Intra-Community movements of horses, information required for certification

The completed form must be sent to the **City of Vienna – Veterinary Office** by $\underline{\text{fax}}$ (+43 1 4000 99 97619) or $\underline{\text{e-mail:}}$ $\underline{\text{post@ma60.wien.gv.at}}$ at least 48 hours on weekdays before departure! For further questions please call $\underline{\text{+43}}$ $\underline{\text{01 4000 97615}}$.

Is the horse a registered equidae?	yes \square	no	
The reason for the intended movement:	temporarily \square Trade		
Are several animals being moved?	yes \square if so, number:	no	
Equidae passport number:			_
Transponder number:			_
Destination:			_
Day of loading:	Time:		
Route:	Expected duration of transport:		
Is a transport company commissioned?	yes \square if so, please fill in 5. no		
Phone number if further information is r	equired:		
1. Consignor Name Address Postal code	Veterinärmedizinische Universität Wien Universitätsklinik für Pferde Veterinärplatz 1, 1210 Wien T+43 1 25077-5520 pferdeklinik@vetmeduni.ac.at		
2. Consignee Name Address Postal code Approval number 3. Place of origin Holding/Establishment/Other Name Address Postal code Approval number 4. Place of destination Holding/Establishment/Other Name Address Postal code, Member State Approval number 5. Transporter Name Address Postal code, Member State Approval number Address Postal code, Member State Approval number Mame Address Postal code, Member State Approval number Means of transport, identification	Veterinärmedizinische Universität Wien Universitätsklinik für Pferde Veterinärplatz 1, 1210 Wien AT 000 31 554		
•	has not been in contact with equidae suffering fronthis declaration	om an ir	nfectious
Date, Place:	Signature:		