



I,

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Surname

Name

resident in:

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confirm that the dog I brought to the " \_\_\_\_\_ " as  
part of the „ \_\_\_\_\_ “

on (Date) \_\_\_\_\_

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Name of the dog

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Breed

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chip number

is not subject to a traffic restriction due to the suspicion of rage sickness (rabies)  
and is validly vaccinated against rabies.

The animal concerned above does not show any visible signs of disease or torture  
breeding characteristics (Exhibition ban according to the Animal Welfare Act)  
and is not subject to restrictive animal health measures.

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Place and date

signature