



## SECTION 2

## PLACE OF DEPARTURE

1. KEEPER at the place of departure – Name and address (if different from the organiser mentioned in section (1) <sup>(a)</sup> )		
2. Place and Member State of departure <sup>(b)</sup>		
3. Date and time of first animal loading <sup>(b)</sup>	4. Number of animals loaded <sup>(b)</sup>	5. Identification of the means of transport
6. I, the keeper of the animals at the place of departure, hereby declare that I have been present at the loading of the animals. According to my knowledge, at the time of loading the above mentioned animals were fit for transport and the facilities and procedures for handling the animals were in accordance with the provisions of Regulation (EC) No 1/2005 on the protection of animals during transport and related operations.		
7. Signature of the keeper at the place of departure		
8. ADDITIONAL CHECKS AT DEPARTURE		
9. VETERINARIAN at the place of departure (name and address)		
10. I, veterinarian, hereby declare that I have checked and approved the loading of the animals mentioned above. According to my knowledge, at the time of departure, the animals were fit for transport and the means of transport and the transport practices were in accordance with the provisions of Council Regulation (EC) No 1/2005.		
11. Signature of the VETERINARIAN		

<sup>(a)</sup> Keeper: see definition in Article 2(k) of Council Regulation (EC) No 1/2005

<sup>(b)</sup> If different from Section 1.

SECTION 3  
PLACE OF DESTINATION

1. <b>KEEPER</b> at the place of destination/ <b>OFFICIAL VETERINARIAN</b> - Name and address <sup>(a)</sup>			
2. Place and Member State of destination/Checking point <sup>(a)</sup>		3. Date and time of the check	
4. <b>CHECKS PERFORMED</b>		5. <b>OUTCOME OF THE CHECKS</b>	
		5.1. COMPLIANCE	5.2. RESER-VATION(S)
4.1. Transporter Authorisation number <sup>(b)</sup>		<input type="checkbox"/>	<input type="checkbox"/>
4.2. Driver Number of the certificate of competence		<input type="checkbox"/>	<input type="checkbox"/>
4.3. Means of transport Identification <sup>(c)</sup>		<input type="checkbox"/>	<input type="checkbox"/>
4.4. Space allowances Average space/animal in m <sup>2</sup>		<input type="checkbox"/>	<input type="checkbox"/>
4.5. Journey log records and journey time limits		<input type="checkbox"/>	<input type="checkbox"/>
4.6. Animals (specify the number for each category)			
Total checked	U Unfit	D Dead	F Fit
6. I, the keeper of the animals at the place of destination/official veterinarian, hereby declare that I have checked this consignment of animals. According my knowledge, at the time of the check the abovementioned findings were recorded. I am aware that the competent authorities must be informed as soon as possible of any reservation there may be and each time dead animals are discovered.			
7. Signature of the <b>keeper</b> at the place of destination/ <b>official veterinarian</b> (with official stamp)			

<sup>(a)</sup> Delete as appropriate.

<sup>(b)</sup> If different from Section 1.

<sup>(c)</sup> If different from Section 2.

SECTION 4  
DECLARATION BY TRANSPORTER

**TO BE COMPLETED BY THE DRIVER DURING THE COURSE OF THE JOURNEY AND TO BE AVAILABLE TO THE COMPETENT AUTHORITIES OF THE PLACE OF DEPARTURE WITHIN ONE MONTH OF THE DATE OF ARRIVAL AT THE PLACE OF DESTINATION.**

**Actual itinerary – Resting, transfer or exit points**

Place and address	Arrival		Departure		Length of stop	Reason
	Date	Time	Date	Time		

Reason for any difference between actual and proposed itinerary/Other observation	Date and time of Arrival at the place of destination
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Number and reason for animal injuries and/or deaths during the journey

DRIVER(S)'s name and signature	TRANSPORTER's name, authorisation number
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**As the transporter, I hereby certify that the entries above are correct and I am aware that any incident during the journey that leads to animals death must be declared to the competent authorities of the place of departure.**

Transporter' signature

Date and place

## SECTION 5

## SPECIMEN ANOMALY REPORT No ...

A copy of the anomaly report accompanied by a copy of Section 1 of the journey log shall be transmitted to the competent authority.

1. <b>DECLARANT'S</b> name, title and address	
2. Place and Member State where the anomaly was observed	3. Date and time when the anomaly was observed
4. <b>TYPE OF ANOMALY(IES)</b> pursuant to Council Regulation (EC) No 1/2005	
4.1. Fitness for transport <sup>(1)</sup> <input type="checkbox"/>	4.6. Space allowances <sup>(6)</sup> <input type="checkbox"/>
4.2. Means of transport <sup>(2)</sup> <input type="checkbox"/>	4.7. Transporter's authorisation <sup>(7)</sup> <input type="checkbox"/>
4.3. Transport practices <sup>(3)</sup> <input type="checkbox"/>	4.8. Driver certificate of competence <sup>(8)</sup> <input type="checkbox"/>
4.4. Journey time limits <sup>(4)</sup> <input type="checkbox"/>	4.9. Journey log records <input type="checkbox"/>
4.5. Additional provisions for long journeys <sup>(5)</sup> <input type="checkbox"/>	4.10. Other <input type="checkbox"/>
4.11. <b>Remarks:</b>	
5. I hereby declare that I have checked the consignment of the abovementioned animals and have expressed the reservations detailed in this report concerning compliance with the provisions of Council Regulation (EC) No 1/2005 on the protection of animals during transport and related operations.	
6. <b>Date and time of the declaration to competent authority</b>	7. Signature of the <b>declarant</b>

<sup>(1)</sup> Annex I, Chapter I and Chapter VI, paragraph 1.9.

<sup>(2)</sup> Annex I, Chapters II and IV.

<sup>(3)</sup> Annex I, Chapter III.

<sup>(4)</sup> Annex I, Chapter V.

<sup>(5)</sup> Annex I, Chapter VI.

<sup>(6)</sup> Annex I, Chapter VII.

<sup>(7)</sup> Article 6.

<sup>(8)</sup> Article 6(5).