tedavisi(talep edildiğinde)** / EchinococcusTreatment(when required) | | | **Ürünün ve imalatçısının adı**/ Manufacturer and name of product : | | | **Tedavinin uygulandığı tarih ve uygulama saati(gg/aa/yy+saat)**/ Date and time of treatment(dd/mm/yy+24-hour clock) | | | **Veteriner Hekimin adı**/ Name of veterinarian : | | | **Adres**/ Address : | **İMZA, TARİH&MÜHÜR**/ SIGNATURE, DATE&STAMP | | **Postakodu**/ Postcode : | | **Şehir**/ City : | | **Ülke**/ Country : | | **Telefon**/ Telephone : |  |  | | --- | | **Klavu Notlar/** Notes for guidance   1. **Sertifika üzerinde herhangi bir giriş yapılmadan önce hayvanın kimliği doğrulanır./** Identification of the animal (tattoo or microchip) must have been verified before any entries are made on the certificate. 2. **Kullanılan kuduz aşısı OIE standartlarına uygun olarak üretilen inaktive edilmiş bir aşı olmalıdır**./ The rabies vaccine used must be an inactivated vaccine produced in accordance with OIE standards. 3. **Sertifika, resmî veteriner hekimin imzalaması ya da yetkili otoritenin onayı sonrasındaki 4 ay süreyle, veya Bölüm IV’te belirtilen aşının geçerlilik tarihine kadar geçerlidir, en önce olan esas alınır**./ The certificate is valid for four months after signature by the official veterinarian or endorsement by the competent authority, or until the date of expiry of the vaccination shown in Part IV, whichever is earlier. 4. **Bu sertifika beraberinde, hayvanın kimlik bilgileri, aşılama bilgileri ve serolojik test sonuçları dahil, destekleyici belgeler veya bunların onaylı kopyaları bulundurulur.**/ This certificate must be accompanied by supporting documentation, or a certified copy thereof, including the identification details of the animal concerned, vaccination details and the result of the serological test. | | |