

I. PODACI O VLASNIŠTVU
DETAILS OF OWNERSHIP

1. Ime / Name:

Prezime / Surname:

Adresa / Address:

SKLONIŠTE ZA ŽIVOTINJE
SZŽ 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

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. OZNAČAVANJE ŽIVOTINJE MARKING OF ANIMAL

1. Alfnumerička oznaka transpondera

Transponder alphanumeric code

2. Datum aplikacije / Date of application

19100000878344 HRV

15/05/2017

3. Položaj transpondera / Location of the transponder

SK regio volli quidera

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

* prekriti nepotrebno / delete as necessary

IV. IZDAVANJE PUTOVNICE ISSUING OF THE PASSPORT

Ime ovlaštenog veterinarara:
Name of the authorised veterinarian:

MIROSLAV PREBEG

Adresa / Address:

OSTEČKA NR3

Pošanski broj / Post-code:

301300

Grad / City:

OSTEČKA

Država / Country:

HRVATSKA

Telefonski broj / Telephone number:

031700-165

E-mail adresa / E-mail address:

Datum izdavanja / Date of issuing:

15/05/2017

Mr. Miroslav Prebeg
dr. med. vet.
ovlašten veterinar
2014

ŽIG I POTPIS
STAMP & SIGNATURE

HR1910000001464540

V. CIJEPLJENJE PROTIV BJESNOĆE VACCINATION AGAINST RABIES

PROIZVOĐAČ
I NAZIV CJEPIVA
MANUFACTURER &
NAME OF VACCINE

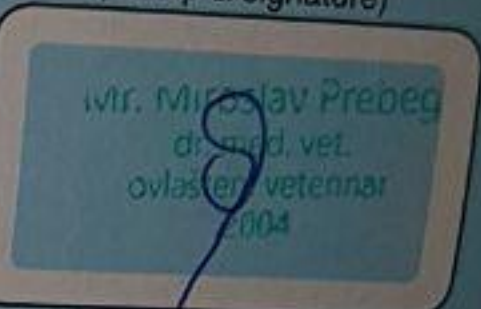
BROJ SERIJE
BATCH NUMBER

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

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



1/15/05/2017
2/25/06/2017
3/15/05/2018



Blank area for manufacturer details.

1
2
3

Blank area for veterinarian signature.

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

HR1910000001464540

Blank area for manufacturer details.

1
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3

Blank area for veterinarian signature.

Blank area for manufacturer details.

1
2
3

Blank area for veterinarian signature.

Blank area for manufacturer details.

1
2
3

Blank area for veterinarian signature.

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

Dio I: Pojedinačni i prijavni podaci

VII. TRETIRANJE PROTIV EHINOKOKOZE ANTI-ECHINOCOCCUS TREATMENT

HR1910000001464540

PROIZVOĐAČ I NAZIV PROIZVODA /
MANUFACTURER & NAME OF PRODUCT

DATUM¹
VRIJEME² /
DATE¹
TIME²

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

u KRKA⁴
DETHINOL PLUS FLAKUR



1 15/05/2017
2 13:20

Mr. Miroslav Prebe
dr. med. vet.
ovlašten veterinar
2004

u KRKA⁴
DETHINOL PLUS FLAKUR



1 22/05/2017
2 10:00

Mr. Miroslav Prebe
dr. med. vet.
ovlašten veterinar
2004

u KRKA⁴
DETHINOL PLUS FLAKUR



1 21/06/2017
2 12:10

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HR1910000001464540

VIII. OSTALI TRETMANI PROTIV PARAZITA OTHER ANTI-PARASITE TREATMENTS

PROIZVOĐAČ I NAZIV PROIZVODA /
MANUFACTURER & NAME OF PRODUCT

DATUM¹
VRIJEME² /
DATE¹
TIME²

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

MERIAL

FRONTLINE COND



15/05/2017

2 13:25

Mr. Miroslav Riedel
dr. med. vet.
ovlašten veterinar
2014

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

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)
VETERINARIJ
(stamp & signature)

Batch/Šifra: **CANVAC® 8 DHPPIL**
250916
EXP: 02/2018
Dyotec, Czech Republic

3

1/5/05/2017
29/05/2017

Mr. Miroslav
dr. med. vet.
ovlašten
2014

Batch/Šifra: **CANVAC® 8 DHPPIL**
250916
EXP: 02/2018
Dyotec, Czech Republic

3

129/05/2017
29/05/2018

Mr. Miroslav
dr. med. vet.
ovlašten
2014

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X. KLINIČKI PREGLED / CLINICAL EXAMINATION

IZJAVA / DECLARATION

DATUM / DATE

OVLAŠTENI VETERINAR

AUTHORISED VETERINARIAN

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

23/06/2017

dr. med. vet.
ovlašten veterinar
2004

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

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X. KLINIČKI PREGLED / CLINICAL EXAMINATION

IZJAVA / DECLARATION

DATUM / DATE

OVLAŠTENI VETERINAR

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

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XI. OVJERA / LEGALISATION

OVJERAVAJUĆE TIJELO / LEGALISING BODY

DATUM / DATE

ŽIG I POTPIS
STAMP & SIGNATURE

VETERINARSKA STANICA
BELI MANASTIR D.O.O.
Osječka 128 31300 Beli Manastir
OIB 74879732075
Vet. amb Beli Manastir Osječka 128
31300 Beli Manastir Tel 031/700 465

15/05/2017

Mr. Miroslav Preber
dr. med. vet.
ovlašten veterinar
2014

XI. OVJERA / LEGALISATION

OVJERAVAJUĆE TIJELO / LEGALISING BODY

DATUM / DATE

ŽIG I POTPIS
STAMP & SIGNATURE