

Form containing information on a pet animal originating from Ukraine

Information on the owner / other person

Name, surname

Address of the place of residence in the Czech Republic

Street	No
Municipality/Municipality part	
Postal code	

Phone No

E-mail address

Information on the animal

Species

Date and result of the first clinical examination of the animal

Microchip No

Date of the microchip application

Date and result of the second clinical examination of the animal

Date of anti-rabies vaccination

Date of vaccination passport issuance

or Date of pet passport issuance + pet passport No

Address of the place of quarantine of the animal

Street	No
Municipality/Municipality part	
Postal code	

Name and surname of the official veterinarian(s) + CV certificate No

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In on

Signature of the
owner/other person

Stamp and signature
of the private veterinarian(s)