

MODEL OFFICIAL CERTIFICATE IN THE CASE OF EMERGENCY SLAUGHTER
OUTSIDE THE SLAUGHTERHOUSE

In accordance with article 4 of Commission Delegated Regulation (EU) 2019/624

A. Veterinary health certificate

Name of the official veterinarian: _____

MRCVS number: _____

1. Identification of the animals

Species: _____

Number of animals: _____

Identification marking: _____

2. Place of emergency slaughter

Address: _____

Post code: _____

3. Destination of the animals

The slaughtered animals will be transported to the following slaughterhouse:

by the following means of transport: _____

4. Other relevant information:

5. Declaration

I, the undersigned, declare that:

(1) the animals described above were examined before slaughter at the
above-mentioned holding at _____(time) on _____(date) and
were found to be fit for slaughter,

**(2) they were slaughtered at _____ (time) on _____ (date) and
the slaughter and bleeding were carried out correctly,**

**(3) the animal identified in this document was slaughtered and bled by
_____ who holds the
relevant certificate of competence number _____**

(4) the following was the reason for the emergency slaughter:

(5) the following observation on the health and welfare of the animals were
made:

(6) the following treatments were administered to the animal(s):

(7) the records and documentation concerning these animals satisfied the legal requirements and did not prohibit the slaughter of the animals.

Done at (place): _____

On (date): _____

Veterinarian/practice stamp

Signature of the official veterinarian

B. Food business operator declaration

Name (PRINT): _____

Status (e.g. Owner, manager, stockman): _____

1. Record of all veterinary medicinal products or other treatments administered to the animal from which the body is derived, within the last 6 months including dates of administration and withdrawals periods:

2. Tuberculosis

Is the animal a reactor or inconclusive reactor to TB test? _____

Is the holding under a TB restriction order? _____

3. Brucellosis

Is the animal a Brucellosis reactor? _____

Is the holding under Brucellosis restriction order? _____

ANNEX 2

4. Is the holding/area under restriction for other animal health or other reasons?

5. Have any analyses shown that the animal may have been exposed to food-borne zoonoses or substances likely to result in residues in meat? If so, attach a copy: _____

Done at (place): _____

At (time): _____ On (date): _____

Signature of the food business operator:
