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| Country of dispatch  FINLAND | ISO Code  FI | Certificate number (No) |
| Competent ministry of exporting country  Ministry of Agriculture and Forestry of Finland | | **FINLAND**  **SUOMI**  **VETERINARY health certificate**  **for export of**  **game trophies or other preparations solely**  **of bone, horns, hooves, claws, antlers or teeth of  cloven-hoofed animals from Finland** |
| Competent central authority of exporting country  Finnish Food Authority | |
| Competent local authority issuing this certificate | |
| Name, address, telephone and e-mail of the consignor/exporter | | Name, address, telephone and e-mail of the consignee/importer |

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| **I Identification of the goods** | | |
| I.1 Type and name of products | | |
| I.2 Type of packaging | I.3 Identification marks of packages | |
| I.4 Number of packages | I.5 Gross weight (kg) | I.6 Net weight (kg) |
| I.7 Date(s) of production | I.8 Conditions for storage and transport | |
| I.9 Container number(s) | I.10 Seal number(s) | |

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| **II Origin of the goods** | | |
| II.1 Country of origin | | II.2 ISO Code |
| II.3 Name and address of manufacturing plant | | |
| II.4 Date of loading | II.5 Place of loading | |
| II.6 Means of transport | | |

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|  | | Certificate number (No) |
| **III Destination of the goods** | | |
| III.1 Country of destination | III.2 ISO Code | III.3 Place of destination |

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| **IV Attestation** |
| I, the undersigned Official Veterinarian do hereby certify that:  (1) either     1. the products described above have been immersed in boiling water for an appropriate time so as to ensure that any matter other than bone, horns, hooves, claws, antlers or teeth is removed; 2. the products have been treated before loading with a method of preservation that ensures sanitary safety of the goods; and 3. the products have been packaged, immediately after treatment, without being in contact with other products of animal origin likely to contaminate them so as to avoid any subsequent contamination;   (1) or     1. the country of origin is free from foot-and-mouth disease and rinderpest according to the OIE Terrestrial Animal Health Code; and 2. the use of the products was not restricted due to an OIE-listed animal disease.   (1) Check as appropriate. |
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| Done at (place) |  | Date |  |  | Official stamp (2) |
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| Signature of the official veterinarian (2) | | | |  |
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| Name clarification and official position in capital letters | | | |  |
| (2) Signature and stamp must be in a different colour to that of the printed certificate | | | | | |