1. Ime / Name:
Prezime / Surname: SKLONIŠTE ZA ŽIVOTINJE SZŽ 007
Adresa / Address: BELI MANASTIR OSJEČKA 128

Poštanski broj / Post-code: 31300
Grad / City: BELI MANASTIR
Država / Country: HRVATSKA
Telefonski broj* / Telephone number*: 031/700-765
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

DESCRIPTION OF ANIMAL

SLIKA ŽIVOTINJE
(nije obavezno) /
PICTURE OF THE ANIMAL
(optional)

1. Ime* / Name*: SARA
2. Vrsta / Species: PAS
3. Pasmina* / Breed*: KRIŽANAC
4. Spol / Sex: ♀(Ž) KASTRAT
5. Datum rođenja* / Date of Birth*: 23/05/2014
6. Boja / Colour: ŽUTA
7. Bilo koje vidljive ili razlikovne osobine ili karakteristike:
Any notable or discernable features or characteristics:

* kako je naveo posjednik / as stated by owner

HR1910000001464535

III. OZNAČAVANJE ŽIVOTINJE
MARKING OF ANIMAL

1. Alfanumerička oznaka transpondera
Transponder alphanumeric code

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

22/05/2017

3. Položaj transpondera / Location of the transponder

s/a regio colli orientale

4. Alfanumerički kod tetovaže / Tattoo alphanumeric code

5. Datum aplikacije / datum očitanja 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

* prekrižiti nepotrebno / delete as necessary

HR191000001464535

IV. IZDAVANJE PUTOVNICE
ISSUING OF THE PASSPORT

Ime ovlaštenog veterinara:
Name of the authorised veterinarian:

MIROSLAV PREBEG

Adresa / Address: OSJEČKA 128

Poštanski broj / Post-code: 31300

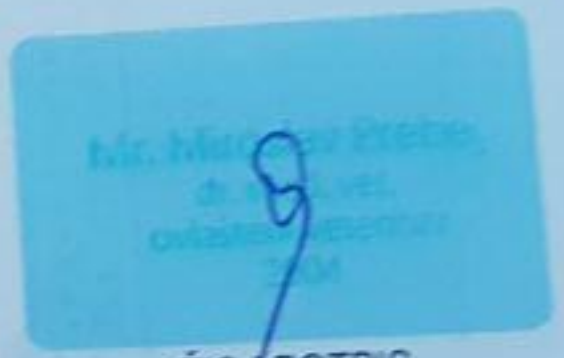
Grad / City: BELI MANASTIR

Država / Country: HRVATSKA

Telefonski broj / Telephone number: 031752465

E-mail adresa / E-mail address:

Datum izdavanja / Date of issuing: 22/05/2017



ŽIG / POTPIS
STAMP & SIGNATURE

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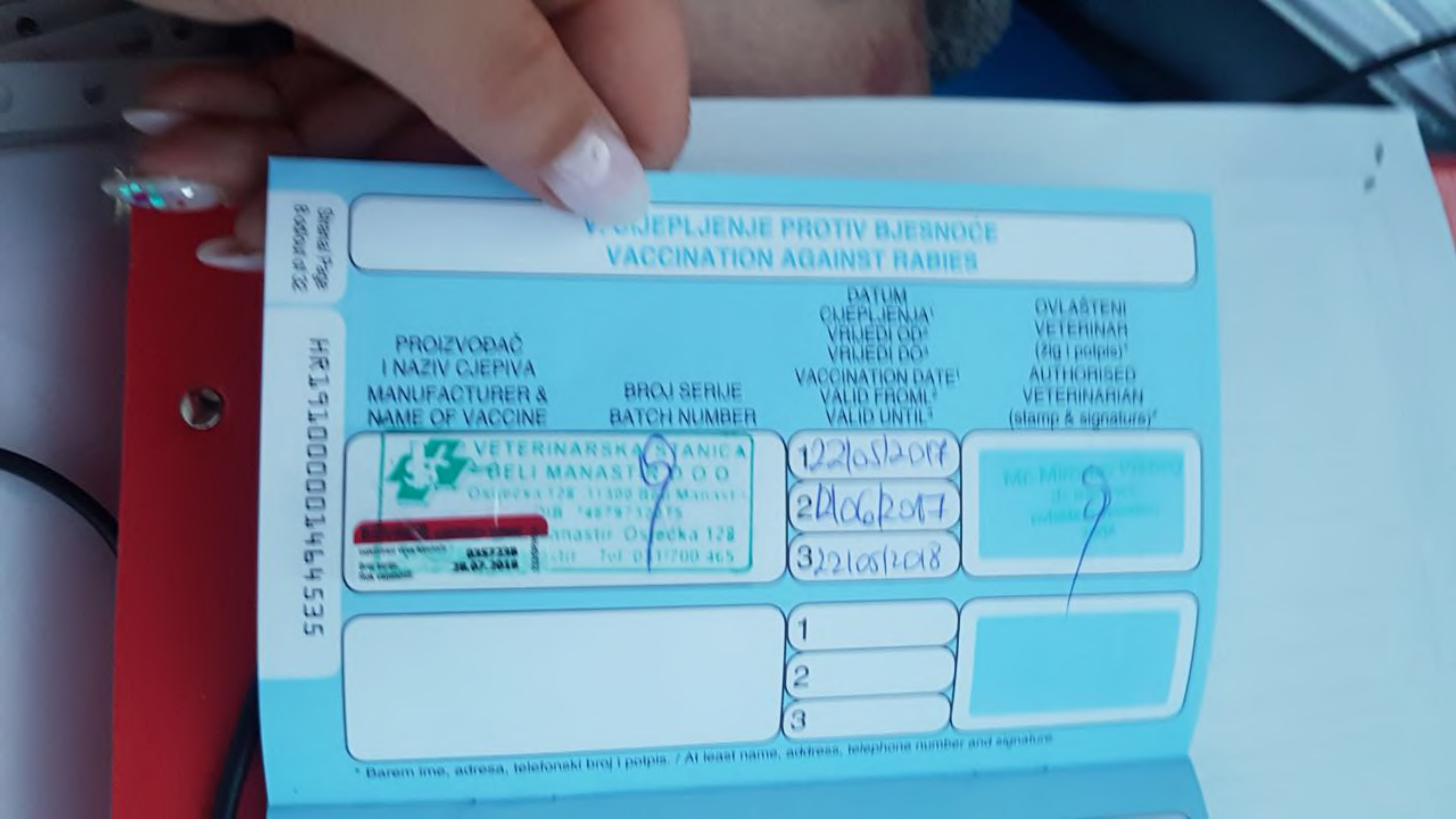
HR191000001464535
CJEPLJENJE PROTIV BJESNOĆE
VACCINATION AGAINST RABIES
PROIZVODAČ I NAZIV CJEPIVA
MANUFACTURER & NAME OF VACCINE
BROJ SERIJE
BATCH NUMBER
DATUM CIJEPLJENJA[1] VRIJEDI OD[2] VRIJEDI DO[3]
VACCINATION DATE[1] VALID FROM[2] VALID UNTIL[3]
OVLAŠTENI VETERINAR (žig i potpis)[4]
AUTHORISED VETERINARIAN (stamp & signature)[4]
VETERINARSKA STANICA
BELI MANASTIR d.o.o.
Osječka 128
Beli Manastir
Tel 031/700 465
12/05/2017
22/06/2017
22/05/2018
1
2
3
* Barem ime, adresa, telefonski broj i potpis. / At least name, address, telephone number and signature.

VII. TRETIRANJE PROTIV EHINOKOKOZE
ANTI-ECHINOCOCCUS TREATMENT

PROIZVOĐAČ I NAZIV PROIZVODA
MANUFACTURER'S NAME OF PRODUCT

«KRKA»

DATUM IZDAVANJA
DATE ISSUED

DATUM ISTEKA
EXPIRY DATE

Stranica / Page
14 od/out of 32

HR19100001464535

VIII. OSTALI TRETMANI PROTIV PARAZITA
OTHER ANTI-PARASITE TREATMENTS

PROIZVOĐAČ I NAZIV PROIZVODA / MANUFACTURER & NAME OF PRODUCT	DATUM[1] VRIJEME[2] / DATE[1] TIME[2]	VETERINAR (žig i potpis) VETERINARIAN (stamp & signature)
1	12/05/2017	
2	12:45	
1		
2		
1		
2		
1		
2		
1		
2		

PROIZVOĐAČ I NAZIV PROIZVODA / MANUFACTURER & NAME OF PRODUCT

4 MERIAL 3 D

PRONTOLINE COMBO SPOT-ON

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marchio registrato

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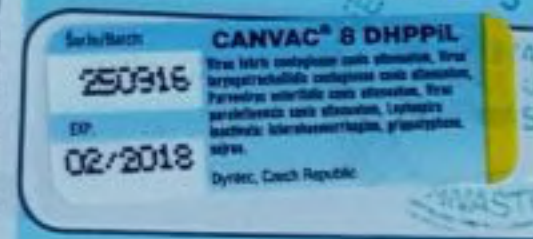
IX. OSTALA CIJEPLJENJA / OTHER VACCINATIONS

PROIZVOĐAČ I NAZIV CJEPIVA MANUFACTURER & NAME OF VACCINE	BROJ SERIJE BATCH NUMBER	DATUM CIJEPLJENJA[1] VRIJEDI DO[2] VACCINATION DATE[1] VALID UNTIL[2]	VETERINAR (žig i potpis) VETERINARIAN (stamp & signature)
	3	1 22/05/2017 2 22/05/2018	
		1 2	
		1 2	
		1 2	
		1 2	
		1 2	

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X. KLINIČKI PREGLED / CLINICAL EXAMINATION

IZJAVA / DECLARATION	DATUM / DATE	OVLAŠTEN 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	
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.

X. KLINIČKI PREGLED / CLINICAL EXAMINATION

OVLAŠTEN VETERINAR

Strana/ Page
30 od/out of 32

HR1910000014645 35

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