

9. Date of microchip scanning (dd/mm/yy): _____

10. Site of microchip(s): _____

11. Import permit application number (if known): _____

Section C: Official Government Veterinarian declaration

To be completed by the person named in section A of this form.

I declare that:

- I have scanned the microchip and verified the identity of the animal identified on the date specified in section B.
- the information I have provided is true and correct to the best of my knowledge.

<hr/> <i>Signature of Official Government Veterinarian</i> <i>Stamp of Official Government Veterinarian</i>	Country of export: AUSTRIA
	Competent Authority: Federal Ministry of Social Affairs, Health, Care and Consumer Protection
	Date declaration completed: <i>(day/month/year)</i>
	Name:
	Address:
	Phone number:
	Email contact: