

.....  
 .....  
 .....  
 .....  
 .....  
 .....  
 (name, surname, address of the applicant, contact telephone number)

**Do Powiatowego Lekarza Weterynarii  
 w Pruszczu Gdańskim  
 biuro w Gdańsku  
 ul. Kartuska 247,  
 tel: 58/302-00-01  
 piwgdan@gdansk.wiw.gov.pl**

### **APPLICATION FOR AN EXPORT CERTIFICATE AND/OR LEGALISATION OF A PASSPORT <sup>1</sup>**

I am requesting an official veterinary certificate and/or legalisation of a passport<sup>1</sup> for a dog / cat / ferret, in connection with a departure to  
 ....., the expected date of crossing the border of the destination country is .....

	Species (dog, cat, ferret)	Breed	Sex	Date of birth	Fur colour	Microchip number and date of implantation	Rabies vaccination (date of vaccination)	Country of origin	Countries visited in the last six months	Antibody titration test (date of collection, address of laboratory, result)	Clinical examination (date)	Deworming (date and time)
1												
2												

I declare that:

- I am the owner of the animal,
- The above details are as stated in the animal's passport,
- I have acknowledged the veterinary requirements of the country concerned and I take full responsibility for any consequences of non-admission of the animal by the competent authorities of the country of destination.
- I have read the information clause on the processing of personal data at the District Veterinary Inspectorate in Pruszcz Gdański. The content of the clause is also available at <http://piwprus.bip.gov.pl/>.

.....  
 (date and legible signature of applicant)

#### **Enclosed<sup>1</sup>:**

1. Proof of payment to the UM Pruszcz Gd. nr 94 8335 0003 0121 1827 2000 0007 (passport validation) in the amount of PLN 26.00
2. Proof of payment to the PIW z/s w Pruszczu Gd. nr 77 1010 1140 0184 6722 3100 0000 (health certificate) in the amount of PLN 112.80

<sup>1</sup> Cross out, if not applicable