

BA-UVBH-VZ 40/33

*BOSNA I HERCEGOVINA*  
*Ministarstvo vanjske trgovine i*  
*ekonomskih odnosa*  
*Ured za veterinarstvo*  
*Bosne i Hercegovine*  
**SARAJEVO**



*BOSNIA AND HERZEGOVINA*  
*Ministry of Foreign Trade and*  
*Economic Relations*  
*State Veterinary Administration*  
*of Bosnia and Herzegovina*  
**SARAJEVO**

Broj certifikata/Certificate No: **№ 001035**

**SVJEDODŽBA SLUŽBENOG VETERINARA  
ZA STOČNU HRANU  
OFFICIAL VETERINARIAN'S CERTIFICATE  
FOR FODDER**

1. Mjesto podrijetla pošiljke / Place of origin of the consignment \_\_\_\_\_
2. Ime i adresa pošiljatelja / Name and address of the consigner \_\_\_\_\_
3. Opis pošiljke / Description of the consignment \_\_\_\_\_
4. U ukupnoj težini od neto kg. / In the total weight of net kg \_\_\_\_\_
5. Vrsta i reg. broj prijevoznog sredstva / Type and registration no. of the means of transport  
\_\_\_\_\_
6. Ime i naslov primatelja / Name and title of the consignee: \_\_\_\_\_  
\_\_\_\_\_

Potpisani službeni veterinar potvrđuje, da je roba u pošiljci podrijetlom iz kraja u kojem u krugu od 10 km za poslednja 2 mjeseca neposredno prije otpremanja nije vladala slinavka i šap, niti koja druga zarazna bolest životinja. / The undersigned official veterinarian certifies that the goods delivered in the consignment Originate from the region where in the radius of 10 km for the period of the past 2 months preceding the delivery, there was no case of foot-and-mouth disease, or any other contagious animals disease.

Osim toga se potvrđuje da među papkarima poljoprivrednog pogona, koje pošiljku isporučuje, unazad 5 mjeseci prije otpremanja nije vladala slinavka i šap. / Apart from this it is asserted that among the cloven hoofed of the agricultural plant delivering the consignment, there was no cases of foot-and-mouth disease for the period of 5 months back, before delivery.

Isto tako se potvrđuje, da je prijevozno sredstvo prije utovara bilo očišćeno i dezinficirano / It is also confirmed that the means of transport was cleaned and disinfected before loading.

Mjesto / Place \_\_\_\_\_

Datum / Date \_\_\_\_\_

(M. P.) / (Seal)

SLUŽBENI VETERINAR / OFFICIAL VETERINARIAN  
\_\_\_\_\_