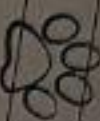


1. IME / NAME: SKLONIŠTE ZA ŽIVOTINJE

Prezime / Surname:

Adresa / Address:



SZZ 007

BELI MANASTIR

OSJEČKA 128

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

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II. OPIS ŽIVOTINJE DESCRIPTION OF ANIMAL

SLIKA ŽIVOTINJE
(nije obavezno) /

PICTURE OF THE ANIMAL
(optional)

1. Ime* / Name*:

2. Vrsta / Species:

3. Pasmına* / Breed*:

4. Spol / Sex:

5. Datum rođenja* / Date of Birth*:

6. Boja / Colour:

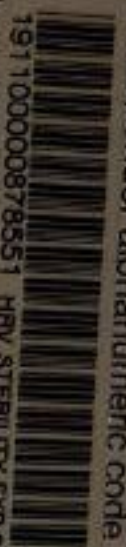
7. Bilo koje vidljive ili razlikovne osobine ili karakteristike:
Any notable or discernable features or characteristics:

* kako je naveo posjednik / as stated by owner

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III. OZNACAVANJE ŽIVOTINJE
MARKING OF ANIMAL

1. Alfnumerička oznaka transpondera
Transponder alphanumeric code



191100000678551 HRV STERILITY EXP 2019-07-1

2. Datum aplikacije ili čitanja transpondera
Date of application or reading* of the transponder

10/04/2017

3. Položaj transpondera / Location of the transponder

SP ZECIO CELI SINISTER

4. Alfnumerički kod tetovaže / Tattoo alphanumeric code

5. Datum aplikacije / 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

* prekržiti nepotrebno / delete as necessary

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1530

Ime ovlaštenog veterinarar:
Name of the authorised veterinarian:

MIROSLAV PEŠEĆEĆ

Adresa / Address: 128
OSTEČKA 31300

Poštanski broj / Post-code: 3211 HANJSKI

Grad / City: ZECI HANJSKI

Država / Country: HRVATSKA 031/700 465

Telefonski broj / Telephone number: 031/700 465

E-mail adresa / E-mail address: miroslav.pesec@quail.com

Datum izdavanja / Date of issuing: 10/04/2017



ŽIG I POTPIS
STAMP & SIGNATURE

HR191000001464527

HR191000001464527

V. CIJEPLJENJE PROTIV VACCINATION AGAINST RABIES

PROIZVOĐAČ
I NAZIV CJEPIVA
MANUFACTURER &
NAME OF VACCINE

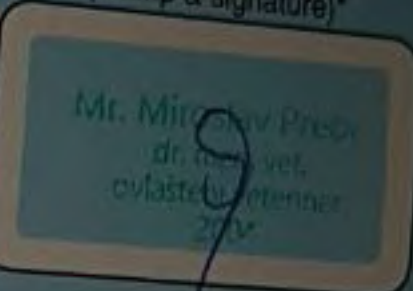
BROJ SERIJE
BATCH NUMBER

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

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



102/05/2017
223/05/2017
302/05/2018



Blank area for additional information.

1
2
3

Blank area for signature.

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

Blank area for additional information.

1
2
3

Blank area for signature.

Stamp: AGRIKULTURNI VEŠTAČKI IZVEŠTAJ, AGR 9000 5011

1
2
3

Blank area for signature.

Blank area for additional information.

1
2
3

Blank area for signature.

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

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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

DEHINER TCAVODER TBL.
"KOKA"
VETERINARSKA
AMBULANTA
BARIJANASTIR

u KRKA

DEHINER TLOS

1 02/05/2017

2 10:00

1 21/06/2017

2 13:05

1

2

1

2

HR191000001464527

Dio I: Pojedina

Ime i prezime
Odobrena tijela
Tip za sakupljanje zametaka
Naziv
Broj odobrenja
Adresa
Poštanski broj
L14. Mjesto nastanka
Poštanski broj
L16. Prijevozno sredstvo
Zrakoplov
Cestovno vozilo
Identifikacija:
Sklanište Za Zivotinje Beli Manastir
007
Osječka 128
Osječko-Baranjska Beli Manastir
Osječko-Baranjska Beli Manastir
Brod
Željeznički vagon
Ostalo
ZG 9496 FV

Tip za sakupljanje zametaka
Naziv
Broj odobrenja
Adresa
Poštanski broj
L15. Datum i vrijeme polaska
L17. Prijemnik
Naziv
Broj odobrenja
Adresa
Poštanski broj
L19. Broj/Količina
1 jedinica
Mihelčan Michele
DE00136601
Nikolanweg 5
47812 Krefeld, 50
13/06/2017 20:00
Ana Vučković
HR00004284
Aleja B.Jurišić
Grad Zagreb 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

HERIAC³
FRONTLINE
SPON-ON

Mr. Miroslav Pregel
dr. med. vet.
ovlašten i veterinar

102/01/2017
2 10:05

1

2

1

2

1

2

1

2

1

2

1

2

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Page 1 of 32

PROIZVOĐAČ
I NAZIV CJEPIVA
MANUFACTURER &
NAME OF VACCINE

BROJ SERIJE
ATCH NUMBER

DATUM
CIJEPLJENJA¹
VRIJEDI DO²
VACCINATION DATE¹
VALID UNTIL²

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

CANVAC® 8 DHPPII
This 40% emulsion can be sprayed, first
on the outside of the container, then
on the inside. It is also available in a
concentrated form for use in a
sprayer. It is also available in a
concentrated form for use in a
sprayer.

250915

02/2018

Pyntec, Czech Republic

CANVAS® 8 DHPPII

Perforated

2015

02/2019

hyder, Czech Republic

HR191000001464527

HR19

X. KLINIČKI PREGLED / CLINICAL EXAMINATION

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.

DATUM / DATE

25/08/2012

OVLAŠTENI VETERINAR*
AUTHORISED VETERINARIAN*

Mr. Miroslav Prebeg
dr.med. vet.
Ovlašteni veterinar
2004

X. KLINIČKI PREGLED / CLINICAL EXAMINATION

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

DATUM / DATE

OVLAŠTENI VETERINAR*
AUTHORISED VETERINARIAN*

HR1910000001464527

HR00004284
Aleja B. Jurkovića 6
Grad Zagreb Zagreb

XI. OVJERA / LEGALISATION



VETERINARSKA STANICA
OVJERAVAJUĆE TIJELO

Vet. amb Beli Manastir
31300 Beli Manastir

OIB 74879732075
Osječka 128 31300 Beli Manastir
Tel. 031/700 465

DATUM / DATE

10/04/2017

ŽIG / POTPIS
STAMP & SIGNATURE

Mr. Miroslav Priedo
dr. med. vet.
nubodbeni veterinar

XI. OVJERA / LEGALISATION

ŽIG / POTPIS
STAMP & SIGNATURE

DATUM / DATE

OVJERAVAJUĆE TIJELO / LEGALISING BODY

HR1910000001464527

HR191