

|  | Animal 1 | Animal 2 | Animal 3 | Animal 4 |
| --- | --- | --- | --- | --- |
| Photo of the animal |  |  |  |  |
| Name of the animal |  |  |  |  |
| Size in cm |  |  |  |  |
| Race |  |  |  |  |
| Age |  |  |  |  |
| Chipnumber |  |  |  |  |
| Date of rabies vaccination |  |  |  |  |
| TRACES or authorize of Shipment |  |  |  |  |
| To consider  (Medicine,…) |  |  |  |  |
| Contact Person  (Name + phone number) |  |  |  |  |
| Entry (foreign country) |  |  |  |  |
| Exit (in Germany) |  |  |  |  |
| Can be seated in a box with: |  |  |  |  |
| Passport/Documents deliver (Yes / No) |  |  |  |  |